Accessibility Plan

2026-2031

Message from the CEO

At Hamilton Health Sciences, we are committed to ensuring that every person who comes through our doors feels included, respected and supported. Accessibility is central to providing whole-person care, and is an essential element of our strategy, *Vision 2030*.

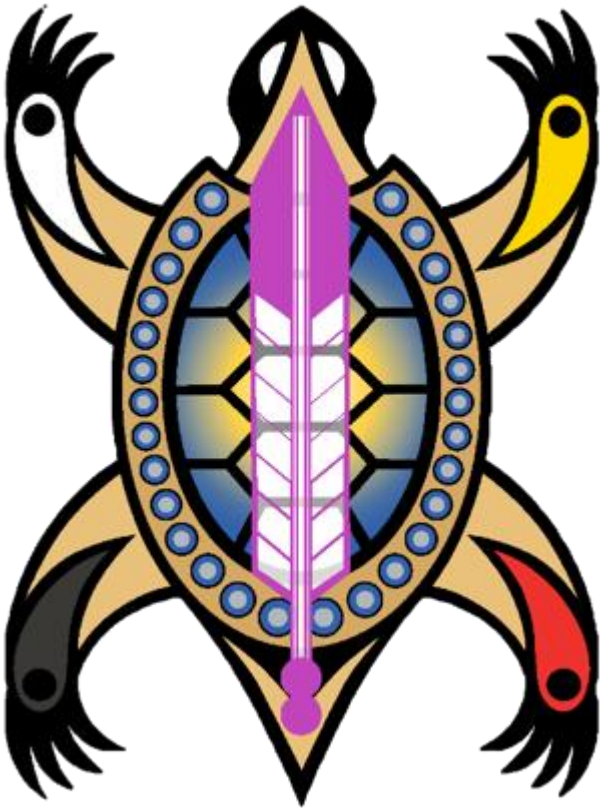
It's our duty to ensure accessibility extends beyond physical spaces, and to actively understand and remove barriers experienced by individuals living with disabilities. Guided by the principles of the *Accessibility for Ontarians with Disabilities Act* (AODA) and Ontario *Human Rights Code*, we strive to ensure that the voices and experiences of people with disabilities inform our planning, services, and facilities.

Advancing accessibility also aligns closely with our commitment to equity, diversity and inclusion (EDI). Embedding EDI in everything we do strengthens our ability to deliver more personalized care, address barriers that impact health outcomes, and foster a workplace that values diverse perspectives and experiences.

Through collaboration, innovation, and with humility, we continue to create an HHS where accessibility and equity are embedded in everything we do.

Tracey MacArthur
President & Chief Executive Officer
Hamilton Health Sciences

Land Acknowledgement



We are privileged to provide care on lands that Indigenous Peoples have called home for thousands of years.

We recognize and respect the presence and stewardship of all Indigenous Peoples as keepers of this land.

HHS facilities are located close to Mississaugas of the Credit First Nation and Six Nations of the Grand River and is located on the traditional territory of the Mississaugas, Haudenosaunee and Anishinaabe and within the lands protected by the Dish With One Spoon wampum agreement.

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Introduction

Hamilton Health Sciences (HHS) is committed to ensuring that persons of all ages with disabilities have equal access to their health services, programs, and employment opportunities. Accessibility is a fundamental human right, supported by the Canadian Charter of Rights and Freedoms, the Accessibility for Ontarians with Disabilities Act (AODA), the Ontario Human Rights Code, and the Canada Health Act. HHS strives to prevent the creation of new barriers and to remove existing ones, fostering an inclusive environment for patients, families, staff, volunteers, and community members.

Purpose
This plan outlines HHS's commitment to identify, remove, and prevent barriers for people with disabilities, enhancing participation in services and programs. The plan builds on past achievements and aligns with the AODA's goal of a barrier-free Ontario.

Scope
The plan addresses accessibility across all HHS sites and for all individuals accessing care, employment, or volunteer opportunities. It reflects ongoing efforts in areas including:

- customer service
- information & communication
- employment
- procurement
- training
- design of public spaces

Definitions
A "barrier" is anything physical, architectural, informational, attitudinal, technological, policy or practice that limits full participation due to a disability. HHS adopts the AODA and Ontario Human Rights Code definitions of disability, encompassing physical, mental, intellectual, learning and sensory impairments.

Commitment and approach
HHS engages leadership, staff, physicians, residents, volunteers, patients, and families to identify accessibility needs, implement improvements and evaluate progress. The multi-year plan details past initiatives and sets the framework for actions through 2030, ensuring that accessibility considerations guide future planning for services, facilities and programs.

Approach to identifying barriers
Representatives from senior leadership, managers and staff were asked to share feedback on current barriers and strategies to address them. Input came from teams across the

organization, including Capital Development, Communications & Public Affairs, Emergency Preparedness, Health Information Technology Services (HITS), Health and Safety, Human Resources, Interprofessional Development, Volunteer Resources and others.

Feedback was also received from patient and family partners on the proposed strategies to remove and prevent barriers moving forward.

About HHS
HHS is a community of 18,000 staff, physicians, residents, researchers and volunteers that proudly serves southwestern Ontario residents. We also provide specialized, advanced care to people from across the province.

We're the only hospital in Ontario that cares for all ages, from pre-birth to end-of-life. We offer world-leading expertise in many areas, including cardiac and stroke care, cancer care, palliative care and pediatrics.

We are a world-renowned hospital for health-care research. We focus daily on improving the quality of care for our patients through innovation and evidence-based practices.

As the largest employer in the Greater Hamilton region, we play a vital role in training the next generation of health professionals in collaboration with our academic partners, including McMaster University and Mohawk College.

Section 1. Past Achievements to Remove and Prevent Barriers

Customer service

HHS remains compliant with the Customer Service Standard, which requires removing barriers for customers with disabilities.

1. Language services were expanded with a new vendor offering on-demand ASL support for deaf patients.
2. All internal education on interpretation and translation has been updated to ensure clear, accessible communication.

HHS welcomes service animals and support persons and has released a Service Animal Policy FAQ to help staff understand their responsibilities when supporting patients with service animals.

Intersectionality recognizes that people hold multiple identities, which can lead to overlapping and compounding experiences of discrimination. To help reduce these impacts, individuals can share accessibility-related questions or concerns with the Office of Patient Experience, with interpretation available to support the process.

HHS also provides information in accessible formats upon request. Supports may include reading materials aloud, screen-reader–friendly documents, handwritten notes, plain-language summaries, large-print materials, and ASL or Certified Deaf Interpreters. Anyone who needs this support is encouraged to contact the Office of Patient Experience (contact information below).

HHS has a process to receive and address accessibility-related feedback. The HHS website explains that all feedback — concerns, compliments, suggestions, or questions — is welcome, and the Office of Patient Experience is available to support individuals through multiple contact options. Reach them by:

- **Telephone:** 905-521-2100 ext. 75240
- **E-mail:** patientexperience@hhsc.ca
- **In writing:** The Office of Patient Experience, Hamilton Health Sciences, 1200 Main St. W., Hamilton, ON, L8N 3Z5

To obtain a copy of HHS' accessibility policies, please submit a freedom of information (FOI) request, under the Freedom of Information and Protection of Privacy Act (FIPPA), through our website, or contact the FOI Office at FOI@hhsc.ca (905-521-2100 ext. 75126).

Information and Communications

Wayfinding
HHS' wayfinding strategy is based on industry best practices and AODA guidelines, using an accessible system of signage, maps, symbols, colours, and graphic landmarks to support people of all abilities. All new signage installed across HHS sites follows AODA-compliant standards:

- Fabricated using non-glare materials
- Strong dark/light contrast between background and text
- Classic, non-stylized symbols
- Simple, non-decorative typeface
- Installed at standard heights and locations
- Location and permanent information includes tactile and braille lettering:
  - Tactile lettering: 16–50 mm in height

    - Braille: uncontracted Grade 1, Raster® method for rounded dots, minimum 9.5 mm from other raised elements (tactile text, sign edge, etc.)
- Visual signage maintains a minimum 70 per cent colour contrast with its background.

Please see Appendix A for examples of previous wayfinding improvements.

HHS website
HHS is committed to ensuring that our websites are accessible to everyone. The AODA Information and Communications Standard require conformance with the Web Content Accessibility Guidelines (WCAG) 2.0 Level AA. These guidelines are built on four key principles: **Perceivable, Operable, Understandable, and Robust (POUR),** which guide our approach to accessibility online.

- **Perceivable:** Information and user interface components must be presented in ways that all users can perceive. HHS meets this standard by adding descriptive alt text to all images, captions to all videos, and ensuring text can be resized. Recent improvements include better colour contrast and the removal of unnecessary all-caps text, making our content easier to read for everyone.

- **Operable:** Navigation and controls must be usable by all visitors, including those using assistive technologies or keyboard-only navigation. The main HHS website supports keyboard navigation.

- **Understandable:** Information and website functions must be easy to understand. HHS uses clear, straightforward language and maintains consistent, predictable navigation to help visitors find what they need quickly and confidently.

- **Robust:** Content must be compatible with a wide range of current and future user tools, including assistive technologies. Work is ongoing to improve the accessibility of PDF documents posted on our site. HHS designs and tests our websites with this in mind, and we offer specific contact options for anyone who has trouble using our websites or accessing content through assistive devices.

Employment

Applications
Job applicants can consult with Human Resources (HR) or the hiring manager, virtually or in-person, at any stage of recruitment to request accommodations and remove barriers. HR and

hiring managers follow organizational policies to ensure accommodations meet individual needs while maintaining consistency.

Offer letters for successful applicants note: "*Hamilton Health Sciences has an accommodation process in place and provides accommodations for employees with disabilities. Employees can advise their manager if they require accommodations under the Work Accommodation Protocol.*"

All HHS employees can access accommodation policies and updates via the HHS Hub on SharePoint (https://hhscca.sharepoint.com/sites/HUB), with updates highlighted monthly through email memos and discussed in town hall meetings.

Please see Appendix B for language regarding accessibility that is used in all HHS job postings.

Work accommodation
HHS' Work Accommodation Protocol outlines responsibilities and processes to support employees' safe, sustainable, and timely return to meaningful work, in line with the Human Rights Code of Ontario.

Work accommodation:
Encourages and supports employees who are injured or ill to return to meaningful work early and safely

- Minimizes negative effects of prolonged absence and promotes recovery while at work
- Supports delivery of effective and efficient services to the community
- Removes barriers, providing employees with disabilities opportunities for full participation in performing essential job duties

Accommodation Plans:
Are customized for each employee and provided in alternate formats if required (e.g., audio, large print)

- May include modifications to tasks, hours/shifts, equipment, assistive devices, and workplace emergency response information

Process:

- Identify challenges, review abilities/restrictions, and explore strategies to enable full participation
- Compare employee abilities to role requirements; if essential duties cannot be performed, explore other suitable roles

- Approximately 500 accommodations are supported annually, excluding modified return-to-work programs following sick leave

Short Term Disability and Return to Work
HHS recognizes that employees may be unable to work due to illness or injury. Short-term disability (STD) benefits provide income protection for eligible employees under collective agreements, plan terms, and policies.

Work is considered an important part of recovery, supporting physical, mental, emotional, and financial well-being. Return-to-work (RTW) programs are customized to each employee's abilities and job tasks and may include modified tasks, hours/shifts, equipment, assistive devices and workplace emergency information.

HHS provides reasonable accommodations for employees with medical restrictions to enable safe, meaningful work. A Case Management Coordinator supports employees during absences, engaging early to identify opportunities for a safe, timely RTW. Medical documentation is regularly reviewed to guide planning.

A comprehensive Absence Guide outlines support for employees on health-related leave, including short-term illness, mental health crises, planned surgeries, or serious injuries, and offers resources for absence, recovery and return to work.

Project SEARCH
HHS strengthens the employment pipeline by identifying suitable roles, enabling job-carving when needed, and providing support onboarding with leaders and HR for graduates in paid positions at HHS and community employers.

HHS also delivers a school-to-work transition program for youth with intellectual and developmental disabilities, combining classroom training with progressive hospital internships, coaching, and feedback to promote competitive, integrated employment. To date, 14 interns have participated.

Procurement

All procurement activities consider accessibility criteria and features to ensure equitable use by people with disabilities unless it is not practicable to do so.

Where appropriate, suppliers must identify how the proposed goods/services/facilities meet accessibility standards under the AODA and are asked to describe any accessible features or accommodations offered in the delivery, training, or support of these products or services.

Where appropriate, procurement activities include accessibility as a weighted evaluation

criterion in scoring matrices, and suppliers are asked to demonstrate compliance with accessibility standards or to provide examples of past accessible implementations.

Where appropriate, accessibility needs are discussed with end users and stakeholders before drafting requirements and accessibility features are identified early (e.g., physical, technological, communication).

Accessibility training or documentation from suppliers is required where relevant.

Training

HHS is committed to providing training in the requirements of Ontario's accessibility laws and the Ontario *Human Rights Code* as it applies to people with disabilities.

- All staff complete An Overview of the Accessibility for Ontarians Act (AODA) training while onboarding. As of October 2025, more than 13,000 HHS employees, learners, and volunteers have completed it.
- A 2025 review of mandatory eLearning identified opportunities to better support a culture of equity and inclusion.
- All content experts contributing to the LMS receive accessibility guidance and resources via the standard eLearning template.

HHS has developed an Equity, Diversity & Inclusion (EDI) & Indigenous Health Curriculum (delivered by e-learning) to advance equity, inclusion and Indigenous health and reconciliation. The curriculum raises awareness of EDI concepts and terminology to foster respectful, inclusive interactions within the workforce and with the diverse communities served. Implementation of the curriculum started with HHS leaders in 2024.

Since fall 2024, 636 leaders completed the introductory module, and by fall 2025, all staff had been enrolled.

To enhance the capacity of staff to interact with people with various types of disabilities, specialized training is offered where appropriate and feasible.

Aligned with the 2018 Canadian Charter of Rights for People with Dementia, all staff working with dementia patients can attend the Gentle Persuasive Approach (GPA) Basics full-day workshop during orientation. As of October 2025, 2,775 staff have participated, plus 50+ new hires with prior training. GPA promotes a person-centred, compassionate approach to responding to dementia-related behaviours, supported by informal coaching from certified

GPA coaches. Discussions are ongoing to determine which roles will require mandatory participation.

Design of Public Spaces

HHS' Seniors Council completes the RGP Toronto Senior Friendly Care (sfCare) Self-Assessment every 2-3 years, and most recently completed this in 2023. As part of the sfCare self-assessment, there is a physical environment domain which incorporates the structures, spaces, equipment, and furnishings to provide an environment that minimizes the vulnerabilities of older adults and promotes safety, comfort, functional independence, and well-being.

Key staff, such as a geriatric expert, were recently engaged in capital build projects at two HHS hospital sites to support integration of senior friendly care principles.

HHS Capital Development, in collaboration with our external consultants, is committed to implementing and enforcing Accessibility/AODA, CSA, Ontario Building code (OBC) and Hospital Guidelines/Standards across all Hamilton Health Sciences capital projects.

Past and current projects have been reviewed to ensure full compliance with these standards. For all future projects, external consultants and HHS Project Managers will conduct thorough reviews during the Design Phase to ensure adherence to AODA requirements. Each project has undergone or will undergo review for compliance with Accessibility/AODA, CSA and hospital guidelines and standards.

HHS has completed a number of projects over the past few years to enhance accessibility in areas such as Diagnostic Services, renovation to create or enhance accessible washrooms, ambulatory clinic areas and cafe locations.

Other

HHS is committed to creating an environment where every person feels included, safe, and respected for who they are. This is a corporate priority.

- Our Equity, Diversity and Inclusion (EDI) Plan, launched in 2023, seeks to better understand our patients and provide the most appropriate resources, referrals, and support with accessibility needs, HHS has created a voluntary questionnaire, the CARE data (Collecting Accurate and Robust Equity data) questionnaire. Embedded within this questionnaire, we ask patients, "do you identify as a person living with a disability?". In future, this data will eventually help us make changes that improve the delivery of care of all patients, support program development, and could also be used for research

purposes. To date, more than 32,000 patients have completed the CARE data questionnaire.

- Similarly, in 2025 we launched the voluntary Workforce Equity Census that uses a similar question set, including the question, “do you identify as a person living with a disability?”. In the future, collected data will help us understand our workforce composition, identify opportunities to improve representation of staff at all levels of the organization, and help us measure our progress in fostering a diverse, inclusive, and fair workplace for everyone.

Section 2. Strategies and Actions

In this section, we highlight specific projects and programs HHS plans to implement to improve accessibility for people with disabilities and to meet the requirements of the Accessibility for Ontarians with Disabilities Act (AODA). Accessibility is a journey, and while these plans represent steps forward in many areas, we recognize that barriers remain. We are committed to identifying and addressing these in partnership with people with lived and living experiences of disabilities.

Customer Service

Accessible customer service to people with disabilities means we will provide goods, services and facilities to people with disabilities with the same high quality and timeliness as people without disabilities.

Many people with disabilities speak additional languages beyond English and may require language supports to ensure the approachability of care and services at HHS in a timely manner. This means preparing staff to appropriately interact with and respond appropriately to the needs of our diverse patient population.

A new Learning Management System (LMS) module will soon highlight the importance of language services in delivering high-quality, culturally sensitive, and safe care, enhancing the experience for patients and their families.

Information and Communications

Barriers in wayfinding impact many people with and without disabilities. Improvements in alignment with leading industry practices are occurring in many departments across several

hospital sites. Some of these include assigning dedicated colours and icons to each area within a department and increasing font sizes in existing signage.

For more information regarding future planned wayfinding initiatives to enhance accessibility, see Appendix A.

Employment

HHS continues to be committed to fair and accessible employment practices. In 2026, an online eLearning for leaders will launch, covering accommodation and sick leave. The interactive module uses real-world scenarios to clarify leader responsibilities under Ontario's Human Rights Code, Occupational Health & Safety Act (OSHA) and Workplace Safety & Insurance Board (WSIB) legislation. It also outlines HHS's accommodation, sick leave, and WSIB processes, emphasizing collaboration with Case Managers, HR, and unions. Leaders completing the training will be better equipped to make consistent, fair, and legally compliant decisions that support safe, timely return-to-work and reinforce equity, inclusion and employee well-being.

Procurement

By February 2026, HHS contract and request process (RFx) templates will be updated to require suppliers to maintain accessibility features throughout the contract term. By April 2026, the Internal Procurement Policy will explicitly include accessibility compliance as a mandatory consideration for all goods, services, and facilities.

Training

HHS continually improves our Learning Management System (LMS) content to align with WCAG and enhances accessibility.

- Going forward, all eLearning modules in the EDI & Indigenous Health curriculum will include subtitles, exceeding legislated requirements.
- After HHS transitions to our new Learning Management System (LMS), we are committed to expanding accessibility features like this as part of standard offerings.
- A review of the current mandatory eLearning related to AODA to satisfy these requirements was undertaken and recommendations for improvements have been identified. Within the next five years, HHS aims to update the existing training materials to further enhance our workforce's understanding of our obligations under the Ontario *Human Rights Code* as it relates to disabilities, and how the accessibility laws and the *Code* work together (and how they differ).

- HHS has begun organization-wide leadership training based on the LEADS framework (2025). The curriculum strengthens leader capability in areas such as self-awareness, understanding the impact of unconscious bias, and fostering respectful, collaborative relationships across diverse teams and perspectives. These competencies reinforce accessible and inclusive leadership practices within HHS.

Design of Public Spaces

HHS will continue to meet accessibility laws when building or making major changes to public spaces.

As an example, our new West Lincoln Memorial Hospital project was designed with accessibility as a key feature. Design output specifications, developed in partnership with an accessibility consultant, are dedicated to setting the expectations of accessibility for our new hospital spaces. This includes overarching accessibility principles as a requirement for the builder to conform to these standards. See Appendix C for more information on the Overarching Accessibility Principles and Objectives and Appendix D for examples of accessibility features across HHS.

For the future Juravinski Hospital redevelopment (2028–2035), design specifications will establish clear accessibility expectations for all new spaces, guided by the overarching accessibility principles previously developed and current AODA standards at the time.

Other

In 2023, Hamilton Health Sciences (HHS) launched its inaugural 5-Year EDI Plan. We continue to work towards realizing our commitments by achieving the embedded deliverables. Read more here.

Hamilton Health Sciences (HHS) launched its first Indigenous Health Plan on October 1, 2025. The plan is rooted in Indigenous voices and guided by the Two Row Wampum, the Dish with One Spoon agreement, and the Truth and Reconciliation Commission's Calls to Action. It is a vital step in how we work with Indigenous communities to build health care systems grounded in Indigenous wellness principles, ensuring culturally safe practices, and empowering communities to lead care in ways that honour their heritage. Together, these efforts will support better health outcomes for everyone.

- The Plan represents our organizational approach and is a critical first step.

- We seek to continue to strengthen relationships with Indigenous community partners to ensure progress on our commitments.

Review and Monitoring Process

HHS will comply with the legal obligation under the Accessibility for Ontarians with Disabilities Act (AODA) to file an accessibility compliance report every two years.

Additionally, following the requirements of the Integrated Accessibility Standards Regulation (IASR), HHS will annually prepare a status report on the progress of measures taken to implement the strategy referenced and post this status report on the HHS website. This means reviewing and updating our Accessibility Plan in consultation with persons with disabilities.

Patient and family partners have shared important considerations regarding engagement of people with lived and living experiences of disabilities and of caring for loved ones with disabilities. HHS is committed to working alongside and making decisions in partnership with people living with disabilities. Over the next year and in alignment with the Patient and Family Engagement and Partnership Framework, we are prioritizing relationship-building and establishing listening opportunities that will create sustainable and meaningful engagement on accessibility. This will enable us to better understand and address barriers and factors that impact health outcomes and daily experiences for patients and families now and in the future. Future strategies to prevent and remove barriers to accessibility can be strengthened by grounding these in lived experiences. We look forward to providing more information on this in the coming year.

For More Information please contact Tabitha Hamp (inclusion@hhsc.ca)

Appendix A

Examples of recent wayfinding improvements:

Hamilton General Hospital Refresh

- The main corridor and hallways of the Hamilton General Hospital (HGH) were painted.
- The railings and doors were painted darker than the walls for a compliant contrast.
- We installed new AODA signage at each decision point/new corridor.
- We also enhanced the wayfinding experience by adding paint in a variety of colours to each of the 4 corners or decision points.
- We also used large vinyl lettering to mark the level and location (ex. West, East, etc.), as well as directional arrows to further help in getting to a desired location.

Hamilton General Hospital ICU Rename Project

- The ICU entrance and hallway were painted in our new colour with contrasting doors and railings. New signage was added at the ICU entry welcoming visitors and giving clear instructions for entry into the ICU's. These signs have compliant contrasts in colour and include wording, clear icons, and arrows.
- The ICU hallway houses 4 units. Each unit was assigned a colour with the entrance to each unit painted around the doors and the name added in large lettering. Arrows in corresponding colours were added along the hallway to assist further in getting people to the correct entrance.
- Once at your desired entrance, signage was added to assist in entering through the doors. Our standard signs for "push button" or "wave hand" were added and include both symbols and words. As you exit each unit, more directional arrows were added pointing to the exit and elevators.

Examples of future wayfinding initiatives:

Hamilton General Hospital Same Day Surgery (SDS)

- Similar to the ICU, this unit has been painted with our new standard hallway and contrasting door colours. Future plans include adding vinyl signage around the entryway using our dedicated colour and icons for this section of the hospital as well as instructions and arrows.
- We will be increasing the font size on the door signage to allow patients and visitors to see from a further distance. This department has also experienced a security issue with people

entering, so we are looking at using STOP sign symbols and words on our signage to draw attention to the instructions for entry.
- Within the department we are adding wall directional arrows at the proper AODA height as well as using some floor vinyls at doorways to further enhance the messaging of AUTHORIZED PERSONNEL ONLY.
- HHS standard signs at our wave hand and push buttons will be added for entry and exit

McMaster University Medical Center Diagnostic Imaging (DI)

- We have assessed and made recommendations to the Diagnostic Imaging department at McMaster Children's Hospital. This is quite a large department with many areas to navigate to. We have suggested the addition of clearer, larger signage around the entryway to assist in highlighting the department in the corridor. We have assigned colours and icons to each area within and recommended a combination of large signage, directional arrows, colours and icons.

West Lincoln Memorial Hospital

- When designing and building the new hospital, we, along with the builder and sign consultants, followed industry best practices as well as HHS' wayfinding strategies to sign the interior and exterior of this new site.
- We used HHS's AODA compliant sign system as detailed above along with colour and the iconography on entryways, wall coverings and signage to identify certain wings and sections of the hospital.

Appendix B

All job postings at HHS contain the following language related to accessibility:

"Hamilton Health Sciences is an equal opportunity employer, and we will accommodate any needs under the Canadian Charter of Rights and Freedom, Accessibility for Ontarians with Disabilities Act and the Ontario Human Rights Code. Hiring processes will be modified to remove barriers to accommodate those with disabilities, if requested. Should any applicant require accommodation through the application processes, please contact HR Operations at 905-521-2100, Ext. 46947 for assistance. If the applicant requires a specific accommodation because of a disability during an interview, the applicant will need to advise the hiring manager when scheduling the interview and the appropriate accommodations can be made."

Appendix C

Overarching accessibility principles and objectives pertaining to West Lincoln Memorial Hospital and the future Juravinski Hospital redevelopment

1.2.1.1. The design shall demonstrate universal access for persons with disabilities. Access shall include a cross-disability approach covering both visible and invisible disabilities. These disabilities include, but is not limited to, cognitive disabilities, sight, speech, size, weight, age, language, and perception.

1.2.1.2. The design shall demonstrate inclusion for the needs of all users, including patients, clients, staff, visitors, and volunteers, and be intuitive in use. The space layouts, function and amenities shall not communicate a sense of discrimination against persons with disabilities in contrast to any other user groups.

1.2.1.3. The design shall not rely on staff or volunteers to provide additional services to assist persons with disabilities due to inaccessible design and shall foster a built environment that supports independent usability.

1.2.1.4. The design shall not rely on the minimum accessibility requirements of the applicable regulations having jurisdiction. The design shall consider the obligations under the Ontario Human Rights Code (OHRC). The OHRC prevails over the applicable regulations having jurisdiction.

Appendix D

Design of Public Spaces

Examples of accessibility features in various capital projects across our sites include:

- Accessible emergency exits clearly marked with illuminated signage
- Automatic doors with push plates or sensors and wide hallways
- Barrier free washrooms and change cubicles
- Tactile warning strips at hazards or level changes
- Mural decals to provide landmarks for supporting wayfinding to key clinical areas and entry points
- Provide spot lighting around main directories to support vision challenges

Examples of features in the new West Lincoln Memorial Hospital include:

- Congregate seating areas provide accessible seating with clear floor space; seating contrasts with the environment and includes backrests.
- Public entrances have clear sightlines to elevators; exterior/interior rest areas are provided along accessible routes, max 30 m apart.
- Tactile Walking Surface Indicators mark unprotected edges ≥450 mm, with color contrast.
- Finishes reduce glare; surfaces avoid bold/busy patterns or contrast >50 per cent.
- Pick-up/drop-off zones have clear sightlines to waiting areas and are near accessible entrances.
- Service counters meet height, knee clearance, and turning radius requirements; assistive listening devices available and signed.
- Charging stations for mobility devices in public and ambulatory care areas.
- Multiple universal washrooms for public and staff with grab bars, emergency call systems, and adult-sized change tables on main floor.