

St. Thomas Elgin General Hospital

Accessibility Plan

2019 - 2021

Table of Contents

	Page
Introduction	1
Aim Statement.....	2
Accessibility Standards	2
Hospital Commitment: Responsibilities	4
Accessibility Advisory Team	5
Feedback – Measurement and Monitoring	5
Environment (Built) Standard	5

Introduction

St. Thomas Elgin General Hospital (STEGH) is committed to supporting a culture that promotes a positive and safe environment for the hospital community - one reflective of the hospital's values. In particular, "Respect" means honouring the worth of each individual. St. Thomas Elgin General Hospital is committed to providing barrier-free accessibility to individuals with disabilities, consistent with the principles of understanding, acceptance, and inclusion. For the purposes of this document, barrier means anything that prevents a person with a disability from fully participating in all aspects of society, including physical barriers, architectural barriers, information or communication barriers, attitudinal barriers, technological barriers, and policy or practice obstacles.

Approximately 1.8 million Ontarians (15.5%) have some form of disability. This number increases with seniors (aged 75 and older) to more than half (50%). Legislated responsibilities apply under Human Rights code (1977) – duty to accommodate, Ontarians with Disabilities Act, 2001 "ODA", and Accessibility for Ontarians with disabilities Act, 2005 "AODA".

The STEGH Accessibility Plan

Under AODA, STEGH is responsible to:

- develop an annual accessibility update
- make the update available to the public
- develop strategies to address barriers identified through feedback, legislated requirements, and continuous improvement
- Ensure the strategies become actions through regular implementation by the Accessibility Advisory Team

In August 2003, the hospital developed a team to review security and access issues at the hospital. A number of recommendations were made to improve access to the hospital and in October 2003, focus group meetings occurred with users of the healthcare system, including those with physical disabilities, community partners and staff. The final recommendations made by the Security & Access Team were in line with the Accessibility Plan. The Accessibility Advisory Team put forward a plan to address removing barriers over the next several years as resources become available.

The barriers are:

1. physical
2. architectural
3. informational or communication-based
4. attitudinal
5. technological
6. policies and practices

The AODA introduces accountabilities for all of us to uphold here at STEGH. Education on the new act was provided to all hospital team members in November 2009. The AODA has standards, introduced over time.

The standards cover the following broad categories:

1. Customer Service
2. Integrated Standard:
 - a. Information and Communications
 - b. Transportation
 - c. Employment
3. Built Environment

Aim Statement

STEGH will provide the opportunity for all patients and their family members, employees, volunteers, and members of the community to identify needs (related to disabilities) which would benefit from accommodation in a manner that supports the dignity of the individual through:

- People with disabilities entering the hospital and reaching their destination without encountering barriers;
- People with disabilities receiving the services they require without encountering barriers;
- People with disabilities working without encountering barriers;
- Accessibility being integrated throughout the hospital's policies and procedures;
- A feedback process enabling continuous improvement;
- Accessibility is everyone's responsibility.

Customer Service and Integrated Standard

In 2009, implementation of the first standard, Customer Service, was introduced at STEGH. This standard requires the implementation of policies, procedures; staff training; a feedback method; alternate communications methods and notice of service disruption. All policies and education of this standard to all employees and volunteers is complete. Education on accessibility is now part of orientation for all new employees and volunteers joining STEGH.

Members of the public are encouraged to use their own personal assistive devices to access STEGH services or use those provided by STEGH to assist with accessibility for individuals with disabilities. St. Thomas Elgin General Hospital continues to promote an accessible environment for people with disabilities, monitored through the STEGH Accessibility Advisory Team.

New Policies and procedures adopted by STEGH covering the above standards include;

- Accessibility; Persons with Disabilities
- Accessibility; Interpreter / Translation and Alternate Format

Accessibility Education:

- E-Learning
- Corporate Orientation

STEGH Services available to assist accessibility include:

- **Printed Floor Plan & Signage**
 - Printed Floor Plan on each floor posted at elevator
 - Signage being replaced to meet accessibility standards for clarity
- **Escorts** Volunteers available to escort (Mon-Fri. 0800-1600) ext. 2167
- **Directory Signs**
 - Inside Main Entrance Doors (East), First Floor and South Building
- **Accessible Entrances**
 - East Entrance and South Building is accessible at ground level and without curbing
 - Equipped with either automatic sliding doors or push button activated doors
- **Accessible Parking**
Designated spaces in lots for visitors, patients, and staff
- **Accessible Washrooms**
Accessible washrooms marked with symbol
- **Accessible Elevators**
Accessible and equipped with audio tones and Braille
- **Handrails/bumpers** in main hallways
- **Wheelchairs**
Available in Emergency, East Entrance and South Building
- **Care of the Bariatric Patient**
 - Bariatric beds, lifts, stretchers, commodes, wheelchair
 - Policies and Procedures for bariatric patient care developed and implemented
- **Assistive Devices**
 - Members of the public are encouraged to use their own personal assistive devices to access services. This may include service animals.
- **Phone and Teletypewriter (TTY) Text Phone Devices**
 - Permanent TTY device at payphones in the Emergency Department
 - User phone # STEGH TTY Line (519) 631-7789
- **Phones** lowered to wheelchair height
- **Interpreter Services**
 - Language Translation Services: Available through phone translation services See: Accessibility: Interpreter / Translation and Alternate Format Procedure
 - ASL (available upon request—advance notice will be required)

Hospital Commitment: Responsibilities

Responsibilities

Executive Team:

- Review of existing policies and Accessibility for Ontarians with Disabilities Act 2005 (AODA)
- Ensure STEGH practices are consistent with the core principles of independence, dignity, integration and equality of opportunity for people with disabilities

Managers:

- Implement, monitor and evaluate compliance of Accessibility Standards
- Receive requests for accommodation from persons with disabilities
- Determine, in consultation with the patient//hospital team member, the most appropriate accommodations
- Ensure staff know accessibility standards and are aware of procedure for back up accommodation or to notify patients/clients/staff should accessibility be temporarily out of service (i.e.) elevator down.

Human Resources services:

- Identify training needs, related Accessibility, and ensures all records of training are maintained
- Review policies and procedures related to Accessibility Standards
- Ensure HR practices are consistent with Accessibility Standards

Accessibility Advisory Team:

- Is responsible for guiding and directing the activities related to accessibility
- Respond to emerging accessibility concerns identified through various mechanisms including patient, employee, and visitor concerns;
- Set priorities and develop strategies to address barrier removal and prevention
- Ensure that all requirements of the AODA are fulfilled
- Report, as required by legislation, the implementation of Accessibility Standards to the Ontario government
- Update the annual accessibility plan

Employees, Physicians, Midwives, volunteers and Affiliates:

- Participate in required education related to the Accessibility Standards
- Forward feedback from patients/customers regarding the Accessibility Standards to the manager of the appropriate area
- Follow the procedures noted in this policy and the 'Family Presence Guidelines' policy

Patients/Clients/Hospital Team Members:

- self-identify if there is a disability for which they require assistance in accessing STEGH service and communicate such to the appropriate STEGH personnel

Accessibility Advisory Team

The Accessibility Advisory Team represents all areas of the hospital. The team meets to review feedback in its various forms is a standing agenda item to consult and document action planning taken toward continual improvement. Walk-rounds will occur during meetings by the Accessibility Advisory Team to audit accessible standards at STEGH. Capital budgeted dollars will be standing items annually to continue to address facility improvements as identified through audits and feedback.

Feedback – Measurement and Monitoring

Feedback Methods:

1. Email address established for questions/feedback accessibility@stegh.on.ca ;
2. Feedback obtained through the patient feedback process.

Environment

The Built Environment Standard will remain on its own and have a separate introduction. Built environment standard has been forwarded to the Infrastructure Team to raise awareness and assure construction projects and signage meets the standard.

*See Appendix 1 Accessibility Integrated Work Plan 2019-2021

APPENDIX 1







Multi-Year Accessibility Integrated Work Plan 2013- 2021




Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
2013 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Accessibility Plans	Develop multi-year plan	Post on external web site	✓			2014	<ul style="list-style-type: none"> Completed annually
Accessibility Policies	Make policy publicly available Alternate format upon request	Post externally	✓			2014	<ul style="list-style-type: none"> See Accessibility: Interpreter/Translation and Alternate Format Updated Accessibility Policy
Assisting Verbally Impaired Patients	Complaint received that after hours it was difficult to enter the facility if verbally impaired.	Security	✓			2013	<ul style="list-style-type: none"> Sign at East Entrance and South Building entrance directing people to pick up the phone to contact security Security received education to be mindful of this and to visually assess if the person requires assistance Security is aware of the origin of the phone call via caller ID
Ambulatory Care Renovation	Opportunity to ensure Accessibility Standards are met or exceeded with this renovation		✓			2013	<ul style="list-style-type: none"> Way-finding in the department was simplified through easy to read signage; colours and appropriate colour contrasts
Additional transport wheelchairs	In anticipation of increased travel time for patients to the South Building, 10 additional transport wheelchairs purchased.	Accessibility funds	✓			2013	<ul style="list-style-type: none"> Adequate number of chairs purchased for increased traffic
Rest Station	Evidence that patients and visitors are challenged by the long walk from the Main Building to the South Building. This became more evident with more services offered in Ambulatory Care in the South Building	Maintenance	✓			2013	<ul style="list-style-type: none"> Made improvements to the 'Dugout' in the hallway leading to the South Building Removed barriers and unnecessary items to create a welcoming environment for people to rest installed signage 'Rest Area' to encourage people to use the space
First Floor Entrance	Opportunity to re-refresh the First Floor Entrance with the opening of the Mental Health Program.	Maintenance / Housekeeping	✓			2013	<ul style="list-style-type: none"> Removed unnecessary items, furniture and clutter. Created a welcoming barrier-free environment.


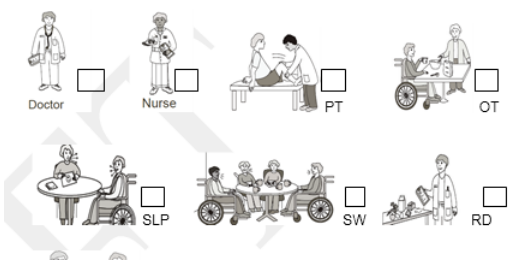
Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Training	Ensure Training on requirements of the Integrated Accessibility Standard	Developed LMS On-Line Learning module to reinforce customer service education and focus on identifying the stigma surrounding mental health	✓			2013	<ul style="list-style-type: none"> Completed November 2013
Emergency procedure, plan or public safety	If emergency information is made available to the public, make the information available in alternative formats or with communications supports upon request.	One stop contact for forms and supports	✓			2013	<ul style="list-style-type: none"> Real life test occurred November 2013 when ALL the elevators were out of service at the same time Successful implementation
Feedback	Accessible Feedback process including accessible formats and communication supports upon request Notify the public of the availability of accessible formats and communication supports	Accessibility Advisory Team will keep records of suggestions and feedback received through web site, patient satisfaction surveys and actions	✓			2013	<ul style="list-style-type: none"> Regular meeting agenda item Feedback and action items available upon request
Accessible Website	All website and content on those sites must conform with WCAG 2.0AA		✓			2013	<ul style="list-style-type: none"> Continue to monitor with any website changes or upgrades
Recruitment	Notify public and employees about availability of accommodation during recruitment.	Information on all postings	✓			2013	<ul style="list-style-type: none"> Complete
Recruitment, assessment or selection process	During recruitment employer to notify applicant at assessment stage that accommodation is available on request. Consultation regarding provision of accommodation.	Within Accessibility: Persons with Disabilities Policy	✓			2013	<ul style="list-style-type: none"> Complete
Notice to successful applicants	Notify successful candidates of accommodation policies	Within Accessibility: Persons with Disabilities Policy	✓			2013	<ul style="list-style-type: none"> Complete
Informing Employees of supports	Inform employees of policies that support employees with disabilities, including job accommodations	Occupational Health	✓			2013	<ul style="list-style-type: none"> Complete
Accessible formats and communication supports for employees	Provide accessible formats and communication supports available to all employees in the workplace. Employer consults with staff in determining the suitability of the accessible format or communication support.	Occupational Health	✓			2013	<ul style="list-style-type: none"> Complete
Documented Individual accommodation plans	Written process for developing individual accommodation plans.	Occupational Health	✓			2013	<ul style="list-style-type: none"> Complete

<i>Category/Standard</i>	<i>Opportunity</i>	<i>Action and Accountability</i>	<i>Complete</i>	<i>On-Going</i>	<i>Pending</i>	<i>Timeline</i>	<i>Status or photo of improvement</i>
Return to work	Develop and have in place a documented return to work process for employees with disabilities.	Occupational Health	✓			2013	• Complete
2014 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Training	Ensure Training on requirements of Ontario Human Rights Code and the Integrated Standard	Developed LMS On-Line Learning module	✓			2014	• Complete
Handrails	<ul style="list-style-type: none"> Continue with identifying areas for next installation review any feedback or complaints regarding hand rail requirements 	Install Handrails down atrium hallway	✓			2016	• Complete – includes solid seamless flooring, lighting, patch and paint walls, and an increase of 100 feet of handrails
Lighting in Hallway to Atrium	Poor lighting in hallway leading to Atrium was identified at the CCC Patient Council.	Assessment underway					
Procuring or acquiring good, services of facilities	Incorporate accessibility criteria and features Provide explanation, upon request, if not practicable to do the above.	Purchasing Department to include accessibility statement on all Request for Proposals	✓			2014	• Complete
Hospital Chapel	Identified concern as the room is not accessible		✓			2017	• Complete - Pews were removed and replaced with chairs which can be moved to allow for wheelchairs and other assistive devices
Self-Service Kiosks	Incorporate accessibility criteria and features Provide explanation, upon request, if not practicable to do the above.	Purchasing Department	✓			2014	<ul style="list-style-type: none"> Complete – Purchasing included accessibility statement on all Requests for Proposal Self Service Kiosks requirement is not applicable as we do not have any
Patient Translation Service	Safety concern with current process of using staff as interpreters to assist patients.	Accessibility Advisory Team	✓			2014	<ul style="list-style-type: none"> Service purchased with Language Services Association education rolled out October 2014
Mental Health Attitudinal Barriers Human Rights	Anti-stigma strategies	On-going relationship with Community		✓		2014 - 2019	• Established partnership with Community-based Healing Palette - one month per year to promote art venue for artists who are people with mental health histories
Accessible Formats	Provide accessible formats and communication supports; Notify the public of the availability	Within Interpreter and Alternate Format Procedure	✓			2014	• Policy updated with local resource numbers
Workplace emergency response information	Provide individual workplace emergency response information to employees, as necessary.	Occupational Health	✓			2014	• Complete

<i>Category/Standard</i>	<i>Opportunity</i>	<i>Action and Accountability</i>	<i>Complete</i>	<i>On-Going</i>	<i>Pending</i>	<i>Timeline</i>	<i>Status or photo of improvement</i>
	If assistance is necessary in the event of an emergency, it will be arranged. Emergency response information must be reviewed.						
Performance Management	If performance management is used, the employer must take into consideration the accessibility needs of the employee, and individual accommodation plans when using the process.	Add to Performance Review "If you require assistance ... "	✓			2014	• Complete
Career Development	The employer must take into consideration the accessibility needs of the employee, and individual accommodation plans when using the process.	Occupational Health / Human Resources	✓			2014	• Complete
Redeployment	The employer and individual accommodation plans will be used during this process Staff parking accommodation will be given where needed through Occupational Health & Wellness	Occupational Health / Human Resources	✓			2014	• Complete 2014/15
2015 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Built Environment (Patient Feedback)	GEMBA walk July 10, 2015 indicated walkway needs edges and crosswalk identification	Environmental Services to have painting completed	✓			2015	
Built Environment (Patient Feedback)	Route to bus stop needs identification	Environmental Services to have walkway to bus stop	✓			2015	

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Built Environment (Patient Feedback)	Grass between sidewalk can cause bumps and back pain for people in wheelchairs	Environmental Services to engage grounds keeping to maintain (Spring 2016)	✓			2018	<ul style="list-style-type: none"> Completed – reviewed with contracted service to ensure grass between sidewalks is maintained
Built Environment	Repair sidewalk damage South Bldg. by turn-about	Redevelopment repaired issues	✓			2016	<ul style="list-style-type: none"> Completed
Built Environment (Patient Feedback)	Motorized vehicle do not have access from Wood Street Requires further investigation and costing	Cannot add sidewalk as it would put those in wheelchairs into traffic area – looking for a potential solution		✓			 <ul style="list-style-type: none"> This has been elevated to a capital project which includes repair and revision to the East Lot. Of note: The sidewalk must be parallel to parking to prevent cars from encroaching/blocking sidewalk space
Built Environment	Excessive slope at south parking lot drop-off	Redevelopment construction to repair issue	✓			2015	<ul style="list-style-type: none"> Complete
Built Environment (RMPro Event)	East Accessible washroom requires light and pull-cord Ensure washroom is identified when in use and that there is a way to pull for assistance if needed	Environmental Services	✓			2015	<ul style="list-style-type: none"> Completed occupy light and emergency button November 2015
Built Environment (Feedback)	South (rehab-side) Door does not have push entrance button investigate cost to make this doorway accessible	Environmental Services	✓			2015	<ul style="list-style-type: none"> Complete
Customer Service (Internal Needs)	Larger wheelchair required for escort services Obtaining quote to purchase a larger wheelchair	Volunteer Services	✓			2016	<ul style="list-style-type: none"> Complete
Policy Update	Annual policy updated and loaded on external website	HR	✓			2015	<ul style="list-style-type: none"> Complete
Customer Service	Volunteer Escorts available at both east and south entrance/exit for way finding and assistance	Volunteer Services/Patient Advisor Council	✓			2015	<ul style="list-style-type: none"> Completed
Customer Service & Built Environment: Increase accessible parking	South Lot had 5 accessible parking places East Lot had 6 accessible parking places	South Lot: increased accessible parking places to nine and added eight limited mobility East Lot: added 2 Barrier-free	✓			2015	 <p>Completed October 2015</p>

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Built Environment	Collaborate with Redevelopment team to ensure accessibility is maximized during construction	Redevelopment team during project build 2015-2017	✓			2018	• Complete – accessibility was maintained during North Tower construction
Built Environment	Reviewed plans for new build to ensure we were meeting or exceeding requirements for accessibility	Redevelopment Team reviewed with Accessibility at two meetings and continue to collaborate	✓			2015	• Completed
Built Environment	Slope at east sidewalk identified as potential trip risk	Paint edge to minimize risk	✓			2015	• Completed
Built Environment & Customer Service	Added Duress Station for Emergency Calls in the event where one requires assistance in the parking Lot	Completed by Redevelopment	✓			2016	 Activated
Customer Service and Built Environment	Widen sidewalk at east entrance to meet accessibility standards	Completed by Redevelopment	✓			2015	 Completed
Built Environment	Exits redefined with new running man symbol (lighted) exit signs at exist/entrances	Completed by Environmental Services	✓			2015	 Completed

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Customer Service and Build Environment	Drop off parking is required; without it there are issues resulting in congestion at the East Entrance	Two drop off parking places have been added along with 2 additional accessibility parking places	✓			2015	<ul style="list-style-type: none"> Completed
Customer Service	Aphasia international symbols	Design a patient menu and patient satisfaction survey using aphasia symbols; sample menu selection below: 	✓			2016	<ul style="list-style-type: none"> Patient Menu and Satisfaction Survey (with symbols) completed Menus now available on each unit Sample survey below 8. Would you like to recognize someone special on our staff who helped make your experience excellent?  Source: Toronto Aphasia Institute
2016 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Communication	External website was audited for AODA compliance and meets the standard	Communications Department			✓		<ul style="list-style-type: none"> Update scheduled for 2020 – will be fully compliant with accessibility standards.
Built Environment (Patient Feedback)	Improved lighting and handrails North -South Corridor	Completed in conjunction with Redevelopment Team	✓			2016	<ul style="list-style-type: none"> Complete
Built Environment	Widen the Doorway on first floor that goes to the Atrium - accessible	Completed in conjunction with Redevelopment Team	✓			2016	<ul style="list-style-type: none"> Complete
Built Environment	Conduct a GEMBA to look at opportunity to re-use handrails that were removed during new construction	Audit complete	✓				<ul style="list-style-type: none"> December 2016
Built Environment (Patient Feedback)	GEMBA walk to assess washrooms throughout hospital	Risk participate in walk with team to review washrooms	✓			2018	<ul style="list-style-type: none"> Completed Dec 2016 and Feb 2017 Although not all floors have an accessible washroom, at least one can be found in each building (Main, North & South)

Category/Standard	Opportunity	Action and Accountability	Complete	On-Going	Pending	Timeline	Status or photo of improvement
Built Environment	Improve lighting Corridor – A unit and East-West corridor ground	LED lighting installed	✓			2016	• Complete
Built Environment	DI washrooms require ability to initiate an emergency response	DI needs to have washrooms routed to security or a 24/7 staffed position	✓			2017	• GEMBA 12/12/2016 • PO issued to proceed January 2017 • Work complete
Built Environment	Handrails audited with view of extending handrails to support those coming in South Entrance	Add handrails to 3 areas identified in GEMBA: Hallway to bathrooms by stores Men's washroom by Talbot Trail Outside maintenance shop and around the corner by the stairs (one side)	✓			2018	• Complete - maintenance repurposed unused handrails and installed to extend coverage form South Entrance and to washrooms in vicinity
Built Environment	GEMBA Audit of washrooms	East Entrance, DI washrooms have emergency routed to security or 24/7 staffed position	✓			2017	• Complete
2017 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Customer Service	Safe Management Training: Includes de-escalation for behavioural responses			✓			Provide training to all those work in high risk areas and % of all employees in all other areas
Customer Service	Gentle Persuasion Approach Training (GPA)		✓			2014 2017	• Provide training to all those working with elderly patients
All Standards Human Rights	Corporate Orientation	AODA Review 5 standards	✓			2017	• LMS e-Learning reviewed/revised • Send to all new hires beginning Jan 2017 to replace classroom • Include links to polices: Accessibility: Persons with Disabilities Accessibility: Interpreter/Translation and Alternate Format
All Standards Human Rights	Refresh e-Learning with all Staff	AODA Review 5 Standards	✓			2019	• AODA LMS updated and released to staff January 2019

<i>Category/Standard</i>	<i>Opportunity</i>	<i>Action and Accountability</i>	<i>Complete</i>	<i>On-Going</i>	<i>Pending</i>	<i>Timeline</i>	<i>Status or photo of improvement</i>
All Standards	Accessibility team completes semi-annual GEMBA walks to inform our planning and identify system issues related to accessibility	Where possible, a team member (a former patient) comes with us on GEMBA's		✓		2016	• GEMBA 11/2016
Customer Service Human Rights Mental Health Attitudinal Barriers	Offer Mental Health First Aid Training. The course content includes: • Explanations of mental health, mental illness and mental health problems • Signs and symptoms of common mental health problems and crisis situations • Information about effective interventions and treatments	Elgin/St. Thomas Safe Community Group is coordinating Mental Health First Aid Training. This course is offered/promoted through the Mental Health Commission of Canada and CMHA	✓			2016	• Spring 2016; partner with Security and the St. Thomas Police Department
2018 ACTIONS IDENTIFIED FOR IMPROVEMENT BY PATIENT/STAFF FEEDBACK, GEMBA WALKS, LEGISLATION/POLICY CHANGE, AND BUILDING REQUIREMENTS							
Built Environment	Handrails should be installed in the North Tower links		✓			2018	• Work complete
Built Environment	Public 10-minute drop off parking spots at Emergency entrance are ALL Wheelchair accessible only	AODA Review 5 standards	✓			2018	• Brendon confirmed that signs at 4 of the 8 spots have been changed to 10 minute drop off spots; wheelchair accessible signs will be removed when possible and replaced with '10 minute parking'
Built Environment	Complaints have been received that the parking gates are too high; drivers struggle with putting their money/credit cards in the machine if their vehicles are low	Building Services		✓		2018	Brendon reported that there is a review planned for the Spring for all things parking. This issue is on the radar.
Built Environment	Complaint received regarding the lines on the curbs. They are very helpful for the visually impaired. Peggy reported there are some missing near the Emergency entrance.	Building Services		✓		2018	See above