



**Annual Accessibility Plan regarding
“ONTARIANS WITH DISABILITIES ACT”
for the
St. Joseph’s Health Care, London
September 2003 - August 2004**

Submitted to

Cliff Nordal
Chief Executive Officer
30 September 2003

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*This publication is available on the SJHC website
and in alternative formats upon request*

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Executive Summary

The *Ontarians with Disabilities Act* (ODA) is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. The ODA requires hospitals to prepare annual plans that address "the identification, removal and prevention of barriers to persons with disabilities in the organization's by-laws, if any, and in its policies, programs, practices and services," and to make these plans available to the public.

This is the first year plan (2003 - 2004) prepared by the St. Joseph's Health Care, London (hereinafter referred to as "SJHC"). The report describes: (1) the measures that SJHC has taken in the past, and (2) the measures that SJHC will take during the year (2003 - 2004), to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of SJHC, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

This year, SJHC committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients, clients, residents, and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of people 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 will be focusing on the barriers identified. The most significant findings were accessible washrooms and the need to increase awareness of accessibility issues. Over the next several years, the Accessibility Working Group recommends focusing on the different barriers identified to date and on other barriers that might be identified over the next several years. This year, the Working Group recommends addressing the following four barriers:

1. No central process for raising and addressing accessibility issues.
2. Staff may lack knowledge about various disabilities.
3. Number of poorly placed and confusing signs.
4. Lack of accessibility within our existing facilities.

1. Aim

This report describes (1) the measures that SJHC has taken in the past, and (2) the measures that SJHC will take during the next year (2003-2004), 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 report:

1. Describes the process by which SJHC has identified, removed and prevented barriers to people with disabilities.
2. Reviews previous efforts at SJHC to remove and prevent barriers to people with disabilities.
3. Describes the process and measures SJHC will take in the coming year to identify, remove and prevent barriers to people with disabilities.
4. Describes how SJHC will make this accessibility plan available to the public.

3. Description of St. Joseph's Health Care, London

St. Joseph's Health Care, London is a major patient care, teaching and research centre with an annual operating budget in excess of \$360 million, comprised of St. Joseph's Hospital, Parkwood Hospital, Mount Hope Centre for Long Term Care, Regional Mental Health Care, London (RMHC-L) and Regional Mental Health Care, St. Thomas (RMHC-St).

St. Joseph's Hospital will see the expansion of its role in day surgery, treatment and illness-prevention programs with the evolution of an ambulatory care centre. Parkwood Hospital plays a leading role in rehabilitation, complex care, palliative care, Veteran's care, and geriatrics. SJHC has a leadership role on the transformation of local and regional mental health services. New facilities for specialized mental health services will be built beside Parkwood Hospital and in St. Thomas.

SJHC operates with more than 7,000 staff and volunteers, caring for more than 18,600 inpatients and 368,000 outpatients annually. For more information refer to www.sjhc.london.on.ca.

SJHC MISSION, VISION, VALUES

MISSION...WHAT WE DO

We help people to maintain and improve their health and work with them to minimize the effects of injury, disease and disability. We do this by pursuing excellence in care, research, and education in a wide range of hospital, clinic, long term and community-based settings.

We work with our partners to create a better health care system.

VISION...WHAT WE'LL BE

A respected source of excellent health service ... guided by the people we serve ... provided by people who care.

VALUES...HOW WE SERVE

Inspired by the care, creativity and compassion of our founders -- the Sisters of St. Joseph, the Women's Christian Association, and the London and St. Thomas Psychiatric Hospitals -- we serve with ...

Respect

- Honour the people we serve
- Appreciate the work of others
- Welcome the contributions of all
- Celebrate diversity
- Be truthful, honest and open
- Listen

Excellence

- Give our best each day
- Be creative and resourceful with our gifts, skills and talents
- Build on our proud past
- Work as a team to seek the new; the undiscovered
- Make a difference
- Learn

Compassion

- Be with others
- Understand their needs, realities and hopes
- Give from the heart
- Sustain the spirit
- Care

4. The Accessibility Working Group

Establishment of the Accessibility Working Group

The Joint Executive Leadership Team (ELT) of LHSC and Senior Leadership Team (SLT) of St. Joseph's Health Care, London (SJHC) formally constituted the LHSC and SJHC Accessibility Working Groups in April 2003.

The Terms of Reference of the SJHC Accessibility Working Group can be found in Appendix A.

Facilitator

Nick Kokkoros, Administrative Fellow Facilities Management & Restructuring, is the Facilitator of the Accessibility Working Group.

Members of the Accessibility Working Group

A complete membership list of the LHSC Accessibility Working Group can be found in the Terms of Reference (Appendix A).

5. Hospital commitment to accessibility planning

At its meeting on 23 April 2003, the Joint ELT SLT recommended that the Hospital adopt the following Accessibility Planning Policy:

LHSC and SJHC are committed to the following Accessibility Planning Policy:

- *The establishment of Accessibility Working Groups at the hospitals.*
- *The members of the Accessibility Work Groups should encompass a diverse cross section of staff representing departments relevant to accessibility planning such as Human Resources, Planning, Communications, Information Management, Occupational Health & Safety, Risk Management, and Organizational Development. The group should also include clinical staff as well as staff members with disabilities.*
- *The participation of people with disabilities in the development and review of its annual accessibility plans.*
- *The beginning review of recent barrier-removal initiatives and identification of the barriers to be addressed in the next year.*
- *Authorize the Working Groups to prepare an accessibility plan by September 10th, 2003 for approval to ELT SLT.*

- *Seek LHSC and SJHC Boards' approval of the accessibility plans by September 30th, 2003.*

6. Recent barrier-removal initiatives

The SJHC Accessibility Working Group created a survey to document recent barrier removal initiatives (see Appendix B). Members of the Working Group issued the survey to various departments to collect information on recent barrier removal initiatives. The following initiatives were recorded to identify, remove and prevent barriers to people with disabilities.

a) Accessibility to Human Resources Department - Parkwood

Brief Description: Put in automatic open door for wheelchair accessibility.

Project status: Completed.

b) Workplace Harassment and Discrimination Training

Brief Description: Train employees and leaders on Human Rights Code legislation, their responsibility, importance of awareness and SJHC corporate policy.

Project Status: Ongoing. Training is done every month for new employees and various sessions offered throughout the year for employees / leaders.

c) Automatic Applicant Tracking System

Brief Description: Computer program that enables applicants to apply electronically for positions and search for career opportunities.

Project Status: Complete.

Human Resources created a program to eliminate individuals from having to travel to HR offices to search and apply for jobs. Increased access by delivering 24 hours 7 days a week service. Interpreters – sign language available as required. Interviews have been developed with sensitivity to disability issues.

d) Large Print Books in Patient Library at RMHC-L

Brief Description: Large print books to be used in the patient library and on the travelling book cart. The books will be of particular use to geriatric clients with eye sight difficulties and other clients who may have sight problems associated with their medication. The large print books will allow all clients to enjoy the recreational and relaxing benefits of reading as well as research opportunities.

Project Status: Ongoing, will always continue to acquire large print books, particularly in response to specific requests

e) Special Collections at Parkwood Hospital Library Service

Brief Description: Special collections have been developed for the spinal cord injury patients and special shelving has been built to accommodate wheelchairs. A computer with adaptive equipment and a special wheelchair accessible desk is

available. The special collections have audio books and large print books. Special attention is given to developing the collections for the veterans and special needs patients.

Project Status: Ongoing - adding new materials continually and improving the environment as funding provides.

f) Attendant Training (Acute Care training initiative)

Brief Description: Attendants, who are non-regulated personnel, are taught how to ambulate or transfer patients (one or two person transfers) with disabilities (if it fits within their Attendant scope of practice to care for that patient). Attendants are taught how to safely feed patients who may have disabilities. Attendants know how to address minor communications barriers with patients and families and know how to access resources for the patient / family in consultation with the clinical care team. The care team would create a specific plan to address identified barriers; the attendant would be informed and trained as needed by the clinical 'on unit' resources.

Project Status: Ongoing - Attendant orientation occurs monthly in connection with General Orientation for new staff – not held if there are no staff moving into attendant role.

g) Patient Resident Education Advisory Committee (PREAC)

Brief Description: The PREAC committee supports teams / programs to access funds (or coaching) to develop learning materials or pays to translate current learning resources into other languages (as funds allow).

Project Status: Ongoing - funding is provided each year for leaders' teams to access.

h) Ivey Eye Institute Initiatives for a Barrier Free Environment

Brief Description: The London Advisory Committee for the Visually Impaired has representation from various professionals from the CNIB, LHSC, SJHC, as well as visually impaired consumers and a local optometrist.

Recent advances to help with a barrier free environment within the Ivey Eye Institute include:

- Use of 16 point font for the creation of pamphlets, letters and memos to those with visual impairment. The color of the paper and printing must be high contrast. i.e. black on white or black on yellow.
- Recommending to our cleaning staff to use a low gloss finish on the floors. This reduces glare for visually impaired.
- Annual education workshops and lectures to the visually impaired and general public providing them with the latest educational material and information regarding many topics directly and indirectly related to Eye Care. Past presentations included glaucoma, cataract surgery, age related macular degeneration, visual aids, psychology of dealing with vision loss as well as an entire day of paediatric ophthalmology and their caregivers.

- Linking the Ivey Eye Institute Web site with the CNIB web site.
- Project Status: Ongoing.

i) Increasing Accessibility at the Family Medical and Dental Centre

Brief Description: Three projects have been approved to increase accessibility:

- (1) Adaptation of interview /consultation room to accommodate larger electric wheelchairs for patients;
- (2) Lowering of reception counter to give more face to face level interactions with wheel chair patients;
- (3) Grab bars are being installed for patients in the examination rooms.

Project Status: First project is ongoing, expected in near future. Second project is complete. Third project is in process and expected to be completed in the Fall of 2003.

j) Wayfinding Project

Brief Description: SJHC with the help of Entro Communications is documenting signage standards which comply with the ADA (American Disabilities Act) and the ODA. All signs will meet criteria for character height, character proportion, finish, and contrast.

- Signs will have a foreground / background contrast level of 80%
- A Sans Serif medium font will be used for best readability
- non glare materials will be used on sign surfaces
- a number a pictograms will be developed so that visitors who cannot read or read the English language can easily identify the various amenities

Project Status: Full project will be complete by 2006.

7. Barrier-identification methodologies

On March 4, 2003 the facilitator of the Accessibility Working Group and a representative from Communications and Public Affairs attended an Ontario Hospital Association Conference titled *ODA Accessibility Planning: Is it on Your Radar Screen* to help hospitals with their accessibility planning. Various methodologies on barrier identification were discussed. The Accessibility Working Group used the following barrier-identification methodologies:

Methodology	Description	Status
Consultation with the Accessibility Advisory Committee of London	The facilitator of the Working Group attended 2 meetings as an observer of the Accessibility Advisory Committee at City Hall. Attended the National Access Awareness Empowerment and Action Dav on	A list of barriers identified by the Committee was received on June 19, 2003. Communication with

	<p>May 27, 2003 with Jeff Adams, Chair of the Provincial Advisory Committee, giving the keynote address. A presentation was made to the Accessibility Advisory Committee on June 19, 2003 to update them on the progress of the London Hospitals work towards an accessibility plan.</p>	<p>the Committee will continue throughout the planning process.</p>
<p>Presentations to Joint ELT / SLT</p>	<p>A presentation was given to Senior leadership to get their full commitment towards accessibility planning.</p>	<p>Senior leadership commitment was obtained in April 2003. A presentation will be given to the Leadership forum in October 2003 to inform them of SJHC's obligation in creating an accessibility plan. The Working Group will periodically update both leadership and staff.</p>
<p>Survey to record recent barrier removal initiatives</p>	<p>A survey to record recent barrier removal initiatives and identify barriers was sent out to various departments by Working Group members to help the Working Group with accessibility planning.</p>	<p>Survey was sent out and responses compiled in July 2003. A follow up survey and canvassing of SJHC committees will follow up on the information compiled to date.</p>
<p>Research in regards to the disability sector of London</p>	<p>Examined a University of Western Ontario Masters of Public Relations student's paper titled "A Look at the Disability Sector of London Ontario", 17 community agencies views on barriers identified in London (January 2003)</p>	<p>Completed</p>

8. Barriers identified

In its review, the Accessibility Working Group has identified the following barriers to date. The review included compiling information obtained from the survey and the consultation with the Accessibility Advisory Committee on June 19, 2003. Over the next several years, the Accessibility Working Group recommends focusing on the different barriers identified to date and on other barriers that might be identified over the next several years. 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.

<i>Type of Barrier</i>	<i>Description of Barrier</i>	<i>Recommended Strategy for its Removal / Prevention</i>
Physical	Lack of accessible parking spaces.	Examine increasing the number of accessible parking spaces.
Architectural	Some washroom stalls are not accessible enough – some washrooms are not large enough to accommodate people with scooters or wheelchairs. Lack of accessible washrooms on each floor.	Ensure an adequate number of washrooms are accessible in any new construction projects. Investigate the highest need area.
Architectural	Bathroom sinks and towel dispensers that are too high for wheelchair users.	Ensure washroom accessories are accessible in any new construction projects.
Architectural	Accessibility is limited in elevators (unable to access controls, many residents / patients must wait for assistance).	Implement audio / voice system in the new elevators to announce floors. Review the feasibility of phasing in this feature to our existing elevators.

<i>Type of Barrier</i>	<i>Description of Barrier</i>	<i>Recommended Strategy for its Removal / Prevention</i>
Communicational/ Informational	The hearing impaired has had difficulties getting sign language interpreters in hospitals to communicate with physicians and caregivers.	Increase awareness to all programs of the process and the availability of interpreters.
Communicational/ Informational	Addressing visual impairments and various processes within the hospitals that may be difficult such as preparation of daily menu cards.	Include assistance with menu selection required in the care plans for patients with disabilities.
Communicational / Informational	Number of poorly placed and confusing signs.	Design and install wayfinding signage system that is in compliance with the ODA at all major sites.
Communicational / Informational	Lack of visual indicators (strobes or lights) for emergency situations.	Investigate visual emergency notification system.
Attitudinal	Staff may lack knowledge of various disabilities.	Develop disability awareness workshop and staff training material.
Policy/Practice	No central process for raising and addressing accessibility issues.	Create a task team to jointly create a process and subsequent policy to deal with accessibility inquiries.

9. Barriers that will be addressed 2003 - 2004

The SJHC Accessibility Working Group recommends addressing the following barriers during the coming year. The criteria used were based on the feed back from the survey and the Accessibility Advisory Committee of London.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>	<i>Performance criteria</i>	<i>Timing</i>	<i>Responsibility</i>
No central process for raising and addressing accessibility issues.	Build on senior leadership commitment to accessibility planning and work towards an organization wide policy on accessibility.	Create a task team to jointly create a process and subsequent policy to deal with accessibility inquiries.	A new policy outlining an organization wide commitment to identifying and removing barriers for those with disabilities.	Begin work towards creating a policy in 2004.	Patient Relations
Staff may lack knowledge about various disabilities.	Staff will better understand how to accommodate patients and staff with all types of disabilities.	Develop disability awareness workshop and staff training material.	All staff will be aware of ways to accommodate patients and staff with disabilities.	Information to be offered during educational sessions.	Organizational Development & Learning Services
Number of poorly placed and confusing signs.	To ensure that the resulting wayfinding signage system is comprehensible and in compliance with the ODA.	Design and install new wayfinding signage systems at all sites.	A comprehensive, consistent nomenclature and signage that meets universal design standards.	A phased implementation plan with total project completion by 2006.	Wayfinding Committee
Lack of accessibility within our existing facilities.	Develop a process to review accessibility barriers to new and renovated facilities. Develop a phased plan to remove barriers in existing facilities and use accessibility as a criterion in the planning stage of new facilities.	Conduct a site audit to document current facility conditions. Opportunities to improve accessibility will be examined by comparing the Ontario Building Code (OBC) and Facility Accessibility Design Standards (FADS).	Hold focus group sessions and have a post occupancy review to assess improving accessibility within the facilities.	Conduct site audit and create procedure to review accessibility standards in 2004.	Facilities Planning & Development

10. Review, monitoring, and implementation process

The Accessibility Working Group will meet periodically to review progress. Members of the Working Group will also commit to making presentations to the Joint Occupational Health & Safety Committee and to updating other relevant Committees on a regular basis. The City Wide Steering Committee will oversee the Working Groups and will update the Joint ELT SLT on progress and seek Board approval of the plans from both organizations.

11. Communication of the plan

SJHC's accessibility plan will be posted on their website and hard copies will be available at each site. On request, the report will be made available in alternative formats. For further information contact Nick Kokkoros at 685 8500 ext. 52170 or by email at nick.kokkoros@lhsc.on.ca.

APPENDIX A

SJHC Accessibility Working Group

Terms of Reference

Purpose:

The SJHC Accessibility Working Group is responsible to prepare an annual accessibility plan for identifying, removing and preventing barriers to improve access and opportunities for people with disabilities across the hospital.

Definitions:

“Disability” means:

- any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- a condition of mental impairment or a developmental disability,
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- a mental disorder, or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

“Barrier” Means:

- anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.

Objectives:

- Develop measures to identify, remove and prevent barriers to persons with disabilities.
- Report on the measures in place to ensure that the organization assesses its proposals for by-laws, policies, programs, practices and services to determine their effect on accessibility for persons with disabilities.

- List the by-laws, policies, programs, practices and services that the organization will review in the coming year in order to identify barriers to persons with disabilities.
- Report on the measures that the organization intends to take in the coming year to identify, remove and prevent barriers to persons with disabilities.

Duties:

- Review recent initiatives and successes in identifying, removing and preventing barriers.
- Identify barriers that may be addressed in the coming year.
- Set priorities and develop strategies to address barrier removal and prevention.
- Specify how and when progress is to be monitored.
- Write, approve, endorse, submit, publish and communicate the plan.
- Review and monitor the plan.

Membership:

Working Group Member	Department
Phyllis Brady	Patient Relations / Risk Management
Nick Kokkoros	Facilities Management
Purvi Desai	Facilities Management
Derek Lall	Facilities Planning & Development
Rory Patten	Volunteer Services / Patient Relations (St. Joseph's Mount Hope)
Beth Schroeder	Volunteer Services (Parkwood)
Sarah Webb	Complex Continuing Care
Wendy Reed	Occupational Health & Safety
Chris Judd	Pharmacy
Terry Kaban	Ivey Eye Institute
Cheryl Small	RMHC Food & Nutrition Services
Margaret Belliveau	Organizational Development & Learning Services
Chris Fraser	Spinal Cord Injury / Acquired Brain Injury (Parkwood)

Each member brings their special expertise, experience, and commitment to identifying, removing and preventing barriers to improve access and opportunities for people with disabilities. Each member does not represent the concerns of only one disability or group. All members of the committee will work together to develop a common approach which is reasonable and practical.

The Accessibility Working Group may form sub-committees as necessary to address specific issues. These sub-committees will draw upon members of the Accessibility Working Group as well as resource people from within or outside the hospital as deemed necessary.

The Accessibility Working Committee will appoint a Coordinator. The Coordinator will be responsible for coordinating and developing the plan and should have an understanding of:

- The organization's facilities, by-laws, legislation, policies, programs, practices and services.
- The range of access issues people with disabilities live with every day.
- The organization's annual business and capital planning cycles.

Guidelines:

There is a general guide to accessibility planning under the Ontarians with Disabilities Act, 2001. The current guide can be found on the internet at the following address:

<http://www.gov.on.ca/citizenship/accessibility/english/accessibleplanningguide.htm>

The OHA with the help of many of its members has created a Toolkit for Annual Accessibility Planning under the Ontarians with Disabilities Act. The toolkit will be used as a guide to create the accessibility plan.

Accountability:

The Accessibility Working Group will report to an ODA Steering Committee consisting of members from both LHSC and SJHC. All initiatives to identify and remove barriers will then be reported to the Joint Committee and Joint ELT / SLT groups and final approval of the plan will be given by the Boards of both hospitals.

Frequency of meetings:

The Accessibility Working Group will meet monthly, or at the discretion of the Coordinator.

Deliverables:

By Sept. 30, 2003, an accessibility plan must be drafted.

APPENDIX B

SURVEY ON RECENT BARRIER REMOVAL INITIATIVES

Preamble:

The *Ontarians with Disabilities Act* (ODA) is designed to improve the identification, removal and prevention of barriers faced by persons with disabilities. The ODA requires hospitals to prepare annual plans that address "the identification, removal and prevention of barriers to persons with disabilities in the organization's by-laws, if any, and in its policies, programs, practices and services," and to make these plans available to the public.

The plans should be prepared on an annual basis to tie accessibility planning with regular planning cycles. The plan should also involve consultation with persons with disabilities and others. The deadline for developing and publishing these plans is **September 30th, 2003**.

The following survey will help us **review recent initiatives and successes (from the past 3 – 5 years)** in barrier identification and removal practices for those who work in or use the facilities and services of the hospital, including patients and their family members, staff, health care practitioners, volunteers and members of the community. We are looking at all types of barriers as defined by the ODA: physical; architectural; informational; communicational; attitudinal; technological; and policy / practice. If your department/service area has been involved in any recent initiatives that address reduction of barriers within the hospital setting, please respond by **July 28, 2003** using the framework identified. If certain sections apply to you, please provide answers to the questions in the survey using the framework identified.

Method to Document Recent Initiatives:

Document your responses by using the following framework:

- Project / Initiative Name
- Brief Description (include purpose, expected outcome, etc.)
- Project status - Choose: 1) Ongoing (include Expected Completion date)
2) On- Hold (provide reason)
3) Initial planning stage "contemplation"
4) Completed
- The scope of this project / initiative is:
1) Department or Unit specific
2) Multi department / unit (specify depts. / units)
3) Corporate
4) City wide

- How well does it work (i.e. poor, fair, good, excellent)?
- What could be improved?
- Most responsible Person and Department
- Any inputs / recommendations for new initiatives that we could use in developing future plans would be appreciated.

Risk Management / Radicalogic:

- 1) Has there been a review of complaints specifically dealing with accessibility received by a Patient Representative? If there has been, what has been done to address those complaints in terms of accessibility issues? What was the outcome?
- 2) What is the process to have those complaints referred to the appropriate departments for follow up?

Patient Care Areas:

- 1) Have issues regarding barriers been identified (i.e., lack of wheelchair access at entrances; abuses of accessible family / unisex washrooms; limited availability of ASL interpreters; insufficient number of wheelchairs available for people with mobility disabilities to use during their stay and insufficient number of accessible parking spaces)? What is the process for addressing those issues and what have the outcomes been?

Facilities Management:

- 1) How does the hospital monitor the availability and usage of barrier-free features? (i.e. accessible parking spaces; drinking fountains; counters; doorways; ramps; cafeterias; etc.)
- 2) What policies and principles promoting a barrier-free facility through the use of universal design features have been utilised during the design process?
- 3) What has the hospital done to ensure barrier-free designs are incorporated into new construction projects and redevelopment in outdoor spaces (i.e. parking lots, pathways etc.)?
- 4) What accessibility issues are considered in the approval of expansions or the construction of new buildings and facilities?
- 5) How has the hospital's maintenance and snow removal plans considered people with disabilities (i.e. access for wheelchairs, canes, strollers, etc.)?
- 6) How many current 'barrier' free accesses are there at all 3 sites? Where are they located and are they clearly identified?
- 7) How is feedback from 'this' user population incorporated into the design of new areas?

Wayfinding / Volunteers:

- 1) Describe the hospital's use of International and Universal Symbols and tactile signage in respect to the wayfinding initiative? What are the factors promoting or limiting this initiative? What consideration has been given to font size, colour, lighting and contrast?
- 2) Describe the orientation and ongoing education of volunteers with regards to assisting the disabled in our organization.

Human Resources:

- 1) What has the Human Resources Department done in terms of reviewing or updating its policies (i.e., interviewing, hiring practice, recruitment and accommodation) to reflect the hospital's commitment to accessibility?

Learning and Communications:

- 1) What has the hospital done to provide information in alternative/multiple formats to people with disabilities (i.e. large print, audio tapes, computer diskettes, Braille)?
- 2) What has the hospital done in regards to sensitivity / customer service training for all job categories with respect to interaction with people with disabilities and understanding issues concerning people with different types of disabilities?

Emergency Response:

- 1) Does the hospital have both audible and visual emergency alarm systems?
- 2) What is the hospital's emergency evacuation protocol, which includes assisting the safe evacuation of people with disabilities?

Information Management:

- 1) What has the hospital done to ensure the accessibility of corporate information systems?
- 2) What is in place to provide the blind or mentally challenged with information from their Health Record or for disabled staff to access the paper and electronic Record?

HMMS:

- 1) How is accessibility an evaluated criterion when making purchasing decisions?
- 2) Describe the physical structures at HMMS that provide barrier free access to the workplace.