



**Annual Accessibility Plan  
for the  
London Health Sciences Centre  
September 2004 - August 2005**

***Submitted to***

Tony Dagnone  
Chief Executive Officer  
30 September 2004

***Prepared by***

LHSC Accessibility Working Group  
Co-ordinator, Douglas Glover

*This publication is available on the hospital's website  
and in alternative formats upon request*

# Table of Contents

	<b>PAGE</b>
<i>EXECUTIVE SUMMARY</i>	3
1. Aim	4
2. Objectives	4
3. Description of the London Health Sciences Centre	4
4. The Accessibility Working Group	5
5. Hospital commitment to accessibility planning	6
6. Recent barrier-removal initiatives	6
7. Barrier-identification methodologies	10
8. Barriers identified	11
9. Barriers that will be addressed 2004-2005	14
10. Review and monitoring process	15
11. Communication of the plan	15
Appendix A Terms of Reference	17
Appendix B Survey on Recent Barrier Removal Initiatives	20

## ***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 second year plan (2004 - 2005) prepared by the London Health Sciences Centre (hereinafter referred to as "LHSC"). The report describes: (1) the measures that LHSC has taken in the past, and (2) the measures that LHSC will take during the year (2004 - 2005), to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of LHSC, including patients and their family members, staff, health care practitioners, volunteers and members of the community.

LHSC has committed itself to the continual improvement of access to hospital facilities, policies, programs, practices and services for patients and their family members, staff, health care practitioners, volunteers and members of the community with disabilities; the participation of 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 identified 20 barriers to people with disabilities. The most significant findings were accessibility of our facilities and the need to increase awareness of accessibility issues. This year, the Working Group will focus on removing and preventing six barriers.

## **1. Aim**

This report describes (1) the measures that LHSC has taken in the past, and (2) the measures that LHSC will take during the next year (2004-2005), 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 LHSC has and will identify, remove and prevent barriers to people with disabilities.
2. Reviews earlier efforts at LHSC to remove and prevent barriers to people with disabilities.
3. Describes the measures LHSC will take in the coming year to identify, remove and prevent barriers to people with disabilities.
4. Describes how LHSC will make this accessibility plan available to the public.

## **3. Description of the London Health Sciences Centre**

London Health Sciences Centre (LHSC), London, is a major patient care, teaching and research centre. As one of Canada's largest teaching hospitals, LHSC is comprised of three sites, University Campus, Victoria Campus and South Street site as well as two community health centres. LHSC has a capacity of 768 beds and 22 bassinets, with more than 8,000 staff who care for over 700,000 inpatients, outpatients and emergency patients each year. LHSC provides primary, secondary, tertiary and selected quaternary services for the communities of London and Middlesex. The hospital also serves as a regional referral centre for selected, highly specialized tertiary and quaternary clinical services for Southwestern Ontario. For more information please refer to [www.lhsc.on.ca](http://www.lhsc.on.ca).

### **LHSC Mission Statement**

*Together we care, we learn, we discover*

London Health Sciences Centre, a university teaching hospital, is committed to improving health. Building on our tradition of leadership and partnership, we champion patient-centred care, a spirit of inquiry and discovery, and a commitment to life-long learning.

## 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 LHSC Accessibility Working Group can be found in Appendix A.

### Coordinator

Amy Lee, Director Risk Management and Patient Safety, is the Co-ordinator of the City-wide (LHSC/SJHC) Steering Group.

Douglas Glover, Risk Management Specialist, Risk management and Patient Safety, is the Co-ordinator of the LHSC Accessibility Working Group.

### Members of the Accessibility Working Group

Working Group Member	Department	Contact Information
Purvi Desai	Facilities Management	52173
Douglas Glover	Risk Management & Patient Safety	52089
Catherine Vandersluis	Professional Practice	52381 / 34788
Dipesh Patel	G & G Partnership Architects	57957
Greg Davies	Communications	77662
Barbel Hatje	Communications	35947
Anita Jogia	Human Resources	77049
Glenda Hayward	Professional Practice	75384
Julie Sans	Cancer Care	75306 / 53697
Paul Toplack	Renal Care	53993
Nicole Lanthier	Clinical Neurosciences	35642
Greg McNeely	Occupational Health & Safety	52262
Stephane Ouellet	Women's and Children	52005
Holly Reid	Human Resources	75417
Trish Zapf-Reid	Medical Care	75612

## 5. Hospital commitment to accessibility planning

*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, I.T., 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 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 each year for approval to Senior Leadership.*
- Seek Board approval of the accessibility plan by September 30<sup>th</sup> of each year.*
- London Health Sciences Centre is committed to improving health. Building on our tradition of leadership and partnership, we are committed to the continual improvement of access to our facilities and services for our patients, their family members, volunteers, students, staff, health care practitioners and visitors.*

## **6. Recent barrier-removal initiatives**

The LHSC Accessibility Working Group created a survey to document recent barrier removal initiatives (see Appendix B). The survey was sent out electronically to the Operational, Tactical, and Strategic leadership of the hospital. Survey results include the following:

### **a) Procedure to Gather Concerns on Disability Issues**

Brief Description: A web-based survey is available on the LHSC home pages for staff, patients, visitors, and community partners to raise accessibility issues.

Project status: Ongoing – The survey will be left on the web. The Accessibility Working Group will review information gathered.

### **b) Management of Compliments and Complaints**

Brief Description: Patient feedback is an indicator of an organization's performance of care and services provided to our clients. Management of these indicators is a part of LHSC's quality improvement activities and risk

management strategy. Disability / barrier issue section have been added to the FM Pro software (15 July 2003) so that tracking reports may be generated. Management of feedback at the unit level promotes accountability for the quality of care and service provided by staff, physicians, and volunteers.  
Project Status: Ongoing.

**c) Wheel-in Showers in Surgical Care**

Brief Description: To make a shower area accessible for patients in wheelchairs or on stretchers.

Project Status: A shower area on 8IP University Campus has been completed

**d) The Layout of the Geriatric Mental Health Program**

Brief Description: In the Geriatric Mental Health Care Program, the outpatient area was set up to accommodate seniors in with mobility issues in particular. All of the chairs have arms; all chairs have a slightly higher seat so that it is easier to get out of the chair. There are no low sofas. One washroom has a permanent assistive device, while the other washrooms have grab bars. Project Status: Complete.

The area is well laid out to allow for the needs of people with mobility impediments.

**e) Risk Management Occurrence Report (a current form)**

Brief Description: To promote quality patient care and service, improve safety for patients, visitors and staff, and to reduce the possibility of adverse outcomes.

Project Status: Ongoing – Reviewing/revising current record.

Risk Management is planning to implement electronic system that could track disability / barrier issues.

**f) Management of Abusive Situations**

Brief Description: As abuse is often directed against the disabled, it is necessary to educate staff and hospital affiliates about behaviour (e.g., physical abuse, sexual assault, verbal abuse etc.) that LHSC considers to be inappropriate and unacceptable in the workplace. This initiative will assist staff in the management of an abusive situation in a safe and effective manner. It will outline the appropriate actions in the identification, investigation, management, reporting, and documentation, of situations that may be considered abuse.

Project Status: Roll out and education has been completed.

**g) Consent to Treatment**

Brief Description: Policy and Procedure outlines the rules with respect to consent to treatment, capacity with respect to a treatment, use of Substitute Decision Makers (SDMs) with respect to a treatment on behalf of incapable persons, emergency treatment and completion of written consent forms. The

communication and emergency section addresses persons with the inability to communicate.

Project Status: Roll out and education has been completed.

#### **h) Critical Occurrence / Incident Review**

Brief Description: Review in a reflective manner with all stakeholders, the critical incident that caused the negative outcome. Perform analysis of root causes and contributing factors that may be due to a disability or barrier. Develop a plan of action to prevent similar occurrence in the future and improve patient, visitor and staff safety.

Project Status: Planning stage. Draft policy development.

#### **i) London Regional Cancer Program (LRCP) Wheelchair Availability**

Brief Description: In 1995 an ad hoc committee was formed to address wheelchair availability in the LRCP. The issue was that the LRCP had 20 wheelchairs, however only 6 to 8 were available at any one time. The action that took place was a physical search for the wheelchairs, marketing to create an awareness of the issue by using email, voice mail and posters, and as a result the missing equipment was replenished. Another outcome was an ongoing quality control program that included all wheelchairs being stenciled and labeled for inventory purposes and a policy on Inventory and Repair of Wheelchairs.

Project Status: The initiative was revisited in 1999. The initiative is continually evaluated.

The volunteers have taken on the task of locating the wheelchairs and placing them at both entrances for easy access for patients. A map has been developed routing from LRCP to LHSC and back depicting key locations where the wheelchairs could be stored / found.

#### **j) Wayfinding Project**

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

- Signs have a foreground / background contrast level of 80%
- A Sans Serif medium font has been used for best readability
  - interior directional signs have a cap height of 25 mm
  - suspended directional signs have a cap height of 32 mm
  - departmental signs have a cap height of 50 mm
  - exterior signs with cap height of 129 mm & 190 mm
- non glare materials have been used on sign surfaces
- all painted components to be painted with Grip Gard® / Grip Flex®. Paint to have a matte finish



- a number a pictograms have been developed so that visitors who cannot read or read the English language can easily identify the various amenities
- Project Status: The standards manual is complete. Zones have been established at both sites. Full project will be complete by 2007.

#### **k) Accessible LHSC Corporate and Affiliate Web Sites**

Brief Description: Pages on LHSC Corporate Sites and Affiliate Sites will be accessible across a wide range of web browsing devices and comply with the Priority 1 and Priority 2 Checkpoints of the World Wide Web Consortium's "Checklist for Web Content Accessibility Guidelines 1.0"

<http://www.w3.org/TR/WCAG10/full?checklist.html>

It is important to note that most people, when referring to web accessibility, only consider it in terms of access for visually impaired users. These Checkpoints address a far broader range of disabilities.

*"The power of the Web is in its universality. Access by everyone regardless of disability is an essential aspect."*

Tim Berners-Lee, inventor of the World Wide Web

Project Status: Ongoing.

#### **l) Accessibility Policy**

Brief Description: An Accessibility Policy had been developed by the Accessibility Working Group.

Project Status: Ongoing – The policy is in the review phase prior to acceptance.

#### **m) Accessibility Awareness Training**

Brief Description: Training material has been developed to incorporate awareness training into new staff orientation

Project Status: Ongoing – The Working Group will continue to develop training opportunities for staff on accessibility awareness.

#### **n) Accessible Entrances**

Brief Description: Visitor guidelines and available entrances, including wheelchair accessibility are available on the LHSC web pages. The South entrance to the Westminster Tower has been designated a wheelchair only entrance and new disabled parking spots have been placed nearest to the door.

Project Status: Ongoing – Entrances will continue to be assessed.

#### **o) Interpreting for the Deaf**

Brief Description: The interpreter service now has the ability to interpret for the deaf

Project Status: Completed

**p) Specific Accessibility Opportunities**

Brief Description: A telephone was installed in the dialysis patient waiting room at a specific wall height that enabled wheelchair patients to access it. Large lettered signs were created to assist patients and families locate the temporary dialysis unit. Toilet seats have been or will be raised on 5ET2, all medical units, dialysis units and South Street CT Suite.

Project Status: Ongoing – Opportunities to accommodate accessibility issues will be continually investigated.

**q) Human Resources Policies**

Brief Description: An Accommodation Policy is being developed by Human Resources to ensure employees are integrated back into the workforce and are productive after an injury.

Project Status: Ongoing - Human Resources is in the process of reviewing all Human Resources policies to ensure recruiting from the broadest marketplace possible and to ensure there are no barriers to the retention of staff.

**7. Barrier-identification methodologies**

The Accessibility Working Group used the following barrier-identification methodologies:

<b><i>Methodology</i></b>	<b><i>Description</i></b>	<b><i>Status</i></b>
Presentation to the Leadership Forum	A presentation was given to the Leadership forum to update them on the hospital's obligation in creating an accessibility plan and accessibility feedback procedures that were developed. The Forum was also engaged in accessibility awareness discussions.	Leadership will be periodically updated.
Procedure to obtain accessibility feedback from staff, patients, visitors	A web-based survey is available on the LHSC home pages for staff, patients, visitors, and community partners to raise accessibility issues. Disability / barrier issue section have been added to the Compliments and Complaints FM Pro software (15 July 2003) so that tracking reports may be generated. Management of feedback	Responses were compiled and reviewed by the Accessibility Working Group in July 2004

	at the unit level promotes accountability for the quality of care and service provided by staff, physicians, and volunteers.	
Survey to record recent barrier removal initiatives	A survey to record recent barrier removal initiatives and identify barriers was sent out to help the Working Group with accessibility planning.	Survey was sent out in June 2004. Responses were compiled and reviewed by the Accessibility Working Group in July 2004.
Educational Symposiums	Members of the Accessibility Working Group attended two educational symposiums:  Ontario Hospital Association, Ontarians with Disabilities Act Conference March 25, 2002.  ODA Committee, Still Waiting: A Forum for Moving Ahead, September 11, 2004	Information learned was shared and reviewed by the Accessibility Working Group
Research in regards to the disability sector of London	Examined "Key Messages for Hospitals in London" from a UWO MPA student's paper titled: "Relationships between stakeholders and the City of London: Effectiveness of a stakeholder consultation process in building relationships between the City and persons with disabilities."	Reviewed by the Accessibility Working Group in July 2004

## 8. Barriers identified

In its review, the Accessibility Working Group identified 20 barriers. The review included compiling information obtained from the initiatives survey sent to leadership of LHSC, the web based survey available to staff, patients and visitors and the UWO MPA student's research and paper. This list is divided into six types: (1) physical; (2) architectural; (3) informational or communication-based; (4) attitudinal; (5) technological; and (6) policies and practices.

<b><i>Type of Barrier</i></b>	<b><i>Description of Barrier</i></b>
Physical	Lack of handrails in unit hallways
Physical	Lack of maintenance of sidewalks and access to accessible doors
Physical	Lack of automatic doors to cafeteria
Physical	When entering elevators in a wheelchair lack of ability to know what floor the elevator is at.
Physical	Lack of non-slip material on stairwells of Westminster parking garage
Physical	Lack of accessible parking spots near the building at the South Street Campus
Physical	Lack of curb cuts near parking spots and accessible entrances
Architectural	Lack of ramp at entrance to Westminster Tower
Architectural	Number of wheelchair accessible washrooms on each floor.

Architectural	Number of accessible entrances close to parking areas and clinics.
Communication/ Informational	Lack of privacy for discussions with staff in stretcher exam rooms
Communication/ Informational	Visual impairments, language problems and various care processes within the hospitals that make communication with staff difficult.

Communicational / Informational	Number of poorly placed and confusing signs / lack of clarity. Lack of signage at access points before public enters the parking lots.
Communicational / Informational	Lack of awareness in local disability agencies of the hospitals accessibility reports and need for feedback.
Attitudinal	Staff are often unaware of varying types of disabilities, including mental health issues.
Attitudinal	Staff often lack extensive knowledge of various disabilities.
Technological	No practical device to move patients from wheelchairs to X-ray table.
Technological	Lack of height adjustable beds in exam rooms.
Policy / Practice	No central policy on providing accommodation measures for identified patients with challenges.

Policy / Practice	Certain evacuation procedures.
-------------------	--------------------------------

## 9. Barriers that will be addressed 2004 - 2005

The Accessibility Working Group will address six barriers during the coming year.

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>	<i>Performance criteria</i>	<i>Timing</i>	<i>Responsibility</i>
No central location for raising and addressing accessibility issues.	Build on senior leadership commitment to accessibility planning and work towards a hospital wide policy on accessibility.	Appoint a hospital contact person for accessibility inquires who can make referrals to other staff.	A new policy outlining a hospital wide commitment to identifying and removing barriers for those with disabilities.	Follow policy through review process to approval.	Risk Management
Staff lack extensive knowledge about various disabilities.	Staff will better understand how to accommodate patients and staff with non-physical disabilities.  Explore the extent of potential attitudinal barriers at LHSC	Brochure prepared for new staff orientation binder  Conduct focus groups with LHSC volunteers (UWO OT Student project)	All new staff will be aware of ways to accommodate patients and staff with disabilities.  Potential attitudinal barriers identified and/or areas for further examination.	Corporate orientation  Fall 2004 – Spring 2005	Human Resources Communications Risk Management  Occupational Therapy Services.
Lack of accessible entrances. Lack of accessibility within our existing facilities.	<b>Conduct selection process</b> of external consultants to review accessibility barriers.	Consultant assessment and review	<b>Review and assess</b> services offered. <b>Compare</b> criteria and standards utilized to perform audit.	<b>Complete selection of consultant</b> by December 2004	Facilities Management & Restructuring

No central policy on identifying people with access challenges/disabilities so that staff will know to take appropriate accommodating measures	Ensure patients with special needs are identified to allow for awareness of the issue/disability and hence the provision of appropriate accommodations	Develop a policy/procedure whereby patients with access challenges are asked to identify themselves and their needs at a point of entry (i.e. admissions) and this is noted on charts in a visible but non-stigmatizing way	Staff will be easily able to check if patients require accommodation, and be aware of how they may provide accommodation or gain assistance with providing accommodation	Begin work on creating a policy and procedure in late 2004	Risk Management & Learning and Communications Human Resources Privacy Office
Inadequate technology to allow for the safe transfer and privacy of patients with disabilities in diagnostic areas and clinics. i.e. Patient lifts in awkward places, exam bed levels don't adjust for height and easy patient transfer	To complete diagnostic and clinical examinations for disabled patients in a timely, private and effective manner while ensuring the safety of patients and staff members.	Site audit of current technologies and beds in the diagnostic and clinic areas for safety, ease of use and maintaining patient privacy. Develop standards with regards to this type of equipment.	All ongoing purchases will meet the standards.	Audit and plan completed by February 2005. Implementation of the plan beginning in 2005 with completion in 2007.	Occupational Health & Safety. Manager(s) of ambulatory care and diagnostic units. Healthcare Materials Management Services
Number of poorly placed and confusing signs / lack of clarity of main entrance.	To ensure that the resulting wayfinding signage system is comprehensible and in compliance with the ODA.	Finalize the destination list.	A comprehensive, consistent nomenclature and signage that meets universal design standards.	Total project completion by 2007.	Wayfinding Committee

## 10. Review and monitoring process

The Accessibility Working Group will meet monthly to review progress. Subcommittees will be formed to address each barrier. At each meeting, the subcommittees will report to the Working Group on their progress in implementing the plan. Members of the Working Group will also commit to making presentations to the leadership of the hospital and to updating the City-wide Steering Committee on a regular basis.

## 11. Communication of the plan

The hospital's accessibility plan will be posted on LHSC's website and hard copies will be available from the library services at each site, the Communications/Public Relations Department and the Patient Relations Specialist's Office. On request, the report will be made available on computer

disk, in large print, or in Braille. The plan will also be included within the hospital orientation package to new staff.



## APPENDIX A

### LHSC ODA Working Group

#### Terms of Reference

##### **Purpose:**

The LHSC 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:**

<b>Working Group Member</b>	<b>Department</b>	<b>Contact Information</b>
Purvi Desai	Facilities Management	52173
Douglas Glover	Risk Management & Patient Safety	52089
Catherine Vandersluis	Professional Practice	52381 / 34788
Dipesh Patel	G & G Partnership Architects	57957
Greg Davies	Communications	77662
Barbel Hatje	Communications	35947
Anita Jogia	Human Resources	77049
Glenda Hayward	Professional Practice	75384
Julie Sans	Cancer Care	75306 / 53697
Paul Toplack	Renal Care	53993
Nicole Lanthier	Clinical Neurosciences	35642
Greg McNeely	Occupational Health & Safety	52262
Stephane Ouellet	Women's and Children	52005
Holly Reid	Human Resources	75417
Trish Zapf-Reid	Medical Care	75612

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 co-ordinating 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 of each year, an accessibility plan must be drafted.

# APPENDIX B

## ONTARIANS WITH DISABILITIES ACT (ODA)

### SURVEY ON RECENT BARRIER REMOVAL INITIATIVES '04

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 deadline for developing and publishing these plans is September 30<sup>th</sup>, 2004.

The following survey of will help us review initiatives and successes 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:

<b><i>Barrier type</i></b>	<b><i>Example</i></b>
Physical	A door knob that cannot be operated by a person with limited upper-body mobility and strength
Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational	Typefaces that are too small to be read by a person with low-vision
Communicational	A health care professional who talks loudly when addressing a deaf student
Attitudinal	Staff who ignore patients/visitors in a wheelchair
Technological	A paper tray on a laser printer that requires two strong hands to open
Policy/Practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly, or at all

Please reply by **June 25, 2004** to the *following* sections where you feel you have information to share.

**1) Your job function?**

- Leadership (Manager, Coordinator)
  Clinical Staff (Physician, Nurse, Allied Health)
- Other (Customer Support personnel)

**2) Your location?**

- Victoria Campus, South Street Site
  Victoria Campus, Westminster Site
- University Campus

**3) Are you aware of any initiative(s) in the last twelve months addressing any types of barriers (as defined above)?**

- Yes       No

**3a) If yes, what type of involvement do you have?**

- Leading the initiative     Participating directly in an initiative       Acting as a resource to an initiative  
 No involvement, just aware of initiative

If you have knowledge of an initiative, please complete question 4.

**4) Please document your knowledge of the initiative using the following framework.**

Name of Project/Initiative	
Objective(s) (If known)	
Project status	<input type="checkbox"/> Ongoing (expected completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> Completed (Approximate date completed)
Comment if you can on this initiative. What could be improved?	

Name of Project/Initiative	
Objective(s) (If known)	
Project status	<input type="checkbox"/> Ongoing (expected completion date) <input type="checkbox"/> On hold <input type="checkbox"/> Planning stage <input type="checkbox"/> Completed (Approximate date completed)
Comment if you can on this initiative. What could be improved?	

**5a) Have any issues about access or barriers been identified?**

- Yes       No

**5b) If yes, what type of issue(s) were identified?**

- lack of wheelchair access at entrances  
 limited availability of ASL interpreters  
 insufficient number of wheelchairs available  
 insufficient number of accessible parking spaces

other(please describe):\_\_\_\_\_

**5c) Is there a process to have these issues addressed?**

Yes       No

**5d) If yes, what have been the outcomes? Please explain.**

**6) Are you aware of any projects/initiatives that address access/barrier issues in the following areas:**

Wayfinding/volunteers	<input type="checkbox"/> yes	<input type="checkbox"/> no
Human Resources	<input type="checkbox"/> yes	<input type="checkbox"/> no
Learning and Communications	<input type="checkbox"/> yes	<input type="checkbox"/> no
Bio Engineering	<input type="checkbox"/> yes	<input type="checkbox"/> no
Emergency Response	<input type="checkbox"/> yes	<input type="checkbox"/> no
Information Management	<input type="checkbox"/> yes	<input type="checkbox"/> no
Materials Management	<input type="checkbox"/> yes	<input type="checkbox"/> no

**7) Do you have any recommendations / suggestions for new initiatives that would address access / barrier issues?**