



# **Annual Accessibility Plan**

## **September 2011 - August 2012**

### **Appendix A**

***A List of projects and/or barriers that have been addressed (completed or on-going)***

## SUMMARY OF BARRIERS IDENTIFIED AND ADDRESSED

| Barrier  | Strategy for its removal/prevention  | Status  |
|--|--|---|
| Rehab departments incorporate accessibility into surveys & signage   | Survey includes question re accessibility  | Rehab relocated to McConnell site. New signage etc to be part of ongoing project redevelopment.                           |
| Elevator buttons at 2 <sup>nd</sup> St. confusing  | Standardize all elevator buttons   | Complete: buttons to be standardized and way-finding being installed.   |
| Directions needed in elevators for entrance  | Input sought   | Complete: way-finding being installed   |
| Radiology Room 3 Fluoroscopy cannot accommodate patients who require positioning support, i.e. cannot sit on table unsupported (architectural) – McConnell Avenue Site | Product Evaluation and Standardization Committee will investigate purchase of specialty table to accommodate patients or residents who require positioning support | Complete: the room has been closed and will be re-introduced in the new building: design includes accessibility planning. |
| With the move of the cafeteria to the second floor from the first there were issues a door and table access  | Adjust the door access : ensure adjustable table is available: ensure adequate spacing: move signage   | Complete: the Accessible table is now in the cafeteria and the door issues have been fixed                                |
| Identify accessibility related equipment to purchase as a result of 'Rick Hansen's Wheels in Motion' donation  | Input sought from Clinical area  | <b>Complete: 2 accessible tables purchased for use in cafeteria.</b>  |

| Barrier   | Strategy for its removal/prevention   | Status   |
|---|---|--|
| JMP 1 – To access garden area from front door residents have to cross roadway and travel through parking lot (architectural) – McConnell site | When reconstructing area ensure a more direct route   | Complete: front garden fully accessible, rear garden for ambulatory care accessibility                       |
| JMP 1 – Public bathroom #1233 not wheelchair accessible (architectural) – McConnell Site  | Provide one accessible bathroom on each floor   | Complete.  |
| Community Care – There are no wheelchair accessible bathrooms / change rooms (architectural) – McConnell Site                                 | When planning reconstruction provide one such area  | Complete; Community Care office moved  |
| Radiology – Reception window of X-Ray office too high (architectural) – McConnell Site  | Remodel area to lower window height – will be remodelled in 2007 – currently staff accommodating clients  | Radiology office moved   |
| Small numbers on phone (communication) – Second Street Site   | Purchase phone with large numbers – Investigate location and model. There is one phone with large numbers on Third South. Survey of managers to identify department requirements. | Complete: A number of departments have been relocated to McConnell site. Those at Second Street have access. |

| Barrier  | Strategy for its removal/prevention  | Status  |
|--|--|---|
| Emergency waiting area at McConnell site: Handicap washroom can be inaccessible due to chair placement   | Area be cleared of chairs  | Complete. ER & Triage area now relocated for better patient flow  |
| During Patient Safety walk-around in patient registration area of both sites 2 concerns 1/ wheel chair access to desk 2/ suitability of chairs | <ol style="list-style-type: none"> <li>1. Area for wheelchair access indicated with signage</li> <li>2. Chairs replaced</li> </ol>   | Complete  |
| Emergency entrance at McConnell site: garbage can is often placed in front of handicap button.   | Suggest that a fixed garbage container be attached in appropriate place away from handicap button  | Complete  |
| During the Patient Safety audit of the Mental Health Community Service at 132 Second St. the following issues/barriers were highlighted :      | <ol style="list-style-type: none"> <li>1. Client parking area – minimal handicapped parking spots available.</li> </ol> Parking lot is unsafe in areas – very uneven surface | Complete: Designated 1 front parking for Handi-transit now in place: parking lot rearranged for better access |
| Limited wheelchair access at 132 Second Street location (Tri-county Mental Health Services).   | Automatic door opener to be installed at main door at suite #104.  | New door/equipment has been ordered awaiting installation.  |

| Barrier   | Strategy for its removal/prevention   | Status   |
|---|---|--|
| There are two entrances to the McConnell and Second St. buildings from the street level and it is not clearly marked which area is the designated main entrance, specifically, which is accessible. | Improved signage beginning at the street level, the parking lots and over the designated main entrance will assist in eliminating this confusion. | The front entrance is slated for closure spring 2009 as part of the restructuring program. The new entrances will be marked correctly. |
| Assess facilities for 'Senior Friendly' accessibility   | Senior Friendly assessment presented to the committee at February 28/07 regular meeting   | Recommendations incorporated in to 2007-08 and 2008-09 plans. Some are on the capital project list; others are now complete.           |
| Conference waiting room 3 <sup>rd</sup> North not wheelchair accessible (physical) – 2 <sup>nd</sup> St.  | Reduce amount of clutter to make wheelchair path – Reduce staff size for meeting scheduled in this area.  | Clutter reduced, room accommodation awaiting capital project (area will not be used)   |
| Towel & soap dispensers etc are not at the same heights and places in any 2 washrooms   | Standardize all such items as they are replaced throughout the organization.  | On going   |
| Font size is very small on information sign for first floor (informational) – Emergency Entrance, Waiting area and Triage – Second Street Site  | Replace with a new sign   | Emergency Services consolidated to McConnell site.   |

| Barrier  | Strategy for its removal/prevention  | Status   |
|--|--|--|
| Handrails needed from patient registration area to radiology, minor treatment etc.                           |  | Installed May 2008   |
| The creation of a sign and a volunteer on Pre-op clinic will help traffic flow in that area.                 |  | New signage in process, handrail up  |
| Remove the “Do Not Enter” sign on the doorway from the waiting room corridor to the CT scan and Mammography. |  | New painted directional signage is up – bilingual. Colour coded for various areas (i.e. pink for Mammography). |
| Community representative vacancies   | Effective May 1, 2007, the Accessibility Committee will be a ‘working Committee’ to meet three (3) or four (4) times per year or as required. The membership will consist of five (5) core staff members. Past committee members, the community at large and other interest groups will be invited to participate and share their expertise as resource persons. | complete   |

| Barrier  | Strategy for its removal/prevention   | Status  |
|--|---|---|
| Handrails – there is no contrast between them and wall, and hard to differentiate (physical) – Pre-Admission Clinic – Second Street Site                                   | Need a contrasting colour of paint behind the rail to help it “stand out” from wall                         | Preadmission clinic moved to McConnell site. Handrail painting scheduled for December 2007.   |
| JMP 1 Elevator – Control button too small; hard to push. Doors close too fast and inside control buttons are hard to push (physical) – McConnell Site                      | Install larger Up/Down buttons and slow speed of door closure   | Complete – up to code   |
| JMP 2 – Light switch, and plug-ins not easily accessed (physical) – McConnell Site   | Reposition switches   | Currently meets building code   |
| Beds too high (technological) 2 <sup>nd</sup> N / surgery – 2 <sup>nd</sup> St.  | Acquire beds that can be lowered to 17.5 inches   | Surgery consolidated to McConnell site. Day surgery at 2 <sup>nd</sup> St. New bed purchase on going.   |
| No capacity to use sign language in therapy in Clinic Building – Don’t have the use of telephone-typing system that is needed for people who are deaf – Second Street Site | Education – have manager review with staff method for getting sign language translation services externally | Clinic Building closed. . Instructed staff, re. Use of TTY system in ER Policy/Practice. Instruction now posted next to phone at Pat. Registration & training given to staff re translation services. |

| Barrier  | Strategy for its removal/prevention   | Status  |
|--|---|---|
| Blue recycle bins on a blue floor hard to differentiate (physical) – Emergency Entrance, Waiting Area and Triage – Second Street Site                          | Need contrast of white stripe at base of bin to contrast between bin and floor.   | Complete; blue bins replaced.   |
| Difficult to understand documentation – Hospital patient handouts (communicational)  | Make materials in simpler language, available use of pictograms or have someone available to interpret - New signage policy – Review patient forms policy | Signage policy completed. This is an ongoing project as consolidation continues   |
| Difficult to follow signage (informational) – 2 <sup>nd</sup> St.  | Signage should take into account disability friendly design – Way-finding initiative  | Some signage has been replaced. Project ongoing as consolidation as services continues  |
| Some forms created have small font size, due to the amount of info. Difficult for even staff with a mild visual impairment (informational)                     | Develop recommended minimum font size and form based on recommendations. Review all.  | On going. Committee formed to review forms. Policy on standards to be reviewed and developed in 2006. Some forms have already been changed. Accessibility Plan font changed to 14 on recommendation |
| « Emergency » sign is at ceiling level, and needs to be at eye level, (Informational) – Emergency Entrance, Waiting Area and Triage – 2 <sup>nd</sup> St. Site | Replace with new sign - preferably with bold contrast between letters and background, and at a sufficient font size                                       | Emergency services consolidated to McConnell site.  |

| Barrier   | Strategy for its removal/prevention   | Status                        |
|---|---|-------------------------------|
| Cafeteria tables not accessible to wheelchair users (physical) – Both sites   | As part of table replacement program, buy one height adjustable table per site. The tables will have the physical disability emblem printed into it | Complete                      |
| Doors at Old Orchard entrance – 2 <sup>nd</sup> St. do not remain open long enough to permit safe passage   | Install an automatic door opener with a slow down closing system  | Repaired                      |
| The terrain to gazebo at Old Orchard entrance – 2 <sup>nd</sup> St. is uneven.  | Repaired  | Completed                     |
| Outside Steps are difficult to see.   | Mark edge of all steps in yellow.   | Completed                     |
| Paging Hard to hear code white – Clinic Building and 2 <sup>nd</sup> Floor (communicational) – 2 <sup>nd</sup> St.  | Need to have hospital turn paging up when codes are called.   | Completed                     |
| Chapel – Main doors too heavy and close too quickly (physical) – McConnell Site   | Convert door to open easily and close slowly  | Complete                      |
| Automatic door openers may be difficult to locate for people with a visual impairment (physical) – Emergency Entrance, Waiting Area and Triage – Second Street Site | Paint a contrast colour around the automatic door opener to accent their presence   | Work ticket issued for Aug/06 |
| Toilet seat may be difficult to locate for people with a visual impairment (physical) - hospital-wide   | Toilet seats changed to black   | Complete and on going         |

| Barrier  | Strategy for its removal/prevention  | Status   |
|--|--|--|
| Door to tuck shop may be difficult to see for people with visual impairment (physical) – Old Orchard Entrance – Second Street Site                                     | Paint contrasting colour   | Complete Aug/06  |
| Clutter (i.e. wheelchairs) is a hazard (policy/practice) – Emergency Entrance, Waiting Area and Triage – Second Street site  | There is storage available for the wheelchairs. This area is located outside of the emergency department area in the waiting room.                   | Completed  |
| Set up E-mail address for employees to report accessibility issues   |  | Complete   |
| Work order form to high light accessibility  | Orders now made on line, staff trained to identify accessibility related issues  | Complete   |
| No wheelchair accessible bathroom for patients (architectural) – Emergency – McConnell Avenue Site   | In planning construction provide one such bathroom as a suggestion bathroom #1612 could be reconfigured for a walk in/roll in shower and high toilet | Complete. Accessible toilets have been installed in Observation and Recovery areas |
| Information sign for first floor is in a darkened alcove, with no overhead accent lighting (physical) Emergency Entrance, Waiting Area and Triage – Second Street Site | Lighting needed to highlight the information sign  | Complete. Lighting has been addressed in February 2004.                            |

| Barrier   | Strategy for its removal/prevention                         | Status                   |
|---|---|--------------------------|
| Automatic door openers may be difficult to locate for people with a visual impairment (physical) – Old Orchard Entrance – Second Street Site  | Paint a contrasting colour around the automatic door opener | Completed in Spring 2004 |
| Elevator may be difficult to locate for people with a visual impairment (physical) – Old Orchard Entrance – 2 <sup>nd</sup> St.   | Paint a contrasting colour around the elevator door         | Completed in Spring 2004 |
| Clear glass door is difficult to see, danger of walking into the glass (physical) – Old Orchard Entrance – Second Street Site   | Put a sign or poster on the glass door                      | Completed September 2004 |
| Radiology – CT Suite bathroom soap and towel dispensers too high (physical) – McConnell Avenue Site   | Lower dispensers  | Completed                |
| Cafeteria – Bathroom #1726 door too heavy to be opened by wheelchair user; toilet against wall makes transfers difficult; soap/towel dispenser too high (architectural) – McConnell Avenue Site | Install lighter or assisted door; lower dispensers          | Completed                |
| Administration – Sliding door railing difficult to roll over with wheelchair (physical) – McConnell Avenue Site   | Slope the sliding door                                      | Completed                |

| Barrier   | Strategy for its removal/prevention   | Status  |
|---|---------------------------------------|---|
| Bathroom Level 2 near elevators – Faucet handles difficult to manage for a person with a physical disability (physical) – McConnell Avenue Site | Convert to lever handles              | Completed   |
| JMP 1 – Bathroom # 1304 – toilet is low for transfers and soap/paper dispensers too high (physical) – McConnell Avenue Site                     | Raise toilet and lower dispensers     | Completed   |
| JMP 1 – Shower Room #1411 soap/paper dispensers too high (physical) – McConnell Avenue Site   | Lower dispensers                      | Completed   |
| JMP 1 – Front door – automatic door opener is too high, residents have to request assistance to exit (architectural) – McConnell Site           | Lower automatic door opener           | Completed   |
| Occupational Therapy – Assessment room lighting poor (physical) – McConnell Avenue Site   | Improve lighting                      | Completed   |
| Beauty Salon – Doorway too narrow for passage of wheelchair; a portable dryer to fit over wheelchair is needed (architectural) – McConnell Site | Refit door from frame with wider door | Redesigned to office space, accessibility completed |

| Barrier   | Strategy for its removal/prevention  | Status   |
|---|--|--|
| Difficulty rising from chairs with no arm in waiting room – 3 <sup>rd</sup> North (physical) – Second Street Site   | Replacement chairs begun in 2003.  | Completed in October 2003  |
| Elevator door will close when someone is still in doorway if too slow (physical) – Second Street Site               | Retrofit elevator planned for 2003-2004  | Completed in Winter 2004   |
| Door to Tuck Shop too heavy to be opened by wheelchair user; McConnell Avenue site                                  | Convert door to open easily  | Complete. Bell installed to facilitate access when door is closed. May/June 2005 |
| Small sign “Cashier” – Cashier’s Sign – Second Street Site  | Replace with a new sign which will include the use of a symbol rather than words   | Completed  |
| Cutlery and condiment trolley is too high for wheelchair users (physical) – Cafeteria – McConnell Avenue Site       | Rebuild a lower counter  | Completed Fall 2004  |
| Soap dispensers in public washrooms difficult to use if hand movement is restricted (physical) – Second Street Site | Soap dispensers in public washrooms to be replaced as soon as old stock of soap is used up with a pump design in 2003-2004 | Replaced 2004  |
|   |  |  |