

**Accessibility Plan Update**

Barrier	Barrier Type					Description	Strategy Identified to Correct/Prevent Barrier	Complete	On-Going	Pending	Status
	Physical	Architectural	Communicatio	Attitudinal	Technological						
<b>BARRIERS IDENTIFIED &amp; COMPLETED - 2003</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 the Hospital will be a contrasting colour through repainting.</li> </ul>
Floors		✓				Eliminate shiny floors.	Implement a new waxing policy to eliminate shiny floors. Use matte finish flooring on new projects.	✓			<ul style="list-style-type: none"> <li>• Policy is in place.</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>
Rehab Ramp South Door		✓				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>• Completed January 2004.</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 Fall 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.	East Entrance changes are to be implemented, providing a wheelchair accessible entrance.	✓			<ul style="list-style-type: none"> <li>• East Entrance changes completed in the Fall of 2005.</li> </ul>

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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. 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 completed in March 2005.</li> </ul>
Tuck Shop Accessibility	✓					Not accessible for those in wheelchairs or scooters (traffic flow).	Tuck Shop to be relocated to Atrium when Cafeteria closes.	✓			<ul style="list-style-type: none"> <li>• Tuck Shop relocated in the fall of 2005 and the space is more accessible than the previous location.</li> </ul>
PACU Panic Buttons					✓	Concerns with patients when left alone – sound of panic button not effective, audible alarm not working.	Replace system to include both audible and visual alarms.	✓			<ul style="list-style-type: none"> <li>• System was replaced in February 2006, now alarms are audible and visual at the 2 North Nurses Station.</li> </ul>
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.	There is a wheelchair washroom available in north-south hallway adjacent to Ambulatory Care.	✓			<ul style="list-style-type: none"> <li>• Retrofit is cost prohibitive as Ambulatory Care is temporarily located in current area.</li> </ul>
<b>BARRIERS IDENTIFIED &amp; COMPLETED 2005</b>											

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Hallways	✓					Hallways on Acute side of building are cluttered with medical equipment.	Remove items from the hallways.	✓			<ul style="list-style-type: none"> <li>Improvements have been made, hallways are free of clutter.</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>
Patient Room telephones					✓	Phones are not appropriate 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"> <li>Two "teletalker" phones purchased with enhanced, amplified hearing systems &amp; visually advanced #'s available at Switchboard.</li> </ul>
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"> <li>Proposal for capital equipment submitted in January 2005.</li> <li>Costs were obtained for signage.</li> <li>Costs were divided over years two and three in the Capital Budget.</li> <li>New branding for the Hospital is to be developed and signage will be reviewed again in conjunction with the new branding.</li> </ul>
<b>BARRIERS IDENTIFIED &amp; COMPLETED 2006</b>											
Handicapped Parking Spaces				✓		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 completed fall 2005.</li> </ul>
<b>BARRIERS IDENTIFIED &amp; COMPLETED 2007</b>											

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Automatic Atrium Door		✓				Door between offices and Atrium is heavy and not accessible.	Make door between Offices and Atrium on 1 <sup>st</sup> floor wheelchair accessible.	✓			<ul style="list-style-type: none"> <li>Submitted in 2006/07 capital budget.</li> <li>Approved in 07/08.</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>Implemented in 2007.</li> <li>Pool steps, bus stop and outside major curbs complete.</li> </ul>
"Less Obvious" Disabilities				✓		Cognitive or sensitive issues identified; e.g. mental health patrons, those suffering from claustrophobia or abuse, etc.	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"> <li>Sensitivity training implemented in the fall of 2005 during orientation of new employees and Respect in the Workplace training (mandatory training every two years).</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>Policy implemented in 2007.</li> </ul>
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"> <li>Completed 2007</li> </ul>
Accessible Washroom East Entrance		✓				Existing washroom is not accessible.	Renovate to ensure fixtures are at correct height and wheelchair accessible.	✓			<ul style="list-style-type: none"> <li>Submitted in 2006/07 capital budget.</li> <li>Approved in 07/08.</li> </ul>

**BARRIERS IDENTIFIED & COMPLETED 2008**

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Island at East Entrance		✓				To improve access to the East Entrance you must maneuver around the concrete island.	A walkway leading from the parking lot to entrance needs to be created	✓			<ul style="list-style-type: none"> <li>Completed</li> </ul>
Parking Lot in CCC		✓				Both of the sidewalks from the parking lot are steep and have cracks, one is slanted. There is nothing to indicate differentiation in elevations.	Use of yellow paint to differentiate sidewalks.	✓			<ul style="list-style-type: none"> <li>Completed 2008</li> </ul>
Lighting		✓				Shadows appear in areas that lack sufficient lighting.	Turn lights on and install proper lighting in affected areas.	✓			<ul style="list-style-type: none"> <li>Completed</li> </ul>
Public Phone Booths			✓			Phone booths are too narrow for wheelchair access.	Reconstruct phone booths on every floor to accommodate wheelchair.	✓			<ul style="list-style-type: none"> <li>Bell Canada has moved phones for better accessibility.</li> </ul>
Exit Lights		✓				Some exit lights were not lit properly.	Ensure all exit lights are properly lit.	✓			<ul style="list-style-type: none"> <li>Completed</li> <li>Addressed as part of Honeywell Energy Efficiency Program.</li> </ul>
Chapel is not wheelchair accessible		✓				A pew at the back of the seating area could be removed to accommodate a wheelchair and a chair for a caregiver. Lights on pews to be illuminate for better access.	Remove pew and arrange for lighting to be installed.	✓			<ul style="list-style-type: none"> <li>Completed</li> </ul>
Signage			✓	✓		Signage throughout the organization is not consistent, font size is too small, no Braille or symbols. Wheelchair access signs are not at the proper height.	Install appropriate signage.	✓			<ul style="list-style-type: none"> <li>Phase 1 of the organizations new signage program has been completed. The next phases are in the planning stages and will be implemented as funding becomes available.</li> </ul>
Teletypewriter			✓			A teletypewriter used to be	Purchase of a new TTY for use	✓			<ul style="list-style-type: none"> <li>Completed</li> </ul>

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(TTY) Location						located in Central Registry for hearing deficient clients.	throughout the facility, centrally located.				<ul style="list-style-type: none"> <li>TTY phone located at Switchboard office along with two TTY's for in-patient use. Training by a representative of Cdn. Hearing Society has taken place with all registration and switchboard staff.</li> <li>TTY access is available for patient use on the payphones located in Emergency.</li> </ul>
Use of Interpreter for Hearing Impaired Clients			✓		✓	Use of an interpreter for customers has sometimes been a challenge.	Ensure policy is updated, posted and followed when an interpreter is needed.	✓			<ul style="list-style-type: none"> <li>Policy has been updated and interpreters will be used as required.</li> </ul>
<b>BARRIERS IDENTIFIED &amp; COMPLETED 2009</b>											
Elevators		✓				No Braille at button location on either side of the doors or inside the panel. No telephone for communication is elevator defaults. Location of communication hardware to be proper height and depth. Audible and visible floor indicators to identify elevator location.	All public elevators should have features to address accessibility	✓			<ul style="list-style-type: none"> <li>Completed 2009</li> </ul>
Parking Lot Signage		✓				Handicapped signs on poles not installed.	Installed as follows – 2 in Emergency, 2 in CCC and 1 in Employee parking lot.	✓			<ul style="list-style-type: none"> <li>6 additional poles completed in 2009</li> </ul>
<b>BARRIERS IN PROGRESS &amp; IDENTIFIED 2010</b>											

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Bluenote Cafe		✓				Sharp edges and angles, location of monument, small print on menus, stability of advertising tools are some of the encountered obstacles in the Atrium.	Redesign as many areas as resources allow.			✓	<ul style="list-style-type: none"> <li>Will improve as funding becomes available.</li> </ul>
Web Site						Should be uncluttered for the visually impaired	Work with Learning Systems to develop best practice for web site			✓	<ul style="list-style-type: none"> <li>CNIB will assist with a Website upgrade, waiting for approval for funds to do so.</li> </ul>
Pay Phone Booths		✓				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.			✓	<p>Investigate closing existing alcoves and having accessible phone booths placed in waiting rooms on each Nursing Unit.</p> <p>(Wheelchair accessible tables on each acute unit to be installed by Bell to be investigated).</p>
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"> <li>To be resubmitted to the Ministry of Health.</li> </ul>
Communication Methods			✓			Provide choice of format, enabling independence	<p>Larger, simpler print on signage</p> <p>Taped instructions</p> <p>Signage may require 2 sets of information or numbers at levels for both mobile and non-mobile patients</p> <p>Use simple wording</p> <p>Use “check in” mechanisms with person or person’s worker</p> <p>Maps visible/available at entrances</p> <p>Awareness of social graces (taking time to explain things to patient)</p> <p>No use of acronyms</p>			✓	<ul style="list-style-type: none"> <li>Wayfinding is being investigated as part of the signage project.</li> </ul>
In-Patient Room		✓				There are not any patient rooms that are deemed	Convert one room on each floor to an accessible patient room and			✓	<ul style="list-style-type: none"> <li>To be investigated by the Accessibility committee through a feasibility study.</li> </ul>

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Accessibility						accessible on the Active Units.	washroom.				
Wandering patients						✓ Patients can leave the floor without staff being aware of it	Options for “wander guards” are being explored Contact other facilities to determine best practice			✓	<ul style="list-style-type: none"> <li>Investigate best practice, solicit feedback from nursing units and make recommendations.</li> </ul>
Customer Service Standards			✓	✓		All staff to receive customer service standards education for dealing with the disabled.	Incorporate training that deals specifically with the needs of those that have a disability.  Include Volunteer Resources Group.		✓		<ul style="list-style-type: none"> <li>In November 2009 customer service standards were issued to all hospital staff through Learning Management System (LMS).</li> <li>Completion expected January 2010.</li> <li>In service planned for March 2010 for Volunteer Services.</li> </ul>
Washrooms – Wheelchair accessible for public use		✓				CCC washrooms not to spec; bathroom doors heavy; no barrier free washrooms on acute side; Rehab women’s washroom stall not to spec; lab public washroom to be redesigned or a M/F public accessible washroom; 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"> <li>Step Down Unit, Chemo and Constant Observation unit all have accessible washrooms for patients.</li> <li>1 accessible washroom for public use is located in the following areas;                             <ul style="list-style-type: none"> <li>Ground Flr / East Entrance</li> <li>Ground Flr / Emergency</li> <li>Ground Flr / Rehab</li> </ul> </li> <li>Washroom renovations will become part of the on-going Capital Budget request and work will be completed as funds become available.</li> </ul>
Electronic Boards – Education			✓	✓		Education on Customer service standards to be added to electronic communication boards.	Issue information and data to boards	✓			<ul style="list-style-type: none"> <li>Issued January 2010.</li> </ul>
Publish accessibility			✓			As standards are issued publish bi-monthly articles in	Goal to publish 6 articles		✓		<ul style="list-style-type: none"> <li>Two of six have been completed to date.</li> </ul>

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information articles in newsletter						newsletter to keep staff informed.					
Accessibility Feedback Process			✓			Establish a feedback process for accessibility.	Feedback for accessibility established through several forums; LMS, email, Risk Monitor Pro and Patient Satisfaction survey.		✓		<ul style="list-style-type: none"> <li>Ongoing process.</li> </ul>
March 2010 Report required					✓	Accessibility Customer Service Report	Submit report to Ontario Government website			✓	<ul style="list-style-type: none"> <li>Plan is at implementation stage.</li> </ul>
More Standards through 2010					✓	Four other standards will be introduced which will require research, communication, education and actions.	Complete as introduced			✓	<ul style="list-style-type: none"> <li>Implementation as required</li> </ul>
Handrails		✓				A number of hallways have bumpers that are used for railings. These bumpers are too close to the wall, with no grip and no contrast to wall colour.	Install railings and/or rest stations in all hallways.			✓	<ul style="list-style-type: none"> <li>Researching best solution as this will be the standard for the hospital.</li> <li>Implementation to being in early-mid 2010 (focus in area from East Entrance to Emergency to start).</li> </ul>
Lighting in Hallway to Atrium		✓				Poor lighting in hallway leading to Atrium was identified at the CCC Patient Council.	Ensure lights are on and review lighting in affected areas (are bulbs in need of replacement or require updating to a more suitable wattage).			✓	<ul style="list-style-type: none"> <li>Work requisition to be placed and completion aimed for April 2010.</li> </ul>
Signage (Washrooms)			✓	✓		Walk though of ground floor identified several key areas that could benefit from proper signage.	Install washroom sign at East Entrance Washroom (visible from left side of hallway).			✓	<ul style="list-style-type: none"> <li>To be completed by April 2010.</li> </ul>
Signage - Housekeeping			✓	✓		Walk though of ground floor identified several key areas	Current signs used to identify "wet floor" maybe difficult for people with			✓	<ul style="list-style-type: none"> <li>Recommendation to be put forth to Housekeeping – replace as funding becomes</li> </ul>

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Wet Floor Signs						that could benefit from proper signage.	low vision to identify. Need to be replaced with newer style (cone shaped that are taller in size)				available.
Signage (TTY Phone)			✓	✓		Walk though of ground and first floor identified that TTY signage is required on payphones throughout facility to indicate TTY payphone available in Emergency	TTY sign to be posted at payphone in Emergency to identify TTY capabilities. Signage to be placed at all other payphone locations			✓	<ul style="list-style-type: none"> <li>To be completed by April 2010.</li> </ul>
Signage – Front of Building and Corner of Elm and Wood St.	✓		✓			Need to identify a large print sign with wheelchair symbol that identifies accessible parking and arrow to East Entrance.	Install sign to improve accessibility parking and entrance option			✓	<ul style="list-style-type: none"> <li>To be completed by April 2010.</li> </ul>
Signage - Washrooms	✓	✓				Wheelchair accessible washroom in rotunda.	Add button access for male and female washrooms; rearrange vending machines and garbage container to open space for better access.			✓	<ul style="list-style-type: none"> <li>Referred to central reg/switchboard/solution centre amalgamation team.</li> </ul>