

ERIE SHORES HEALTHCARE MULTI YEAR ACCESSIBILITY PLAN 2024-2027

“A trusted Community Hospital providing exemplary care to you and those you love.”

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Our Commitment to Accessibility Planning

At Erie Shores HealthCare we value the diversity of our staff, patients, families, and the community that we serve; we support and encourage those around us to interact with our goods, services, and the world around them in the way that upholds and respects their individuality. In fulfilling our mission, vision, and values, ESHC commits to providing its goods and services, including employment, in a way that upholds the principles of equity, and respects the dignity and independence of people with Disabilities.

Vision

A trusted community hospital providing exemplary care to you and those you love.

Mission

As a strong and progressive community hospital, we commit to providing high-quality and compassionate care in a sustainable manner.

Values

Our values of Collaboration, Quality, Reliability, and Kindness influence how we make decisions for our patients and their families.

Background: *Integrated Accessibility Standards Regulation (IASR)*

The Accessibility for Ontarians with Disabilities Act Integrated Accessibility Standards Regulation (AODA-IASR) is a grouping of five standards developed by the Accessibility for Ontarians with Disabilities Act (AODA). The IASR mandates the development of a Multi-Year Action Plan for Erie Shores HealthCare, and sets out regulation in the below areas of accessibility.

Customer Service

The standard outlines the requirements for removing barriers for people with Disabilities so they can access goods, services, and/or facilities. For example, a person who requires the use of a service animal must be permitted to enter the premises and to keep their animal with them, unless excluded by law.

Information and Communication

The standard outlines requirements for organizations to create, provide, and receive information and communications that are accessible for people with Disabilities. For example, organizations must provide information and communications in an accessible format to people with Disabilities upon request and in a timely manner.

Employment

The standard requires that employers must make their workplace and employment practices accessible to current or potential employees with Disabilities. For example, employers that make an offer of employment to a successful job applicant must inform the applicant of their organization's policies for accommodating employees with Disabilities.

Transportation

The transportation standard sets out the requirements for transportation service providers. Particularly, features and equipment on vehicles, routes, and service offered must be accessible to people with Disabilities. For example, no conventional or specialized transportation service is permitted to charge a fare to a support person who is accompanying a person with a Disability.

Design of Public Spaces

The standard outlines the need for newly constructed or redeveloped public spaces to be accessible for people with disabilities. For example, organizations must provide accessible parking for people with disabilities when building new or redeveloping existing parking spaces.

The ESHC Accessibility Advisory Committee

The ESHC Accessibility Advisory Committee ensures equitable access to healthcare information and services for all. Comprising experts in accessibility, representatives from diverse backgrounds, and healthcare professionals, the committee works diligently to identify and address barriers that hinder access. Their proactive approach involves reviewing and optimizing the hospital's website, facilities, and communication channels to comply with accessibility guidelines and best practices. By promoting inclusivity, the Accessibility Advisory Committee seeks to create an accessible and welcoming environment for all.

This committee meets quarterly and strikes subcommittees and/or project-specific working groups work as required.

Committee Composition

Name	Position or Affiliation
Danica McPhee (Co-Chair)	ESHC Equity, Diversity, Inclusion, Indigeneity (EDII) Coordinator
Carlo Sullo (Co-Chair)	ESHC Director of Facilities & Support Services
Heather Badder	ESHC Vice President of Patient Services
Catherine McMahon	ESHC Chief Human Resources Officer
Lynn Mitchell	ESHC Director of Emergency, Critical Care, & Inpatient Services
Kevin Black	ESHC Communications & Public Relations Specialist
Holly Whitehead	ESHC Patient Experience Specialist
Kyle Hack	ESHC Sr. Occupational Therapist

How ESHC Identifies Barriers

Customer Feedback

When patients receiving care from Erie Shores HealthCare are ready for discharge, our Patient Experience Specialist supports them to complete a survey regarding their time in hospital, which includes options for provision of feedback regarding accessibility. Additionally, we receive feedback through our online feedback forms. The Patient Experience Specialist reviews all patient feedback, and advises the Accessibility Advisory Committee about feedback regarding accessibility.

Accessibility Auditing

The Accessibility Advisory Committee completes yearly site audits inside and outside of the building, using internally drafted auditing tools based on the City of London's Facility Accessibility Design Standards to guide barrier identification efforts (See appendix A and B).

Prioritization Method for Barrier Removal

Impact versus Effort

As a hospital built in 1950, it is a reality that there are significant implementation barriers to consider. As we strive to become as accessible as possible, we must prioritize our work by considering impact versus effort.

	Difficult to do	Easy to do
Major Improvement	If the barrier removal is difficult to do, and will result in a major improvement, it requires more detailed planning before implementing.	If the barrier removal is easy to do, and will result in a major improvement, implement soon.
Minor Improvement	If the barrier removal is difficult to do, and will result in a minor improvement, no implementation is required at this time.	If the barrier removal is easy to do, and will result in a minor improvement, implement soon.

Types of Barriers

Attitudinal

These may result in people with Disabilities being treated differently than people without Disabilities. Examples include thinking that people with intellectual disabilities are not able to make decisions, or assuming that a person with a speech impairment cannot understand you.

Systemic

These are aspects of policies, practices, and procedures that result in people with disabilities being treated differently than others or excluded altogether. Examples include hiring policies that do not encourage applications from people with disabilities, or not having an accommodation policy in place for staff with disabilities.

Physical

These are barriers in the built environment that prevent access for people with disabilities. Examples include a lack of power operated door openers, or accessible aisles that are blocked by displays or merchandise.

Information or Communications

These barriers arise when a person with a Disability cannot easily receive and/or understand information that is available to others. Examples include print that is too small to read, or videos that do not have captions for people who have hearing loss.

Technological

These occur when technology or the way it is used does not meet the needs of people with disabilities. Examples include accepting only online job applications, or computer systems that are not compatible with screen readers.

Temporary Disruption of Accessible Features

Erie Shores HealthCare will provide clients with notice in the event of a planned or unexpected disruption in the facilities or services usually used by people with disabilities. This notice will include information about the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available. The notice will be placed at all public entrances and service counters on our premises.

2024-2027 Barrier Removal Plan

Outdoor Location	Barrier	Solution	Type	Priority
Staff Lot (Fader)	Lack of lighting	Install lighting	Public Space	High
Staff Lot (Fader)	Lack of Accessible Parking	Designate accessible parking spots	Public Space	Medium
Staff Lot (Main)	Direction of tap entry is backward	Remediate tap entrance	Public Space	Low
Staff Lot (Main)	Parking too near to tap entry poses risk	Cross hatching to block parking	Public Space	High

Outdoor Location	Barrier	Solution	Type	Priority
Staff Lot (Main)	Entry near back of building has very narrow sidewalk, tight parking.	Cross Hatching to block parking, consider levelling the curb for access.	Public Space	
Visitor Lot (Main)	Concrete pad on accessible route, unlevel ground	Remediation of concrete pad.	Public Space	
Visitor Lot (Main)	Lack of Type A Parking	Add Type A spot near gate, near Dialysis entrance.	Public Space	
Visitor Lot (Main)	Lack of accessible parking at Staff Entrance (HR)	Add Type A and B spots near staff entrance (HR)	Public Space	
Visitor Lot (Main)	Staff entrance not accessible	Add ramp, increase handrail height, add power assisted door opener.	Public Space	
Visitor Lot (Fader and Main)	Accessible spaces require re-painting	Re-paint accessible spaces	Public Space	
Visitor Lot (Fader)	Lack of Type A spots	Add Type A spot to lot	Public Space	
Visitor Lot (Oncology)	Lack of parking	Add parking where there is currently cross hatching	Public Space	
Visitor Lot (ER)	Free Accessible Parking	Designate spots as 15 minute limit	Public Space	
All Lots	Patient Feedback requesting free veterans parking	Provide veterans with tokens at no cost	Public Space	

Indoor Location	Barrier	Solution	Type	Priority
Main Elevator	Unlevel flooring, general accessory upgrades	Re-do flooring, purchase new buttons and audio system	Public Space	
ER Bathroom	Lack of automatic door opener	Install automatic opener	Public Space	
Diagnostic Imaging and ER	Non compliant seating	Purchase non porous seating with armrests	Public Space	
Diagnostic Imaging	Bathroom without automatic opener	Install automatic opener	Public Space	

Indoor Location	Barrier	Solution	Type	Priority
Where applicable	Non-lever style knobs on staff facing doorways	Install lever knobs on doorways	Public Space	
ER Bathroom	No access to sharps disposal	Install Sharps disposal	Public Space	
All public bathrooms	Not all have grab bars	Install grab bars in all public bathrooms	Public Space	
All stairs	No TWSI	Consider TWSI	Public Space	
All Hospital	Cluttered Signage	Wayfinding Project implementation	Information and Communication	
All Hospital	Lack of directional signage in non-accessible areas	Wayfinding Project Implementation	Information and Communication	
Cafeteria	50% of shelving not lowered	Lower shelving	Public Space	
Gift Shop	50% of shelving not lowered	Lower shelving	Public Space	

Tracking and Monitoring of Action Plan

Monitoring Progress

The Erie Shores HealthCare Accessibility Advisory Committee will review progress toward 2024-2027 barrier removal as a standing item at each meeting, tracking any delays in implementation of barrier removal, noting justifications for delays, and adjusting completion timelines where needed.

The ESHC Director of Facilities is empowered to act on barrier removal between regular committee meetings as much as is possible and practicable, following the above noted collectively agreed upon timelines when able. Where major construction projects are being undertaken at ESHC, this document will be reviewed to ensure that all necessary accessibility modifications are prioritized where required.

Tracking Barriers

The Erie Shores HealthCare Accessibility Advisory Committee will complete a full accessibility audit every 3 years to inform the creation of our Multi Year Action Plan for Accessibility. Barriers identified at any time between the release of the current action plan, and the release of any future action plans shall be tracked internally via excel spreadsheet and posted publicly within the next Multi Year Action Plan. Additions to the spreadsheet are discussed as a standing item at all ESHC Accessibility Advisory Committee meetings.

Communication and Public Access to Action Plan

The ESHC Multi Year Action Plan for Accessibility shall be posted publicly at www.erieshoreshealthcare.ca/accessibility.

We recognize that not all community members can access information in written format. Upon request, we would be happy to provide information about our Accessibility Plan, our organization and its services, public safety information, or any other required information in accessible formats or with communication supports at no additional cost.

Please contact our Patient Experience Specialist at 519-326-2373 ext. 4118 or by email at PatientExperience@eshc.org.

Appendix A. Indoor Accessibility Auditing Tool

<i>Indoor auditing tool (updated 2024)</i>		
Ground and Floor Surfaces	Response (Yes/No/NA)	Comments
Is ground firm, stable, slip-resistant?		
Do floors have matte finish to minimize glare?		
Ensure floor mats or grates are level with floor as possible, securely fastened, and have colour contrast to differentiate floor surface.		
Stairs	Response (Yes/No/NA)	Comments
Is ground firm, slip resistant and non-glare?		
Stairs have closed risers?		
Do stairs have high-contrast nosing?		
Handrails on both sides of stairs with 3+ steps		
Where stairs are >86.5" wide, provide middle handrail		
Overhanging and Protruding Objects	Response (Yes/No/NA)	Comments
Objects protruding >4" from wall must have leading edge for detection at cane sweep level		
Where possible, provide 82.75" head clearance		
Any exposed under part of staircases must have protection from areas below head clearance, with leading edge no higher than 26.75"		
Tactile Walking Surface Indicators (TWSI)	Response (Yes/No/NA)	Comments
TWSI at top of all stairs, and at each landing where stairs lead to a door, or where regular pattern of doorway is broken.		
Consider tactile direction indicator (TDI) from main entrance to points of frequent use.		
Ensure TDI/TWSI has high contrast, and consistent placement.		
Rest Areas	Response (Yes/No/NA)	Comments
Consider rest areas every 30m for those with reduced stamina		
Ensure clear space for mobility aid away from path of travel within rest area.		
Provide high tonal contrast to distinguish rest area from path of travel.		
Drinking Fountains and Water Bottle Filling Stations	Response (Yes/No/NA)	Comments
Ensure 50% of drinking fountains on each floor are lowered for ease of use		
Ensure high contrast between fountain and surroundings		
Ensure not foot pedal operated		
Ensure able to operate with one hand, closed fist		
Entrances	Response (Yes/No/NA)	Comments
Ensure 30m or less from accessible parking or Passenger Loading Zone		
Ensure primary staff and public entrance is accessible.		

<i>Indoor auditing tool (updated 2024)</i>		
Provide power door operation where possible.		
Doors and Doorways	Response (Yes/No/NA)	Comments
Is there minimum clear width of 37.5" when door open at 90 degrees		
Does door open with minimal force?		
High color contrast on door/frame. Not required for electrical, maintenance rooms etc.		
Contrast door face with edges of door.		
Door handle, lock etc. must be usable with closed fist and one hand.		
Power assisted doors required at main entrance and accessible bathrooms.		
All accessible doors marked with signage.		
Ensure power activators are placed logically in entrance and exit without causing obstruction.		
Interior Accessible Routes	Response (Yes/No/NA)	Comments
Ensure lighting level evenly distributed		
Ensure main paths of travel have width of 72"		
Elevating Devices	Response (Yes/No/NA)	Comments
Elevator has hall buttons that indicate when car call has been made.		
There is clear floor space in front of buttons 36"x60".		
Buttons are mounted 35-37" from floor, measure at center of button.		
Floor destination signage with contrast from mounting surface on both sides of elevator door jamb 60" from floor with raised 2" high numerals and braille below		
Visual and audible signals at each hoistway entrance to indicate which car is answering the call and it's direction of travel.		
Ensure doors will not crush someone if there is an obstruction.		
Ensure high contrast between elevator door and floor/wall.		
Ensure floor landing leaves no height differential greater than 0.5"		
Washrooms	Response (Yes/No/NA)	Comments
Where washrooms are not accessible, provide directional signage to nearest accessible bathroom		
Ensure 60x60 clear floor space in front of stall		
Ensure audible and visual alarm system, visible from outside and inside bathroom, and with adequate signage.		
Identify universal washrooms clearly with accessibility sign and gender info (both)		
Universal washrooms should have automatic door opener attached to lock with visual indicator outside of occupancy status.		
Locking mechanism should be able to be unlocked from outside in emergencies.		

Indoor auditing tool (updated 2024)

Locking mechanisms 35-40" from ground and able to be used with closed fist, one arm.		
Accessible stall should be 36"x60 for transfers, swing to the outside, have grab bars rear and side		
Install at least one coat hook in each washroom		
Grab bars in all stalls		
Door should be self closing (gravity hinge)		
D-Type door pulls on stalls		
Provide back support where there is no seat cover or tank		
Provide automatic or lever flusher, use with one hand and closed fist		
Contrast between grab bar and surface		
Automatic faucets are best		
Soap dispenser 43" max high and not beyond counter reach		
In accessible bathrooms, provide automatic air dryer or paper towel dispenser		
Where baby changing tables are, ensure there is an accessible one		
One accessible urinal where urinals are provided		
Showers	Response (Yes/No/NA)	Comments
Accessible shower is 60x36 interior		
Accessible shower is 60x36 entrance area		
Covered trench drain suitably located and does not pool water where person will be		
Level entry or beveled threshold		
Firm, slip resistant flooring		
Even distribution of lighting		
Controls can be used one handed with closed fist.		
Shower controls no further than 20" from seat edge.		
Ensure temperature is managed not to burn.		
Fully recessed soap holders reachable from seat.		
Handheld shower head with flexible hose reachable from seated position.		
Grab bars positioning makes sense.		
Signage and Wayfinding	Response (Yes/No/NA)	Comments
Signage is matte or non glare.		
Signage has high contrast between sign and mounting surface.		
Consistent shapes and designs for similar signage.		
All accessible spaces should be noted, inaccessible spaces should direct to accessible spaces.		
Where possible, pictograms alongside words is best for language and memory		
Where possible, tactile signage is best		
Ensure no information overload or cluttering of signs		

<i>Indoor auditing tool (updated 2024)</i>		
Cafeteria and Dining Facilities	Response (Yes/No/NA)	Comments
Ensure at least 50% of shelves are mounted no higher than 54"		
Depth of reach across counter should be no more than 19"		
Service Counters	Response (Yes/No/NA)	Comments
Ensure at least one accessible counter for each department with counters		
Where there are multiple counters, identify the accessible ones with signage		
Ensure located on accessible path of travel		
Ensure high contrast		
Waiting and Queuing Areas	Response (Yes/No/NA)	Comments
Waiting area is visible from main entrance, or has adequate signage?		
Where fixed seating is provided, ensure 3% of seating is accessible.		
Accessible seating will have 36x60" clear floor space adjacent to seating, adjacent to accessible path.		
At least one bariatric size seating		

Appendix B. Outdoor Accessibility Auditing Tool

<i>Outdoor auditing tool (updated 2024)</i>		
Parking	Response (Yes/No/NA)	Comments
Are accessible spaces <30m from entrance?		
Are accessible spaces <30m from Passenger Loading Zone?		
Are spaces sized in accordance with AODA? Type A: 3,400mm (Van/Ramp Parking) Type B: 2,400mm (Standard Accessible) Access Aisle: 1,500mm		
In Type A spots, are there contrasting diagonal lines, and signage?		
In Type B spots, is there signage?		
Is pavement marked with international symbol of disability in accessible spots?		
Accessible parking sized in accordance with AODA? 201-1000 spots: 2% + 2 accessible spots		

Outdoor auditing tool (updated 2024)

Passenger Loading Zone (PLZ)	Response (Yes/No/NA)	Comments
Is the PLZ away from vehicular traffic flow, and <30m from the accessible entrance?		
Are doors at accessible entrances power controlled?		
Is there overhead protection from weather?		
Are there Tactile Walking Surface Indicators (TWSI) to differentiate entrance from PLZ/Access Aisle?		
Is there signage that makes it clear this is a PLZ?		
Stairs	Response (Yes/No/NA)	
<p>Are TWSI's provided on stairs?</p> <p>Note: TWSI should be one depth back from leading edge at top of stairs, at landings where an entrance is immediate, or where the pattern of a stairway direction is broken.</p>		
Are hand rails in place on both sides of stairs with 3+ steps?		
Where hand rails are in place, is height consistent of 34-38"?		
Where hand rails are in place, is there sufficient contrast between hand rails and mounting surfaces?		
Where hand rails are >86.5" apart, is there an intermediate rails spaced maximum 65" apart?		
Paths	Response (Yes/No/NA)	
Is the path of travel free from protruding objects?		
Is the path of travel a minimum of 1500 mm (59") in width?		
Is the path of travel made of a surface that is firm and stable?		
Where there is a change in level, is there colour contrast?		
Do the entrances to exterior paths of travel have a clear opening, minimum of 850 mm (33.5")?		
Are rest stops required for the path of travel (>30m)?		
If yes, are they spaced a maximum of 30m apart?		

Outdoor auditing tool (updated 2024)

Is there a clear space at any rest area for mobility aid users?		
Is there a contrast with the ground, finish, or texture to distinguish the path of travel from the rest area?		
Are there curb ramps or cuts to help people safely negotiate level changes?		
Are Tactile Walking Surface Indicators provided on the external path of travel where there are curb cuts, or where routes join vehicular traffic areas?		
Ramps	Response (Yes/No/NA)	
Is the gradient of any ramp 1:15?		
Is there clear space of 2440mm X 2440mm at top and bottom of any ramp for a landing area? (96")		
Is the width of a ramp 900mm (35") to accommodate handrails if needed? Note: max width of ramp without handrail is 32"		
Are there intermediate landings on ramps >29'?		
Lighting	Response (Yes/No/NA)	Comments
Is there lighting located at all ramps, steps, stairs?		
Is lighting evenly distributed across path of travel, parking lot?		
Is supplementary lighting provided near wayfinding signage?		
Are lighting posts, fixtures located away from accessible routes?		
Does overhead lighting provide clear headspace?		
Signage	Response (Yes/No/NA)	Comments
Where entrance is not accessible, is there wayfinding signage?		
Does signage have high contrast between signage and mounting surface?		
Does signage have high contrast between font and background?		
Is signage matte, or non-glare?		

Outdoor auditing tool (updated 2024)

Are signs that contain similar information a similar shape and colour?

Does signage use sans-serif font, sentence case?

Does signage feature a mix of symbols and text where possible?