



Accessibility Plan

2010-2013

Prepared By:

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Women's College Hospital**

Feedback



Women's College Hospital wants to hear from you. If you have any questions, comments or concerns related to this Accessibility Plan, or would like to request an alternate format, please contact:

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1.0 Executive Summary

This is Women's College Hospital's (WCH) Accessibility Plan for 2010 - 2013. The purpose of this Accessibility Plan is to address issues related to the identification, removal and prevention of barriers faced by people with varying disabilities, in order to meet the needs of people with varying disabilities, including staff, patients, visitors and the broader community. Specifically, this Accessibility Plan establishes a series of broad recommendations to improve accessibility throughout the WCH environment, as they relate to any of WCH's facilities, by-laws, policies, programs, practices and services.

Updated annually, WCH's current Accessibility Plan 2010-2013 was developed to meet all formal requirements established by the Province of Ontario through legislation known as the Ontarians with Disabilities Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). **(Refer to Section 2.0)**

WCH's Accessibility Plan demonstrates its ongoing commitment to implementing accessibility best practices throughout the hospital environment, including opportunities related to Capital Redevelopment Plans.

To support the goals and objectives of this Accessibility Plan, a detailed "Barrier Removal Action Plan" was also developed to systematically identify barriers at WCH's Main and 77 Grenville locations, to address accessibility issues during the shorter term while the new WCH facility is constructed. An implementation plan and responsibilities for barrier removal activities are also identified, with associated strategic timeframes for prioritization and approval by WCH Management. Additionally, this Accessibility Plan for the New WCH builds on previous initiatives developed by the former Sunnybrook and Women's College Health Sciences Centre.

2.0 Introduction

2.1 Ontarians with Disabilities Act

In 2001, the **Ontarians with Disabilities Act (ODA)** was adopted by the Province of Ontario to:

“improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the Province”.
(Source: Ministry of Social and Community Services)

Under the ODA, public sector organizations including Hospitals are legally required to prepare annual accessibility plans through consultation with stakeholders and people with disabilities, and make these plans available to the public.

The ODA covers the same broad range of disabilities as the **Ontario Human Rights Code**. These include physical, sensory, cognitive, developmental and mental disabilities, and brain injury.

Sections 2.3 and 2.4 identify goals and objectives of WCH's Annual Accessibility Plan.

2.2 Accessibility for Ontarians with Disabilities Act

In 2005, the Province of Ontario adopted the **Accessibility for Ontarians with Disabilities Act (AODA)**, in addition to the requirements of the ODA. **The purpose of the AODA is to:**

“achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025, by developing, implementing and enforcing accessibility standards”
(Source: Ministry of Social and Community Services)

Under the AODA, proposed accessibility standards will apply to both the private and public sectors, including Hospitals. Standards will be developed by formal Provincial “**Standards Development Committees**” (SDC). The SDC’s consist of people from the disability, business and public communities who:

- develop proposed accessibility standards;
- submit an initial proposed standard for public review;
- revise the proposed standard to incorporate public input; and
- submit a final proposed standard to the government for consideration as law.

The government then decides what will become law and the implementation timelines. The **Accessibility Standards Advisory Council of Ontario** and the **Accessibility Directorate of Ontario** are generally responsible for facilitating the development of these accessibility standards and other barrier removal initiatives, currently underway.

Since January 1st 2008, Ontario’s “Accessibility Standards For Customer Service” (also referred to as Ontario Regulation 429/07) officially became a new law. Organizations that provide goods or services to people in Ontario are now legally required to make their customer services operations accessible to people with disabilities. This new regulation establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario. This includes Women’s College Hospital, which is an organization classified under “broader public sector” in the regulation, formally recognized as a hospital and defined in section 1 of the *Public Hospitals Act*. As of January 1, 2010, Ontario’s hospitals, schools, municipalities and other public sector organizations are now required to comply with the requirements of the Accessibility

Standards for Customer Service. The private sector and non-profit organizations will follow January 1, 2012.

Four (4) additional committees were established for the process of developing new accessibility standards in the areas of (1) transportation, (2) information and communications, (3) built environment and (4) employment. At the time this plan was developed, the remaining standards and related processes were being finalized.

2.2.1 Current Status of Standards Development Process

On May 31, 2010, the Ontario government announced that it will integrate three accessibility standards into one streamlined regulation. The three standards identified are:

- Employment
- Information and Communications, and
- Transportation.

This is the final public review and comment period before the government finalizes the regulation.

The Final Proposed **Accessible Built Environment Standard (ABES)** provides recommendations to government on how to remove barriers in buildings and outdoor spaces for people with disabilities. The standard was developed by a committee composed of people representing:

- disability communities;
- not-for-profit organizations;
- broader public sector;
- businesses; and
- building industry.

The initial proposed **ABES** was released for public review from July 14, 2009 to October 16, 2009.

The committee revised the initial draft standard to reflect the public's input. At their last meeting on May 28, 2010, the committee voted on the standard clause by clause.

The final proposed **ABES** standard has now been submitted to the Minister of Community and Social Services for consideration of what will become law and related implementation timelines.

2.3 Plan Purpose

The purpose of this Accessibility Plan is to identify steps that Women's College Hospital (WCH) has taken in the past to address barriers to accessibility faced by users with varying disabilities. Additionally, this plan identifies strategies that WCH will take annually to identify, remove and prevent barriers to people with disabilities who work in or use the hospital's facilities, programs and services. This includes patients and their family members, staff, health care practitioners, volunteers and members of the hospital community as a whole.

This Accessibility Plan is designed as a framework to initiate establishing formal processes for ongoing consultation, plan development and plan implementation, in order to achieve both short and long term objectives each year.

Additionally, to assist with the development of this Plan, a review of other hospital / health care AODA Accessibility Plans and related best practices was conducted by an external consultant to inform the development of the plan and recommendations for action.

In preparing this accessibility plan, Women's College Hospital considered the needs of a broad range of users with varying disabilities, specific to its role as a health care service provider and employer.

2.4 Plan Objectives

This Accessibility Plan:

- Describes the context of the WCH environment, programs and services;
- Describes past efforts to remove barriers to accessibility and proposed strategies for barrier identification, removal and prevention in the next year and beyond, where possible;
- Identifies the by-laws, policies, programs, practices and services that WCH will review annually to address barriers faced by people with disabilities;
- Prioritizes the strategic removal of barriers to accessibility, within the context of broader Capital Improvement Plans; and
- Describes ways that WCH will make this accessibility plan available to the public, including patients, staff, visitors and the community.

3.0 WCH's Commitment to Accessibility Planning

Accessibility planning initiatives conducted by WCH compliment the hospitals broader "equity vision" and "commitment to optimal health outcomes for diverse women and their families through community informed, **inclusive**, and responsive services", illustrated in the following graphic:



Equity vision

Our **commitment** to optimal health outcomes for **diverse women and their families** through **community informed, inclusive, and responsive services.**

commitment

- All policies/practices at WCH incorporate values/principles of human rights, anti-racism & anti- oppression
- Resources allocated to ensure meeting change agenda and needs of women
- Advocates for external systemic change to improve health outcomes for all women

diverse women & their families

- Patient base reflects GTA's diverse communities at all levels of WCH staff, doctors & volunteers reflective of diverse communities

responsive services

- Meets the varied needs with differential programs, services, research and education that acknowledge the impact of the social determinants of health on women's lives
- All volunteers, managers, staff and doctors are culturally competent

inclusive

- Culturally welcoming & barrier free

community informed

- Diverse communities inform all aspects of WCH with their expertise & experience, including WCH's advocacy efforts

WCH intends to identify ongoing steps to integrate accessibility planning throughout other strategic, operating and redevelopment planning and budgeting initiatives. This will ensure not only meaningful outcomes and successful implementation at different stages of the accessibility planning process, but also obtaining Staff support and insights along the way.

4.0 Context: WCH Background Information

4.1 Location

Most of WCH's programs are provided at four (4) locations:

1. Women's College Hospital

(Main Building)

76 Grenville St.

Toronto, ON

M5S 1B2

2. Family Practice Health Center

77 Grenville St.

Toronto, ON

M5S 1B3

3. Bay Centre for Birth Control

790 Bay Street, 8th floor

Toronto, ON

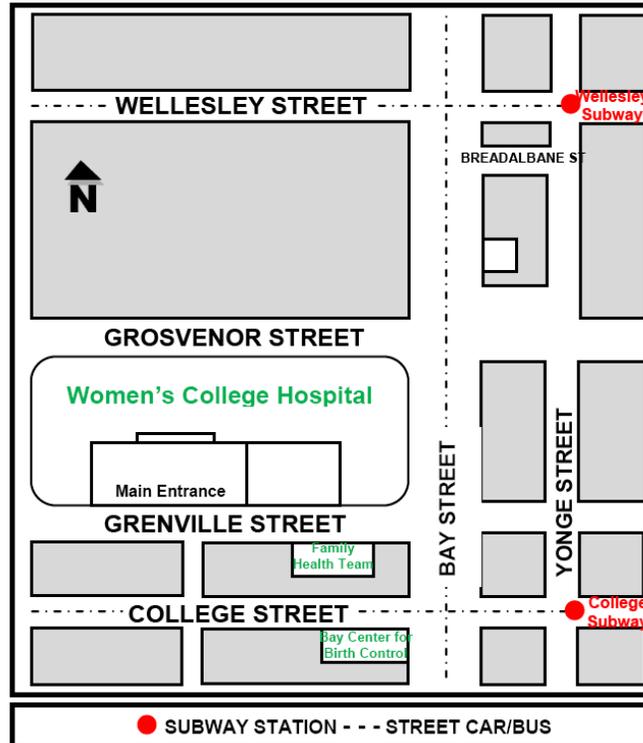
M5G 1N8

4. Brief Psychotherapy Centre for Women

2 Carlton Street, Suite 1806

Toronto, ON

M5B 1J3



4.2 Description

Women's College Hospital has a rich history in Ontario, leading the way in providing care to women and their families for well over a century. WCH has gone through many changes in the past several years.

Since 2005, WCH has embarked on a new journey, ready to take its place as the leader and innovator in women's health care, research and education.

On August 18, 2005, The Honourable George Smitherman, Ontario Minister of Health and Long-Term care, announced the de-amalgamation of Women's College Hospital and that it would again become a self-governed health-care facility, separating from what was formerly called Sunnybrook and Women's College Health Sciences Centre.

The Minister of Health also announced that Women's College Hospital would be officially recognized as a Centre of Excellence in Women's Health. As a result of these changes and decisions, Women's College Hospital began operating independently under the *Public Hospitals Act* on April 1, 2006. Both Women's College Hospital and Sunnybrook Health Sciences Centre will remain as fully affiliated teaching hospitals of the University of Toronto. WCH is recognized as the only independent ambulatory care hospital in Ontario, with a primary focus on women's health.

Overall, the New Women's College Hospital is a community dedicated to achieving leadership in women's health in an ambulatory care setting, through ongoing research and leading the way in training health-care providers.

4.2.1 Family Health Team new location

The Family Health Team of Women's College Hospital relocated from 60 Grosvenor to a newly renovated space at 77 Grenville Street. Approximately 40,000 square feet of the space spread over 4 floors was designed to meet the clinical requirements. The building is a public building owned by the Provincial Government. The barrier free design addresses the accessibility requirements under the current Ontario Building Code. Family Health Team has a compliment of 140 full and part-time staff with an annual outpatient volume of 60,000 visits.

4.2.2 New WCH Facility - What's on the Horizon?

Women's College Hospital has been involved in an ongoing process related to implementing a capital plan for the redevelopment of the hospital's Grenville site. The new facility is now under construction and will be a state-of-the-art ambulatory care hospital serving women and their families. It will also be a key opportunity to

integrate an inclusive and universal design approach within all planning and design phases



Rendering of new WCH Facility

(Image Source: Infrastructure Ontario, with design by Women's College Partnership)

5.0 WCH Vision, Mission and Values

OUR VISION

A world leader
in women's health.
Canada's pre-eminent
academic ambulatory hospital.

OUR MISSION

We enhance the health and quality of life of all we serve.
We do research to improve women's lives.
We empower our communities by exchanging knowledge.
We work in caring, interprofessional teams
and educate others to do the same.

OUR VALUES

We are guided by our values in everything we do.
Equity | Safety | Innovation | Relationships | Leadership | Collaboration

6.0 Previous WCH Accessibility Initiatives

Over the years, Women's College Hospital has been involved in a variety of accessibility initiatives related to addressing the needs of people with disabilities, whether staff, patients or visitors. This Accessibility Planning process and related initiatives will allow WCH to formalize these activities and to review and monitor achievements on an ongoing basis.

A sample of achievements and highlights of previous accessibility initiatives conducted by WCH, include:

- Development of its annual Accessibility Plan and conducted a comprehensive Barrier Removal Action Plan, providing ongoing monitoring of activities and conducting annual updates;
- Establishing a "fragrance-free" policy for facilities, beneficial to people with environmental sensitivities;
- Exterior surface upgrades for main building, to allow safe passage for users of mobility aids and people with a vision loss;
- Removal of redundant and improper interior signage (e.g., confusing messages) to assist all users with wayfinding;
- Upgrading of power door operator controls at strategic locations, for easy use and visibility when approaching;
- New office furniture provides important accommodations for staff with disabilities, including knee space below working surface for users of mobility aids, adjustable keyboards and ergonomic seating (e.g., with back support, arm-rests,

adjustable height). Additional improvements can be addressed over time through strategic procurement strategies;

- Facility Upgrades for Staff, Patients and the Community, including provision of new Unisex Accessible Washrooms at Burton Hall, and in the Main Building in the newly built barrier free Cafeteria and Department of Ambulatory Surgery, as well as signage and way finding improvements;
- Accessible washroom upgrades including: increasing available floor space for larger mobility devices; accessible sinks with lever faucets and tilted mirrors; Lowered amenities (e.g., coat hook, soap and paper towel dispensers);
- Modernization and renovations to Human Resources and Support Areas, 5th floor, Main (east side); Upgraded light switches are “rocker style” for easy use and are mounted for side approach for users of mobility aids and people with limited manual dexterity;
- Door hardware has been upgraded to lever handles, for high use staff and public areas, rooms and spaces, throughout Main building;
- TTY provision at a strategic location (e.g., Central Switchboard in Main building);

- Lowered counters with knee space below, for central hand washing stations, including main entrance lobbies of the Main location;
- Wide entrances for users of larger mobility aids into Staff offices and workspaces (e.g., Physician, Therapy, Outreach offices on 9th floor, west wing), spaces formerly used for in-patient care & hospital rooms;
- Proximity swipe-card readers - typical height of 3'-6" is accessible for users of mobility aids. Visual indicators and audible cues are beneficial for users with a hearing & vision loss;
- Initiated process for establishing an **"Access for People with Disabilities"** policy. This policy has been developed to ensure that all members of the hospital community are aware of their rights and responsibilities to benefit *all patients, visitors, employees, associates and volunteers by achieving accessibility for people with disabilities*. This will be done by developing, implementing and enforcing accessibility standards concerning goods, services, accommodation, communication, facilities, buildings and employment. This includes an **"AODA Implementation Guideline for WCH Providers"** and a **WCH AODA Training and Education Plan"**;
- Establishing the **"Access for People with Disabilities – Use of Service Animals"** policy. WCH welcomes persons with a disability partnered with a service animal and acknowledges the unique relationship which exists in this partnership. This policy also assists in preventing anticipated concerns regarding the presence of service animals.;

- Integration of features to make WCH website more accessible to members of the public;
- Integrate education and information about AODA and accessibility into all Orientation process for new staff through e-learning module;
- Conducted a survey of women with disabilities, through WCH 2010 "A Thousand Voices for Women's Health" to gather information about their needs from hospitals, from care and from services;
- Ongoing monitoring and review of stakeholder issues and/or complaints by Patient Advocate; and
- Establishing accessible design criteria and addressing related issues as a priority within Capital Improvement Plans and the development of the new WCH facility (currently underway).

7.0 Approach to Barrier Identification

To meet the requirements of the ODA/AODA legislation and expectations of all stakeholders, a proactive and comprehensive approach to barrier identification is required. This also recognizes the importance of understanding a broad range of barrier "types" that need to be addressed. The main types of barriers that are reviewed annually as part of the accessibility planning process at WCH, include the following:

Barrier Type	Example
Physical	A door knob that cannot be operated by a person with limited upper-body mobility and strength, or limited hand dexterity.
Architectural / Design	Entrance with only stairs provided, with no other options for people using mobility aids or who have limited stamina to get in.
Informational	Signage print is too small for reading by users with low vision and with directions that is confusing for people with intellectual disabilities.
Communicational	No provision of sign language or other interpreters for people who are Deaf or who speak languages other than English.
Attitudinal	A receptionist who ignores a customer using a mobility aid. A doctor addresses the spouse acting as interpreter when speaking with a deaf patient.
Technological	A website that has no accessibility features for people with a vision loss, limited manual dexterity or people with cognitive disabilities.

Barrier Type	Example
Policy/Practice	A practice of announcing important messages over an intercom that is not audible for people with a hearing loss.

Source: Adapted from "A GUIDE TO ANNUAL ACCESSIBILITY PLANNING under the Ontarians with Disabilities Act, 2001, Accessibility Ontario, Ministry of Community and Social Services ", (September 2005).

8.0 Strategies For Barrier Identification

To develop its Accessibility Plan each year, a variety of strategies are reviewed and used to identify barriers to accessibility, building on past initiatives. Examples are summarized in the following sections.

8.1 Accessibility Working Group (AWG)

Previously, a preliminary "Accessibility Plan Working Group" was established to assist with the development of WCH's first Accessibility Plan and to initiate steps for developing a formal process that can be used annually for activities related to meeting ODA / AODA requirements, including outreach to stakeholders.

This work has been integrated into the current capital development team, informed by expertise of accessibility consultants for the project. Additionally, the Director of Equity and Community Engagement role has assumed internal leadership for integrating and providing resources and support for staff, patients and visitors towards ensuring accessibility at WCH.

8.2 Research

Research is conducted at various times related to gaining a better understanding of accessibility planning initiatives conducted by other hospitals, including past experience as part of the Sunnybrook and Women's College Health Sciences Centre.

Ongoing research is conducted to inform the development of WCH's annual Accessibility Plans and any future initiatives related to implementation.

8.3 Consultation

Stakeholder consultation is an important component to the accessibility planning process. A variety of strategies will be implemented over time to obtain feedback from diverse users. This will assist with the ongoing process of barrier identification and for establishing priorities for barrier removal and prevention. As an example, ongoing establishment of working committees, the implementation of surveys or other types of consultation initiatives may be administered to obtain feedback from Staff, Patients and the broader WCH Community.

Recommendations related to formalizing consultation initiatives, including Staff, patient and community involvement in the development of ongoing and future accessibility planning initiatives are also provided in **Section 11.0** of this plan.

Inclusion of additional participants and the development of a formal Working Committee (e.g., including Terms of Reference) are also proposed to ensure long-term success. **(Refer to Section 11.1)**

8.4 Auditing

Auditing of accessibility barriers is expected to be an ongoing activity. In 2007, an external accessibility consultant was retained by WCH to conduct an accessibility audit of the WCH environment, including a preliminary review of policies, practices and communications (**Refer to Section 9.1**). Additionally, the outcomes of this initial accessibility audit was used to develop Staff knowledge and awareness of accessibility and disability issues in general, in order to transfer knowledge that will allow Staff to conduct ongoing planning activities.

Overall, the approach to the accessibility auditing process was comprehensive in nature in order to highlight key issues to address, with findings and detailed recommendations provided in a separate report (referred to as the Barrier Removal Action Plan).

Highlights from this previous audit work and broader recommendations are provided in this Accessibility Plan and will be updated on an annual basis as the plan is reviewed and initiatives are monitored.

9.0 Ongoing Barrier Identification Activities: 2010 - 2012

9.1 Facility Audits

WCH engaged an external consultant (January 2007) to conduct a site and facility audit of the Main Building, at 76 Grenville Street.

Although the audit identified a wide range of barriers, many related to the original design and construction of the facilities, the focus of the audit was to identify immediate barriers to accessibility that could be addressed over the short term. This was in recognition of WCH's Capital Redevelopment Plans at the time, and currently, to facilitate the design of the new WCH facility, that

will strive to prevent any new accessibility barriers from being created, by embracing the concept of **“universal design”**:

“The design of environments that are usable by people of all ages and abilities” (Source: Ron Mace, 1997)

The original audit was conducted between February to March 2007, with a detailed Barrier Removal Action Plan submitted for consideration by WCH in April 2007. These reports were submitted to the Accessibility Working Group for review and ongoing follow-up. In order to update the annual Accessibility Plan (2008-2009 version), a follow-up audit and review was conducted by Facilities Support Services, with the help of an external consultant. The Barrier Removal Action Plan was also updated to assist with identifying key initiatives to consider annually.

The focus of accessibility audit initiatives related to physical and architectural barriers was on WCH’s central, owned facilities. For other leased WCH locations, annual accessibility planning activities for barrier identification, removal and prevention will be addressed on an ongoing basis, through active monitoring and consultation.

9.1.1 Facility Audit Methodology

The most significant challenge faced by WCH is the fact that existing facilities are dated and in many cases, were not originally designed or upgraded over time to meet current expectations for accessible design and related standards or best practices (e.g., spaces converted over time to meet program requirements).

As identified in previous studies and reviews prepared to support the design, development and construction of the new WCH facility, it was recognized that both of the audited locations and original programs were originally designed and developed in different eras for different care paradigms (e.g., inpatient). As a result, these

facilities are very difficult to upgrade, not only from the perspective of addressing accessibility issues, but also related to modern health care technologies and practices currently in use for “ambulatory care”. Limitations and significant space constraints that negatively impact on hospital accessibility, provides additional rationale to support the construction of WCH’s new facility.

With this in mind, the focus of the auditing was to provide a “snapshot” of physical and architectural barriers to accessibility found in selected areas of both facilities, based on a “journey sequence” of how users with diverse disabilities generally interact with the hospital environment.

Barriers identified during the auditing were organized under five (5) main categories:

- 1. Exterior Environments;**
- 2. Interior Environments;**
- 3. Building Systems;**
- 4. Special Rooms and Spaces; and**
- 5. Policies, Practices and Communications.**

10.0 Summary of Main Audit Findings

For many areas of both facilities, accessibility upgrades would not be practical or cost effective over the short term and would best be addressed in the new WCH facility. However, where short-term strategies could be implemented to improve accessibility, these were also identified and will be implemented as needed to improve the level of accessibility the Main location.

- 1. Floor space & Circulation constraints:** Many areas do not accommodate users of mobility aids, including larger mobility devices such as power wheelchairs and scooters.

- 2. Lack of Accessible Public Washrooms:** Original facility design did not include accessibility considerations for the general public and space is very limited for current Staff and Public uses.

Accessible public washroom facility design and provision is improved for Main Building e.g., the newly built Cafeteria, and Department of Ambulatory Surgery, however, this is generally inconsistent, limited and does not meet best practice.

- 3. Signage and Way finding:** In general, strategies have been implemented to upgrade signage on an ongoing basis (e.g., to ensure consistency between older and newer areas, or where renovations have occurred), based on standards developed by the way finding consultant. This is an ongoing challenge recognizing some areas of WCH are now used quite differently than what they were originally designed for. Additionally, WCH intends to focus on addressing related issues within future Capital Redevelopment Plans, where design will play an important role in how users interact with the hospital's built environment and find their way to various locations.

- 4. Inconsistent Lighting:** Illumination levels differ considerably throughout both facilities, which is a problem for users with a vision loss. This may result in potential tripping hazards and difficulties for users to find their way to various locations. It appears illumination is enhanced where areas have recently been upgraded, which is beneficial for all users.

- 5. Flooring surfaces:** In many older areas, flooring surfaces reflect considerable glare from overhead fixtures and/or natural lighting sources close by. Some flooring surfaces are also highly patterned, with confusing or distracting colours (e.g., 8th floor of Main East Wing), which may be a problem for users, including people with a vision loss.

6. Door clearances and hardware – For older areas that have not been upgraded for some time, clear width for passage by users of mobility aids is too narrow. Often, door-opening pressure is too heavy and where knob style door hardware is provided, it is not accessible for users with limited manual dexterity.

7. Policies, Practices & Procedures: WCH's policies, practices and procedures undergo ongoing reviews to integrate accessibility and diversity issues across all Departments. As previously identified in this plan, recent policy updates have been initiated to meet the requirements of the AODA and improve accessibility in general.

A detailed "**Barrier Removal Action Plan**" was developed by WCH, identifying barriers in more detail, including technical information. This Plan is a working document for WCH Staff to identify strategies, priorities and cost estimates for removing short and long-term barriers to accessibility. The overall goal of this Action Plan is to assist Staff with identifying ways to achieve accessibility "best practices", and to provide information to support the broader goals and objectives of this Accessibility Plan.

11.0 Barrier Removal Activities: 2010 -2011

The following activities and/or processes are currently underway:

11.1. General Accessibility Planning

- 1. Integrating Accessibility Planning within WCH's broader Operating Plan and related development processes (e.g., planning & budget cycles), to ensure accessibility issues are continuously addressed and formally reported, across Departments, Programs and Services, as well as to Senior Management Teams.**

Recently, through WCH's Equity and Community Engagement team, WCH has focused on meeting requirements of the AODA's Customer Service Standard and developed a comprehensive "**Staff Training Manual & Resource and e-learning module**".

Specifically this staff training resource:

- Is designed to assist staff with meeting the training requirements of the Accessibility Standards for Customer Service, Ontario Regulation 429/07, or the "customer service standard."
- Is a foundation that staff can adapt or customize to their particular service area. Staff can use it to supplement the training of any person who deals with the public or other third parties on their behalf, or anyone who participates in developing their customer service policies, practices and procedures.

The Training Resource is divided into units with "self-test" sections. Each of the Units, numbered 1 to 8, cover one of the training requirements of the customer service standard in addition to tips, suggestions and good practices that are above and beyond the legal requirements of the standard. Units numbered 9 to 12 are used to help WCH meet the AODA requirement to provide customer service training.

2. Integrating long-term accessibility improvements and universal design principals within Capital Redevelopment Plans and the design and construction of the new WCH facility.

The facility's design will comply with all current applicable codes and standards relevant to addressing accessibility issues (as amended through the timeframe of the project), including, but not limited to the following:

- The Human Rights Code;
- Ontarians with Disabilities Act (2001);
- Accessibility for Ontarians with Disabilities Act (2006);
- The Ontario Building Code;
- 2006 Standards for Barrier-Free Design for Ontario Government Facilities;
- City of Toronto Municipal Bylaws;
- CAN/CSA B651-04: Accessible design for the built environment;
- City of Toronto Accessibility Design Guidelines; and
- Standards and Anthropometry for Wheeled Mobility, US Access Board, 2005.

Additionally, the intent of all accessible design features that will be integrated as part of the new WCH facility is to meet the goals and objectives of WCH's current accessibility plan. Examples of key accessible design objectives for the new facility are summarized as follows:

- Recognize the needs of all persons with disabilities universally, not just those with visible physical disabilities. Cognitive disabilities, speech, size, weight, including Bariatric care, age, language issues and perceptual handicaps to be considered as disabilities when accessibility strategies are developed;
- Recognize that persons with disabilities are part of all user groups within the hospital including patients, visitors, volunteers, general staff and members of the public;
- Strive for optimal accessibility, where it can reasonably be achieved (particularly recognizing that the Accessible Built Environment Standard currently being developed through the Accessibility for Ontarians with Disabilities Act (AODA) will likely exceed current requirements of the OBC and municipal bylaws);

- Minimize the need to provide additional services to persons with disabilities, because of non-accessible design; and
- Reflect a reasoned strategy for accommodating the differing needs of specific groups of persons with disabilities and to ensure that accommodations for one group do not create significant barriers for another group.

To be addressed at various parts of the design process, examples of **essential** design features to be implemented at the new facility, that also reflect how WCH will address the needs of a diverse range of users, include: (Note: this is not a full list of accessible design features)

Site Accessibility

- Accessible routes, including any stairs, ramps and walkways, to be easily be negotiated by foot and/or wheeled devices, leading from all streets to all accessible entrances.
- Provision of smooth, non-slip surfaces with a minimum of joints to accommodate individuals with mobility impairments.
- Accessible parking facilities to constitute a minimum 4% of total spaces with an additional minimum 2% of total spaces designated as proximity parking (or in sufficient numbers to comply with local zoning bylaws if those requirements are higher).
- Minimum of 2 accessible parking spaces to be provided on each level with designated access aisle of a sufficient dimension to accommodate large scooters.
- At least 10%, but never less than one, of the accessible parking spaces to be designated van accessible parking.

- Proximity parking to be located as close as possible to, and less than 30 m from, the entrance into the Hospital.

Site Amenities

- To be accessible by foot and/or wheeled devices.
- Furnishings provided to accommodate the size and weight of bariatric patients and people who are overweight, to a minimum of 227 kg (500lbs).
- Rest area furnishings to be located adjacent to, but out of the barrier-free path of travel, with 900 mm x 1500 mm level space provided on either side of the seating to allow wheelchairs, scooters, or baby carriages to remain beside the seating for companions, assistants, or parents.

Entrances

- 100% of all staff and public entrances to be accessible.
- Power operated doors with motion sensor activation to be provided at all staff and public entrances. Power operated doors shall be equipped with swing side safety presence sensors.
- Maneuvering space to accommodate persons using a mobility-scooter (has the largest space and turn requirements) to be provided at all entrance doors.

Interior Horizontal Routes

- Horizontal circulation routes that are used by general staff, patients, volunteers or visitors to be accessible.

- Doors and openings along access routes provided to accommodate persons traveling in pairs or persons using wheelchairs, scooters, mobility devices and other apparatus.

Interior Vertical Routes

- Accessibility to be provided to all levels used by general staff, patients, volunteers and visitors routes to be accessible.
- Elevator hall and cab controls to be identifiable, reachable and operable by ambulatory, seated, sighted and blind users.
- Detectable warning surfaces to be provided at the top of each stair run.

Functional Spaces

- Barrier-free paths to be provided into all spaces used by general staff, patients, volunteers and visitors and provided within all common-use spaces such as lobbies, food servery areas, patient lounges, staff lounges, board rooms and meeting rooms, which are used by general staff, patients, volunteers and visitors.

Controls and Other Operating Mechanisms

- All controls that are typically used on a daily basis by general staff, patients, volunteers and visitors to be accessible.

Washrooms

- One individual accessible unisex washroom per floor to allow for a 2440mm turning diameter to accommodate larger wheelchairs and scooters, as well as a caregiver. This

washroom shall be in close proximity to general (common-use) washroom facilities.

- Hardware, controls and fixtures to be automatic or operable with one hand and not require grasping, twisting or fine finger control.

Signage and Way finding

- Directional, informational and regulatory signage systems to be usable by everyone, including persons with low vision, persons who are blind and persons who may not have a good command of English language.

Emergency Planning

- Visual and audible alarms to be installed in communal and common use areas, as well as private washrooms and other general use spaces.
- Accessible areas of refuge to be provided that accommodate not less than two mobility devices, and be clearly identified with accessible signage and shall be provided without interference of exit routes. Note: Areas of refuge could be replaced with a designated room or enclosure with a fire rating at exit stairs in clinical areas.

More detailed information on WCH's redevelopment project can be found online at:

<http://www.womenscollegehospital.ca/redevelopment/index.html>

3. Establishing a Formal Accessibility "Working Group" or "Planning Committee" and process for annual review of the AODA Accessibility Plan.

A primary role for this group or committee will be to address accessibility issues and identify ongoing barriers for proactive removal and prevention, based on an approved Terms of Reference and diverse Membership (e.g., Recruit Staff, Patients & Community participants with different types of disabilities and/or who self-identify). It is assumed that a formal process is required for implementation, including reviews and approvals by Senior Management.

To assist with the establishment of this group and/or committee and related Terms of Reference, some roles and responsibilities may include:

- Establishing a regular meeting schedule to evaluate progress and ongoing activities;
- Preparation, endorsement, submission, publication and communication of WCH's annual Accessibility Plan, based on this initial framework;
- Developing a formal process for barrier identification, removal and prevention priorities; and
- Establishing a process to monitor implementation activities at regular intervals (e.g., every 6 months, annually etc.).

Proposed membership may include representation from internal and external stakeholders, including:

- Diversity Coordinator;
- Patient Advocate;
- Community stakeholders with diverse disabilities;
- Facilities Support Services;
- Human Resources;
- Strategic Communications; and
- Senior Management.

Additionally, WCH has many existing internal Committees or relationships with other committed external stakeholders with an interest in addressing accessibility issues, including the **Consumer Education Task Force** and the **Toronto Seniors Council (TSC)**, for example.

Other key activities and/or processes that are currently underway include:

4. Prioritizing barrier removal and prevention activities over a five-year period. Establishing priorities based on identified needs of staff, patients and visitors with disabilities and/or most highly used areas. (Refer to WCH's "Barrier Removal Action Plan" for detailed information)

5. Establishing formal budgets for implementation of barrier removal activities annually.

6. Focusing short term implementation activities on "quick fixes" that can improve the level of accessibility for diverse users throughout the hospital environment.

Examples of "quick fixes" may include:

- Providing accessible seating, 18" high preferred, with and without armrests and different sizes to accommodate all users. Existing seating and design is inconsistent throughout facilities.
- Removing clutter and/or reorganize furniture to provide clear routes for maneuverability.
- Ensuring consistent provision and placement of information boards and notices, with key information at 3'-11" centre, with accessible print formats etc. This includes some newsletter displays at elevators, currently mounted above 3'-

11" from floor, which prevents easy reach for most users. When mounted above 4'-6" from floor, side approach and reach by users of mobility aids is also prevented.

- Providing visitor "sign-in" books at accessible height and/or through use of clipboard provided by Staff (e.g., 10th floor Reception Main East).
- Ensuring consistent mounting of hand wash dispensers on wall at accessible height of 3'-11" from floor (maximum), for frontal and side approach by users of mobility aids (typically mounted at 4'-5" or higher). Automatic dispensers are preferred, projecting a maximum of 4" from wall. Use of colour contrasted dispensers (e.g., compared with mounting surface) benefits users with a vision loss.
- Addressing ongoing maintenance (e.g., minimize glare from flooring surfaces using alternative cleaning products or procedures) and temporary construction issues (e.g., ensure protective/safety barriers are suitably placed to allow accessible path of travel for users of mobility aids).

11.2 Policies, Practices and Communications

1. Conduct ongoing reviews of all WCH policies, with analysis based on an "accessibility lens" (e.g., identifying all potential implications and issues related to accessibility issues and/or needs of people with specific types of disabilities).
2. Develop strategies for producing alternate or multiple formats of key hospital documents (e.g., large print, braille, CD ROM etc), through Strategic Communications.
3. Continue upgrading the WCH intranet and external website to meet accessibility best practices.

4. Continue implementation of the WCH Customer Service **Staff Training Manual & Resource**, integrated with existing or proposed Equity Initiatives (e.g., broader theme of “inclusion”).
5. Develop a standardized tracking document for ongoing identification, monitoring and review of policy, practice and communication barriers, to ensure consistent reporting across all departments.
6. Establish a formal Communications Plan, for ongoing consultation, to receive feedback on issues, as well as complaints and compliments from stakeholders (Staff, Patients and their Families, Volunteers, Visitors, Committee Members, Community Members). Assign responsibilities and deadlines for review and follow-up (e.g., Patient Relations Office). This will include steps to outreach to patients and community members who have identified an interest in participating.
7. Consider developing a communications tool (e.g., brochure or pamphlet) to provide key accessibility information in one resource (e.g., how to obtain alternate formats of materials, where to find information, how to obtain interpreter services, where accessible parking is located etc.). Integrate new information with proposed recommendations related to improving accessibility features on WCH’s website and intranet.

12.0 Conclusion and Next Steps

This Accessibility Plan is approved and supported by WCH Senior Management, and it is available to WCH’s diverse stakeholders.

All work and activities conducted and identified in this Accessibility Plan demonstrates WCH's commitment to addressing accessibility issues. This is further exemplified in WCH's policy statement:

"It is Women's College Hospital's (WCH) policy that, in accordance with the Accessibility for Ontarians with Disabilities Act (AODA), and with our Equity Vision, WCH is committed to providing inclusive and responsive goods, services and employment supports in a manner that respects the dignity and independence of all persons with disabilities to our patients, families, visitors, volunteers and employees."

The Barrier Removal Action Plan (BRAP), prepared as part of the broader accessibility planning process, is recognized as the starting point to assist WCH with establishing priorities, as well as the development of a phased implementation strategy. It is anticipated that the implementation strategy will be incorporated into a multi-year budget planning cycle and closely monitored with respect to implications related to the design, development and construction of the new WCH facility. The BRAP will also be revised and updated on an ongoing basis, as part of WCH's commitment to identifying, removing and preventing barriers over the long term.

12.1 Communication of Plan

Women's College Hospital will communicate accessibility planning initiatives through a variety of strategies, including:

- Publication and provision in alternate formats, upon request;
- Posting on the WCH website and intranet;
- Identifying ongoing updates and progress in WCH Newsletter "Women's College Connects!"; and
- Providing hardcopies in key areas (e.g., Human Resources Department, Patient Relations, Cafeteria

Display & other areas used by Strategic Communications
etc.)