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# Annual Accessibility Plan

November 2008



**SOUTHLAKE**  
REGIONAL HEALTH CENTRE

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This publication is available on Southlake’s website at [www.southlakeregional.org](http://www.southlakeregional.org) and in various published formats upon request.

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# Executive Summary

As a responsible and trusted provider of health care services within York Region and south Simcoe County, Southlake Regional Health Centre (Southlake) is committed to creating and publishing its annual Accessibility Plan, as required by the Ontarians with Disabilities Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).

The purpose of the ODA and the AODA is 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. To this end, the ODA requires each hospital to prepare an annual accessibility plan; to consult with persons with disabilities in the preparation of this plan; and to make the plan public.

## Aim

This report describes the measures that Southlake:

1. has taken in the past to address the legislation prior to the acceptance of the current plan;
2. will take during 2008–2010 to identify barriers; and
3. will take to address barriers during 2011–2015.

## Purpose

This report:

1. Describes the process by which Southlake will identify, remove, and prevent barriers to people with disabilities.
2. Reviews earlier achievements in the removal and prevention of barriers to people with disabilities.
3. Lists the facilities, policies, programs, practices, and services that Southlake will review in the 2008–2009 fiscal year to identify barriers to people with disabilities.
4. Describes the measures Southlake will take during 2008–2015 to remove and prevent barriers to people with disabilities.
5. Describes how Southlake will make this accessibility plan available to the public.

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# Description of Southlake

Southlake is located in York Region at 596 Davis Drive in Newmarket, Ontario. Southlake has proudly served this community for more than 85 years. Southlake has recently undergone a stunning transformation from a local community hospital to a tertiary regional health centre. Our state-of-the-art buildings house leading edge technology and facilities comparable to, and in some cases exceeding, what is offered anywhere else in the Province of Ontario.

Southlake's growth could not have been better timed. York Region is growing at an astounding rate – 36,000 new residents per year. It also has twice the provincial average of people under 65 years of age and three times the provincial average for seniors.

To provide health care to this growing population, within our walls is a team of more than 2,400 employees, 380 physicians, and 500 volunteers, who are relentless in their commitment to deliver on our Vision of *shockingly excellent service*.

## Our Vision

Shockingly excellent service.

## Our Mission

We are in the business of caring for people and making their lives better. As a leader in the provision of specialized health care services, we are relentless in our efforts to deliver quality services closer to home, and to seek out new and innovative ways to meet the health care needs of the people we serve.

## Our Values

### Put Patients First

All of Southlake's people – staff, physicians, and volunteers – are here to make our patients' health care experience the best it can be. Care with compassion – no one's a number at Southlake. Care with a commitment to safety and quality – nothing else will do. Care with flexibility – each person's needs are different and should be respected.

### Push the Envelope

Embrace new opportunities and don't be afraid to seek out new and rewarding challenges. Together, we must be fearless and courageous so we can make things happen. Take calculated risks, yet be the first to recognize when they are not right for Southlake and learn from the experience.

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## **Give a Damn!**

- Care passionately about the safety and well-being of our people. Without them we would not be whole. Value each other's contributions and expertise because on this team, each of us plays an important role. Give and take, and understand that the needs of the many far outweigh the needs of the few. Respect each other and, realizing the impact of your words and actions, accept the consequences. Stand by one another and pull together through good times and bad. In doing so, realize we can accomplish just about anything.
- Care passionately about Southlake. Take great care to positively represent the organization and its people whenever given the chance. Treat the facility and everything in it as if it were your own. Take great pride in our programs and services and realize that one can only succeed with the support of the others.
- Care passionately about our community. We proudly consider ourselves a part of each of the communities we serve and, therefore, have a vested interest in the events that affect them and the people in them.

## **Honour Your Commitments**

Walk our talk. If you say you'll do it, do it, and if you can't, explain why. Follow through on your commitments and remain accountable for your attitude and your actions.

# The Accessibility Working Group

## Establishment

Annette Jones, Vice-President and Chief Nursing Officer, Professional Practice, on behalf of Southlake's Administrative Management Committee (AMC), formally constituted the Accessibility Working Group in December 2007 and authorized the Accessibility Working Group to:

1. Conduct research on barriers encountered by people with disabilities within the facility
2. Review Southlake policies and standards and recommend revisions
3. Identify barriers that will be removed or prevented in the coming year
4. Describe how these barriers will be removed or prevented annually
5. Prepare the plan on these activities, and after its approval by the Accessibility Working Group, make the plan available to the public.

## Chair

The appointed chair of the Accessibility Working Group is Mirella Iacobelli, Manager of Patient Relations. The co-chair is Peggy Gosar, Patient Relations Representative.

## Membership

Working Group Member	Department	Contact Number
Mirella Iacobelli	Patient Relations	(905) 895-4521 ext. 2290
Peggy Gosar	Patient Relations	ext. 2290
Annette Jones	VP & CNO, Prof. Practice	ext. 2146
Riki Yamada	Rehabilitation	ext. 2064
Jim Stevenson	Human Resources	ext. 2615
Tammy La Rue	Corporate Communications	ext. 2541
Tracy Hamilton	Organization Development	ext. 2685
Dale Mariani	Telecommunications	ext. 2433
Marcel Moniz	Physical Facilities	ext. 2565
Barb Kendrick	Quality & Planning	ext. 2517
Mary Ryan	Community Resources/Diversity	ext. 2198
Gail Hamilton	Patient Relations	ext. 2789
Brenda Mundy	Professional Practice	ext. 2386
Diane Gregoris/Linda Jones	Canadian Hearing Society	(905) 715-7511
Jennifer Filion	CNIB	(905) 898-6413 ext. 5209

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# Southlake's Commitment to Accessibility Planning

Southlake is committed to:

The continual improvement of access to Southlake and all related services for people with disabilities.

The participation of people with disabilities in the development and review of its annual access plans.

The provision of quality services to all clients, family members, and members of the community with disabilities.

## Recent Barrier-Removal Initiatives

In recent years, in recognition of the AODA, there have been several initiatives to remove barriers to people with disabilities and fully comply with the current building code. Examples of these removed physical barriers include:

- The main entrances have barrier-free ramps and automatic door openers
- A number of interior doors have automatic door openers
- Public washrooms are handicap accessible
- Braille buttons and auditory cues in new elevators
- There are numerous handicapped parking spaces adjacent to the main entrances
- Ramps to Southlake Residential Care Village
- Ramps and railing in parking lot
- Upgrade of west elevator (east elevator will be completed by March 31, 2009)
- Have received approval for upgrading the parking machines
- Increased number of rotunda doors

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# Barriers Identified

To identify barriers, the working group established the following four subgroups:

## **Patients, Visitors, Staff, Physicians, Volunteers, Students Scan Subgroup**

- Solicit for barriers that exist for people with disabilities
- Analyze the survey results, prioritize and recommend improvements

## **The Facilities and Environment Subgroup**

- Initiate an environmental survey of the hospital using floor plans to note physical and other barriers
- List recent improvements that have been made to remove barriers including redevelopment
- Analyze the survey results, prioritize, and recommend improvements

## **The Policy and Standards Subgroup**

- Review Southlake's policies, standards, and by-laws to determine barriers
- Recommend revisions
- Develop a method of integrating the removal of barriers into policies and operational planning

## **The Education and Communication Subgroup**

- Review and plan education and communication initiatives for patients, visitors, staff, physicians, volunteers, students, and the community at large
- Publish the plan on the Southlake website and intranet, and make published copies available upon request.

The working group used the following barrier-identification methodologies:







Methodology	Description	Status
Physical and Environmental Inspection	The working group conducted an environmental and physical inspection using a composite of the accessibilities standards from the City of Toronto and recommendations from the CNIB and the Canadian Hearing Society (CHS). This included the hospital's main campus, Medical Arts Building (MAB), the Tannery Mall, and Keswick ACTT office.	Complete
Consulted Groups Representing People with Disabilities	The working group consulted the following community agencies for suggestions of barriers within the organization to people with disabilities: AIDS Committee of York Region, The Arthritis Society, Botsford Place, CHS – Simcoe York Region, Canadian Mental Health Association – York Region, Canadian Red Cross Society – York Branch, CHATS (Community Home Assistance to Seniors), CNIB, Doane House Hospice, Eating Disorders of York Region, Epilepsy – York Region, Heart and Stroke Foundation of Ontario – York Region North, Multiple Sclerosis Society of Canada – York South Chapter, Palliative Care Network for York Region, Parkinson Society Canada – Central and Northern Ontario Region, The Pregnancy Centre, Stroke Recovery Canada – York Region, York – Durham Aphasia Centre, and York – Simcoe Brain Injury Service.	Complete
Visitors, Staff, and Volunteers Focus Groups	The working group held focus groups within the hospital. The purpose was to provide information on the AODA and to solicit feedback on possible barriers to people with disabilities and to suggest ways to remove them.	Complete
Southlake Policies and Procedures Review	The working group reviewed policies, procedures within the administrative, emergency plans, and human resources manuals.	Complete
Patient Satisfaction Survey	A question relating to accessibility for people with disabilities was added to the Southlake's patient satisfaction survey.	Three month baseline complete and ongoing

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# Implementing the Plan

Recognizing the importance of eliminating all barriers and working within current and projected resources the working group established the following implementation plan.

Once categorized, each barrier was assigned one of the following six colour-coded headings.

	<b>Physical/Environmental (P)</b>
	<b>Architectural (A)</b>
	<b>Communication (C)</b>
	<b>Policies and Procedures (P&amp;P)</b>
	<b>Attitudinal (Att)</b>
	<b>Technological (T)</b>

Detailed charts for each of the five categories are available on pages 9 to 18.

*Note: In certain areas of this document, we refer to “staff”. This term includes Southlake Regional Health Centre staff, physicians, and volunteers.*

## 2008–2010

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
1	P	Corridors – extended length corridors of > 40 metres includes a bench or other type of seating (MAB bridge, Level 2 West Building corridor)	Install seating		
2	P	Doors – decrease hydraulic pressure of doors	Adjust hydraulics		
3	P	Equipment – all equipment and furniture is positioned to one side of hall/corridor	Educate staff		
4	P	Equipment – loose wires and other tripping hazards are removed or made secure	Educate staff and correct		
5	P	Equipment – planters are cane detectable	Change planters		
6	P	Equipment – signs and supports do not intrude into walking paths	Educate staff and relocate signs		
7	P	Full Spectrum Lighting – dim lighting	Change type of light bulb		
8	P	Light over Direction Signs – majority of non-compliance occurred in the Central Building where light fixtures were in place, but light bulbs were missing or burnt out	Replace light bulbs and ensure there is a regular review by maintenance.		
9	P	Lighting in elevators should be same as adjunct lobby space (central elevators and MAB) with minimum of 10 ft. candles	Change light bulbs		
10	P	Locker Identification – lettering/numbering was less than 13 mm, high/indistinct/low contrast/identification was more than 1,525 mm from the ground	Creation of locker labels with larger lettering or numbers – black lettering on white background. For patient care areas, use of raised lettering is recommended.		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
11	P	Pooling of light occurred in a variety of areas. In most instances, pooling and shadowing of light occurred due to adjacent light fixtures missing light bulbs or bulbs were burnt out. In some instances, higher wattage bulbs may decrease pooling.	Change bulbs, increase wattage where needed		
12	P	Pot lights above Public Telephones with TTY (teletypewriter) need to shine onto keyboards for visibility.	Redirect light from pot lights, increase wattage		
13	P	Coat racks are higher than 1200 mm	Install lower coat racks		
14	P	Signage – lettering for room identification (names or numbers) should be 25 mm or higher and 70 per cent contrast	Creation of room identification in larger letters – paper inserts, easy to change		
15	P	Post International Symbol of Access and interpreter symbol to indicate services are accessible to deaf, deafened, and hard of hearing people	Display symbol at information desks, Emergency (ER), nursing stations, and phones with TTY		
16	P	Kits /packages containing information for patients who have hearing loss to be available for patients	Purchase kits and make them available at telecommunications, nursing stations, and reception desks		
0	A	No barriers identified			
1	C	Cash registers and tills have electronic display functioning and should face customers (i.e., cafeteria, pharmacy, and gift shop)	Face display to customer. Educate staff		
2	C	TVs in lounges should have captioning Pen and paper dispensers should be available in ambulatory clinics and treatment areas	Activate captioning		
3	C	Equipment – display and information signs are kept to one side of hall/corridor Signage – fire exit signs – missing	Install dispensers inside each patient treatment room		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
4	C	Equipment – display and information signs are kept to one side of hall/corridor	Educate staff		
5	C	Signage – fire exit signs – missing	Replace signs		
1	P&P C	No consistent information available that includes description of interpretive services and equipment for the deaf, deafened, and hard of hearing	Brochures obtained from CHS and made available throughout the hospital		
2	P&P C	Have a system for identifying deaf, deafened, and hard of hearing patients e.g., international symbol sticker or signs	Develop policy. Put stickers on cardex, patient file documents, and call-bell receiver system to identify patient. Electronic access symbol when available. Note preferred mode of communication on chart and cardex		
3	P&P C	Procedure for contacting and obtaining (including authorization of purchase) of ASL, oral, or deaf interpreters during business hours and after hours are clear and well understood	Educate all staff. Clarify process for contacting interpreters		
4	P&P C	Posters with contact information for ASL, oral, or deaf interpreters are not posted at reception desks and nursing stations.	Obtain posters from CHS and display i.e., ER, East Entrance, Ambulatory Care, Diagnostic Imaging (DI), and nursing stations		
5	P&P	Patient consent forms lack identification for person who read or interpreted information to patient	Revise consent forms		
6	P&P	No policy statement regarding AODA	Include a policy in the Administrative Manual		
7	P&P	Discharge Planning – no assessment of disability	Revise discharge planning tool		
8	P&P	Font size in some policies and procedures	Review and revise		
0	A	No barriers identified			
0	T	No barriers identified			

## Future Action Items (3–5 years)

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
1	P	Office partitions are unstable and cannot withstand someone using them for support	Secure barrier to floor		
2	P	Construction hoarding is not securely mounted and continues to the floor	Correct hoarding		
3	P	Controls and operating mechanisms are clearly visible by colour (> 70 per cent contrast to background)	Correct by outlining controls, change colour of control mount		
4	P	Extended length corridors should have suitable and colour-contrasted handrail on one side of corridor (MAB, Diagnostic Imaging – East Building) and the Tannery Mall)	Install		
5	P	Automatic doors are recommended wherever possible – Keswick office, MAB 6 conf. room corridor, pool change rooms, DI, and Southlake Residential Care Village	Install		
6	P	Doors should have “D” handle or lever type handle	Change hardware		
7	P	Where automatic doors open toward users, swing pattern of door should be defined by highly contrasting and textured surface or by swing guards	Install suitable warning or guard		
8	P	Entrances – decals on fully glazed entrances have bright decals or continuous opaque stripe (min. 50 mm wide at 1350–1500 mm from floor)	Application of appropriate decals /stripe		
9	P	Floor – all level changes (i.e., stairs and ramps) are marked by distinct colours/tones and textural changes at least 915 mm before actual level change	Addition of texturized and coloured warning strips or tiles		
10	P	Floor – ramp surface is non-slippery. The Tannery Mall – diabetic clinic corridor – ceramic tile is very slippery	Install handrails and textured surface		
11	P	Floors – surface is non-slip, non-glare material	Different polishing material or change of surface may be needed		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
12	P	HVAC – diffusers /grills are not directed to person in bed, permanent seating, or work areas	Correct seating location or location of diffuser		
13	P	Light – leading edge of stair ramps are evenly lit	Addition of lighting or increase in wattage		
14	P	Lighting – light fixtures with multiple pinpoints of high intensity is avoided i.e., halogen, MAB bridge	Change type of bulb and alter covers in central corridors		
15	P	Outdoor – ramps with slopes of 1:20 to 1:12 require handrails on both sides (pool patio and the Tannery Mall)	Install		
16	P	Outdoor – accessible pedestrian routes do not cross into vehicular routes, or if they do, crossings are clearly marked	Reroute or paint crossings		
17	P	Outdoor – designated passenger loading zones are marked with the international symbol and have a safe zone behind them.	Designate passenger loading zone and mark safe zone (yellow paint)		
18	P	Outdoor – unit paving materials are firm, level, and non-slip (East Parking lot, pool patio ramp, the Tannery Mall)	Paving needs to be levelled		
19	P	Paint – baseboards in monochromatic areas are in highly contrasting colour to define boundary of wall and floor	Change baseboards or apply colour-contrasting tape		
20	P	Paint – end walls or return walls in long corridors are defined by the use of highly contrasting colours/tones to show change of direction or end of space	Re-paint		
21	P	Paint – extended length corridors include a suitable and colour-contrasted handrail on at least one side	Apply colour-contrasting tape, or paint wall behind rail		
22	P	Public Washrooms – automatic faucets are recommended or single action lever type	Install or correct		
23	P	Public Washrooms – reverse “L” shaped grab bars are available	Install/ correct		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
24	P	Shower thresholds should be < 13 mm to avoid tripping hazard (East Building – Levels 4 and 5)	Modify		
25	P	Paging system for staff is discreet and low volume and used only where staff may be reasonably located	Redirection of paging system		
26	P	Mirrors – place convex mirrors wherever corridors intersect	Install		
27	P	Controls – instructions are mounted close to key controls and operating mechanisms	Mount instructions correctly		
28	P	Controls – instructions for controls are clearly visible in large print	Correct lettering		
29	P	Controls – lever controls or raised buttons are > 13 mm in diameter	Change control buttons		
30	P	Lighting – direct or indirect glare from reflective surfaces is minimized	Variety of solutions required i.e., change of shades, anti-glare computer screens, etc.		
31	P	Outdoor – two adjacent accessible parking spaces have a pedestrian isle of minimum 1500 mm width (found in East Parking lot and Emergency Parking lot)	Increase width of parking spaces		
32	P	Public Washrooms – wheelchair accessible washrooms have automatic doors	Install		
33	P	Signage – raised lettering for room numbers or names is preferred	Comply when new way finding takes effect		
34	P	Signage – signs providing general directions are in large size print that is legible from normal viewing distances	Comply when new way finding takes effect		
35	P	Signage – tactile maps are available at key locations such as major points of arrival	Comply when new way finding takes effect		
36	P	Duplex electrical receptacles should be over 460 mm from the floor	Future installation of lower receptacles should conform to standards		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
37	P	Entrances with significant glazing should have doorframes differentiated by colour to aid in locating entrances	Paint doorframes		
38	P	Equipment – tables in waiting areas are < 510 mm with open base, so people in wheelchairs can not approach	Replace tables		
39	P	Mirrors should be placed in area other than opposite doors	Place mirror away from door opening		
40	P	Mirrors – lower edge of vanity mirrors should be lower than 915 mm or should be tilted	A full-length mirror may also be installed nearby		
41	P	Outdoors – crosswalks are 3000 mm wide (East Entrance and Southlake Residential Care Village)	Make crosswalks wider		
42	P	Reach – public fountains should also have cup dispensers for persons with limited trunk or neck mobility	Install cup dispensers and provide trash receptacles		
43	P	Reach – window blind controls should be easy to control. Controls for blinds in East Building, including patient rooms, have small knobs – poor for dexterity	Replace knobs		
44	P	Reach – window controls should be < 1200 mm from the floor (mostly in the Tannery Mall and Keswick sites on windows in staff areas)	Install new pulls for blinds		
1	A	Aisles – high use public areas are a minimum of 1675 mm wide and low use areas are minimum of 1100 mm	Some areas may only require moving of furniture, other areas may require architectural change		
2	A	Doors for meeting rooms and offices should have partial glazing so hearing loss persons can observe others approaching on the other side of the door.	Change of doors		
3	A	HVAC – ductwork/fans are insulated or acoustically isolated	Insulate as required		
4	A	Counters – reception or information counters have at least one section useable for persons in wheelchairs or scooters 760 mm wide by 250 mm deep by 700 mm high	Take out sections of counter and modify		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
5	A	Counters – sinks for hand washing – accessible. Most non-washroom sinks have cupboards underneath, making them inaccessible.	Remove cupboards		
6	A	Doors – partially glazed doors – bottom of glazing > 900 mm from floor	Lower glazing		
7	A	Floor – clearly defined boundaries of carpeting/floor tile define junction between walls and floors – indicates doorway recesses, corridor intersections, or hazards. (This standard is an adjunct to ease way finding and similar to use of contrasting baseboards)	Where applicable, apply contrasting baseboard or tape, or floor tiles may be used		
8	A	Reach – waiting areas are large enough to accommodate two wheelchairs (Diabetic Clinic and Keswick ACTT)	Reconfigure space		
1	C	Fire Alarms – signals are mounted high on walls and not easily visible against background colour	Paint or mark alarm area		
2	C	Fire Alarms – visual alarms are not available in all washrooms, patient rooms, and clinics	Installation of visual alarms		
3	C	Fire Alarms – absent or not clearly visible	Install and/or relocate alarms, or remove signs that obstruct view		
4	C	Call-bell or two-way communication available at main entrances	Install		
5	C	Essential hospital information is also available in print	Develop printed material including pictograms wherever possible.		
6	C	Patients can schedule appointments/ask questions via e-mail. These e-mails are routinely checked during work hours.	Develop policy and procedure re: use of e-mail for this purpose		
7	C	Vibrating pagers need to be available for deaf and hard of hearing patients. Alleviates patient anxiety and avoids patient missing his/her turn.	Purchase of vibrating pager system i.e., ER, DI, and ambulatory clinics		
8	C	TTY's available for use in Out-patient clinics, including Emergency and for admitted patients	Purchase a few and develop policy for loan and use. Educate staff.		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
9	C	Visual alerting devices for notifying deaf or hard of hearing mothers that their infant is crying are available on maternal child floors. May be necessary for other patients needing alerting to sound	Purchase and educate staff on use		
10	C	FM systems or other listening devices are available for patient education classes	Purchase listening devices for use with patients and develop policy and procedure for use.		
11	C	Information – all essential print information is available in braille or audiotape	Translation to braille, provide CDs and large print text		
12	C	Procedure – hospital provides specific training to staff about how to communicate with deaf, deafened, or hard of hearing persons, including use of assistive equipment	Education of staff		
13	C	Literacy level of many policies and procedures is too high	Review and revise policies and procedures as to literacy level		
14	C	Instructional videos are not captioned	Caption videos		
15	C	Spoken message from public address system augmented by text/visual display on electronic display screen, TVs, or computer monitors	Installation of electronic visual displays as in the MAB		
16	C P	Signage – braille is located below room numbers and names	Comply when new way finding takes effect		
0	P&P	No barriers identified			
0	Att	No barriers identified			
1	T C	Fire Alarms – personal portable/vibrating alarms not available (hospital-wide issue). Should be available for admitted patients with hearing loss.	Purchase and develop policy for loan and use		
2	T C	Designated TTY line for deaf patients to contact hospital complete with menu options, transfer, and conference capabilities	Install Analog TTY line or Digital TTY line via Textnet. (See addendum) Educate staff on use		

#	BARRIER	DESCRIPTION	CORRECTION	DATE	
				TARGET	COMPLETED
	T	Patient is able to dial "711" from their room using their own Voice Carry Over (VCO) phone or TTY	Educate staff Ensure required equipment is available		
	T	Provide 1:1 communication devices (pocket talkers) for patients.	Purchase pocket talkers. Educate staff on use and process for acquiring		
	T	Public telephones, phones in patient rooms, and portable phones are equipped with amplification	Purchase needed technology		
	T	Essential two-way communication systems utilizing voice input or output should have a digital display	Installation of digital display		
	T	Card access – employee swipe cards – keypads should be on a bright coloured background with raised letters or numbers	Current keypads are coloured, but no raised letters		
	T	Communication – TVs in lounges should have captioning and audio	Incorporate captioning, provide audio headsets for low vision persons		

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## Approval Process

This document will be forwarded to the AMC for their approval. The Directors will be assigned responsibility for the roll out of barrier removal specific to their portfolios.

## Review and Monitoring Process

The Directors will be accountable to provide quarterly progress reports to the Accessibility Working Group using the barrier template in the plan. In future additional barriers will be forwarded to the appropriate Director. The Accessibility Working Group will annually update the Accessibility Plan for AMC approval and publication.

## Communication Plan

Southlake's Annual Accessibility Plan will be viewed on the hospital's external website as well as on the internal intranet site. Published copies will be made available through Southlake's Corporate Communications Department and Health Sciences Library upon request. Published copies will also be made available in large print or braille upon request.

## Education Plan

Focus will be to build an ongoing awareness and understanding of accessibility issues and Southlake's work toward creating a barrier free environment.

- Targeted information sessions/booth for all staff to be held yearly
- Train the trainer model
- Yearly information packages for managers regarding updates and resources
- Information packages to be included in orientation packages
- Yearly staff review via Southlake's core curriculum testing

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