

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini



**DISABILITY SERVICES
ADVISORY COMMITTEE
MEETING**

28 February 2007

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MEETING PAPERS**

All information contained in these committee papers is subject to change

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AGENDA

**FOR THE WEST COAST DISTRICT HEALTH BOARD DISABILITY SERVICES
ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM,
CORPORATE OFFICE, GREYMOUTH ON WEDNESDAY 28 FEBRUARY 2007,
COMMENCING AT 1.00PM**

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KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this
time so that we may work together in the spirit of oneness on behalf of the
people of the West Coast.

DISABILITY SERVICES ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR John Vaile WCDHB Member	Member - CCS Westport Branch Director - Vaile Hardware Ltd Wife no longer works for DHB, has unresolved employment issues
DEPUTY CHAIR Mohammed Shahadat <i>WCDHB Member</i>	Principal Partner, Murdoch James and Roper Trustee West Coast Development Trust
Professor Gregor Coster Chairman WCDHB <i>Appointed February 2003</i>	Director – PHARMAC Director - Cornwall Management Limited Director - Cornwall Nominees Limited Chairman - Institute of Rural Health
Elinor Stratford	Manager - Disability Information Service Member - NZCCS Greymouth Branch Chairperson - West Coast Sub branch - Canterbury Neonatal Trust Trustee - Canterbury Neonatal Trust Vice-Chair Victim Support, Greymouth Grey District Councillor Grey District Council appointee to the West Coast PHO Governance Committee WCPHO
Gloria Hammond	Co-ordinator - New Zealand CCS, West Coast Field Worker / Regional Co-ordinator - CCS West Coast Member – Early Intervention Team Member – Maori Women Welfare League
Patrica Nolan	Member – Brain Injury Association Member – Independent Living Centre Committee Member – West Coast Road Safety Committee
Ned Tauwhere	Chairman – Te Runanga O Ngati-Waewae Member – Te Runanga O Ngai Tahu – Pounamu Business Development Group

DRAFT MINUTES OF THE DISABILITY SERVICES ADVISORY COMMITTEE MEETING HELD

**WEDNESDAY 6 DECEMBER IN THE
BOARDROOM, CORPORATE OFFICE,
GREYMOUTH**

PRESENT John Vaile, Chairman, WCDHB member
Elinor Stratford
Gloria Hammond
Patrica Nolan

IN ATTENDANCE Wayne Turp, General Manager Planning & Funding
Bianca Kramer, Minute Secretary

APOLOGIES Gregor Coster, Chair WCDHB
Kevin Hague, CEO
Mohammed Shahadat

1. **APOLOGIES, WELCOME**

The Chair welcomed those present to the meeting

2. **KARAKIA**

Elinor Stratford said the Karakia

3. **DISCLOSURES OF INTEREST**

Elinor Stratford

- Remove – Member of Executive Federation of Disability Information Centres

4. **AGENDA CHECK**

The Chair requested the resignation letter from Maureen Frankpitt be included under inwards correspondence

5. **MINUTES OF THE PREVIOUS MEETING HELD 3 FEBRUARY 2006**

A committee member mentioned she had no recollection of the letter or the contents of the letter mentioned under the heading of "Matters Arising/Action and Responsibility List". The Chair informed the committee that this letter was received by the Chair, but on advice from both the West Coast DHB Chair and the CEO it was established the contents were out of DSACs scope of responsibility

General Manager Planning & Funding joined the meeting at 1.06pm

Moved: Elinor Stratford

Seconded: Gloria Hammond

It was RESOLVED that the Minutes of the Disability Services Advisory Committee meeting held 6 September 2006 were a true and accurate record.

6. MATTERS ARISING / ACTION AND RESPONSIBILITY LIST

Ask for any further updates associated with the "barrier free" audits carried out at Buller and Reefton Hospitals and a time line for the identified issues being actioned.

This has been completed and can be removed

Talk to GM Mental Health about areas that DSAC should be monitoring now MHAC has been disbanded

Meeting has taken place, this will be an agenda item for the meeting scheduled for Wednesday 28 February 2007.

Invite the Occupational and Physiotherapy Heads of Department to the next meeting to discuss discharge plans

This an agenda item for this meeting

7. CORRESPONDENCE

It was RESOLVED that the Disability Services Advisory Committee correspondence Inwards endorsed.

Moved:

Patrica Nolan

Seconded:

Gloria Hammond

8. WORK PLAN

After a brief discussion, it was identified that the Work Plan needs to be updated/reconfigured for next year to take into account the change in the new meeting schedule. This will be an agenda item for the meeting scheduled for 28 February 2007.

Action: Minute Secretary

General Manager Planning & Funding's Report

The General Manager Planning & Funding reminded the committee of the ½ day planning day relating to the DAP/SOI scheduled to be held on 26 January. This is for both Board members and Advisory Committee members. After the initial group discussion, smaller workshops will be run simultaneously on areas relevant to the individual committees. The agenda and papers will be sent out in early January 2007.

It was moved that the General Manager Planning & Funding report be accepted

Moved: Elinor Stratford

Seconded: Gloria Hammond

Maori Health Plan

As the General Manager Maori Health was not available, the General Manager Planning & Funding walked the committee through the Maori Health Plan after explaining he would answer any questions he was able to and those he wasn't he would take back to the General Manager Maori Health.

Initially the Chair directed the committee to the section of the plan under the heading 'Disability Support Services (DSS)' on page 69. A committee member felt that this section was based on statistics, not giving any indication on how the plan was going to make improvements for Maori living with disability or how the plan intended to engage the Maori community. The General Manager Planning & Funding directed the committee to the section of the plan starting on page 41 which showed the 'strategies', 'priorities' and 'success indicators', explaining this section will answer the committee's concerns. The plan being an overview of state of Maori health on West Coast through Maori eyes.

After a brief discussion, it was mentioned a main concern should be to encourage Maori to use the services available and reduce what has in the past been seen as the stigma of having a disability. It was mentioned that process is being made in the acceptance of disabilities, with Marae's being made more accessible.

The General Manager Planning & Funding walked the committee through the strategies and priorities of the plan and committee looked at those they felt reflected the brief of the committee.

1 – Increase investment in Maori Health – it was explained that whilst covered under the mainstream health services, Maori health receives an additional 1% of the total funding received for dedicated Maori health, to target specific areas of need. An objective of the plan is to increase this funding by 5% per annum to improve Maori health and reduce Maori health and disability inequalities.

2.4 – Developing the Maori Health and Disability Workforce – to remove

barriers for Maori with disabilities so they can fully participate in New Zealand society. This point reflects the way all the West Coast District Health Boards 15 plans intertwine, this area is also covered in the West Coast District Health Board's Disability Action Plan.

3.2 – Improve Maori Health Information – the committee felt it was important to know that strategies implemented where actually working and effective data collection would be the answer.

3.3 – Improve The Responsiveness of Mainstream Services to Maori Needs and Concerns - With the geographic nature of the West Coast and the distribution of the population over this area, it was felt that a dedicated Maori health service in each town was not realistic. There is currently only one Maori health provider contracted through the West Coast DHB, this provider covers the entire West Coast with their services.

A committee member asked whether other areas of the community, such as Pacific Island people, had dedicated health services. The General Manager Planning & Funding indicated that because of the small numbers of Pacific Island people resident on the West Coast, the West Coast DHB are not required to show specific initiatives to improve the health of Pacific people in the District Annual Plan, they are covered under the mainstream health service, but reiterated that this may change in the future.

After further discussion, the committee was informed that nationally Maori health is worse than that of non Maori, but on the West Coast when comparing the difference between Maori and non Maori health is not as evident as on a national scale the health of non Maori West Coasters is not good.

DSAC recommends to the WCDHB that they endorse the Maori Health Plan

Moved: Elinor Stratford

Seconded: Patrica Nolan

9. GENERAL BUSINESS

The committee agreed to bring the General business agenda item of 'Discharge Plans' forward.

The Chair welcomed both the Physiotherapy and Occupational Therapy heads of department to the meeting, explaining that at a previous meeting a concern regarding discharge plans had been discussed.

It was explained to the committee that a new discharge plan template was currently being devised, and this should go some way to addressing any concerns identified.

It was felt that the current line of discussion was of an operational theme and therefore not relevant to this committee and at this point the General Manager

Planning & Funding advised if the committee had any concerns he would raise them with management.

The Chair thanked both the Physiotherapy and Occupational Therapy heads of department for taking the time to come to the meeting.

8. **WORK PLAN**

WISE Plan

The Chair introduced the Planning & Funding Analyst to the committee.

The Planning & Funding went through the Action Plan which

The plan has four goals and they are as follows:

Goal A – To Protect the Health, Independence and Social Networks of Older People

Housing, an intersectoral approach looking at ensuring housing is warm, dry and safe. Transport, also an intersectoral collaboration to seek ways to improve access to transport. It also includes mobility schemes, car relicencing. The transport topic has been brought up by the committee on a number of occasions.

Promotion of activity and fall prevention, ACC and the Ministry of Health are keen for DHBs to work on this area and funding has been offered. The West Coast DHB has obtained some of that funding. Older people included in health promotion campaigns, covering physical and nutritional, Promoting a greater uptake of the 'green prescription' and 'get active stay active'.

GOAL B – To Catch Illness and Disability Before they Worsen

Reduce barriers to access to primary healthcare and disability support services, this area it covers a large area and has been covered in the Primary Care Plan. A review of the Home Care Services will cover the a section of this as well. Ensure good management of chronic conditions. Implement a more flexible and restorative model of home support services,

There is a planned review of the Home Support Services. In the North Island Presbyterian Support Services fund care for a set time, and it covers everything, it is flexible home support or restorative care, they are there to help the client, not do everything for them.

Paid workforce, in primary, community and home based situations. The goal is to ensure an adequate primary workforce and improve training and retention of

home based support workers along with supporting skill development in residential care facilities. Currently this group of workers are one of the lowest paid.

The West Coast has highest rate of entry into residential care in the country. There is no supportive housing. Grey District Council has 102 council pensioner flats, but with long waiting lists. Statistics show that people living in pensioners housing are not admitted to the hospital as much as those in rest homes or their own homes.

GOAL C – To Ensure Older People Experience a Smooth Path Into and Back Out of Specialist Services.

Streamlined access to services, a single point of contact for any community services that may be needed, a single patient record. Monitoring of waiting time to ensure timely access to specialist treatment.

Gloria Hammond left the meeting at 2.51pm

GOAL D – To Put in Place a Strong Organisation Infrastructure for Older Persons Services

The WISE Plan is strong on ensuring excellent awareness of disability issues in all clinical services, when the plan is implemented and a person in place to monitor and manage it they could also be an advocate for the older people.

DSAC recommends to the WCDHB that they endorse the WISE Plan

Moved: John Vaile

Seconded: Elinor Stratford

The Chair thanked the Planning and Funding Analyst, and commended her on the progress of the plan

Dementia Unit

This item has been deferred to the meeting scheduled for Wednesday 28 February, where the General Manager Community and Primary Health Services will give an update.

10. NEXT MEETING

Wednesday 28 February 2007, 1.00pm, Boardroom, Corporate Office Greymouth

11. ATTENDANCE AND ADMINISTRATION FORMS

The chair requested all Attendance and Administration forms be completed and return prior to leaving.

The Chair wished the committee and management a Happy Christmas and Prosperous New Year.

There being no further business to discuss the meeting concluded at 2.58pm

MATTERS ARISING FROM DISABILITY SERVICES ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status
	6 December	Reconfiguration of Work Plan to go on the Agenda for February meeting	Minute Secretary	

WORK PLAN

- 6.1 General Manager Planning & Funding report
- 6.2 Reconfiguration of Work Plan
- 6.3 Dementia Unit Update – To be tabled

PLANNING & FUNDING GM'S REPORT TO COMMUNITY AND PUBLIC HEALTH AND DISABILITY SERVICES ADVISORY COMMITTEES

TO: Members, Disability Services Advisory Committee

FROM: Wayne Turp, General Manager – Planning & Funding

DATE: 7th February 2007

KEY STRATEGIC ISSUES

2007/2008 DAP and SOI

The Board and Advisory committee workshop took place on Friday 26th January 2007. This enabled Board and advisory committee members to provide guidance on local planning imperatives and priorities for 2007/2008 from a Governance perspective (The Board's "Letter of expectation"). The next step is for a draft DAP to be submitted for review by the Ministry of Health on Friday 9th March 2007.

WISE Plan

Following Board approval, we have now released the long-term plan for developing health and support services for older people – the West Coast Improving Services for the Elderly ('WISE') plan. West Coast DHB wants to make significant changes in the way that long-term support services for older people are funded and delivered, including:

- A stronger emphasis on helping older people stay healthy, fit and independent within their social networks, and on preventing illness, injury and disability
- A 'restorative' model of home-care
- Gradually replacement of some (not all) rest home level beds with supportive/ sheltered housing options, as well as intensive home-care packages
- The development of local short-term non-acute hospital beds
- Greater collaboration between health services and residential care facilities

The implementation of this plan offers an exciting opportunity to provide new and improved services that will increase the choices for those members of our communities who require support and care in maintaining their wellbeing and independence into old age..

The first steps towards implementing the plan is a) to appoint the project manager for the establishment of the coordinating care service for elder persons care and b) to invite expressions of interest in the development and delivery of future services from existing providers and / or potential new providers.

Dementia unit

Please see report for this under agenda papers.

Author: Wayne Turp 7th February 2007

Mission Statement: To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
Progress Reports							
1. District Annual Plan	GM Planning & Funding	Sept 06	Quarterly		✓		September meeting
2. Maori Health Plan	GM Maori Health	Sept 06	Quarterly		✓		December meeting
To develop							
1. Disability Plan / describe disability sector	GM Planning & Funding	Dec 06		✓			Will be reported on six monthly
2. Advocacy Services	GM Planning & Funding	Sept 06			✓		Clarification being sought
Provide input into							
1. District Strategic Plan	GM Planning & Funding		Annually				September
2. District Annual Plan	GM Planning & Funding		Annually				December meeting
3. Statement of Intent	GM Planning & Funding		Annually				December meeting
4. Annual Report	Chief Financial Manager		Annually				September meeting
To monitor							
1. West Coast Improved Services for the Elderly (WISE)	GM Planning & Funding	June			✓		December meeting
2. Dementia Unit building	CEO		Each meeting				A standing agenda item
To investigate/scope							

BARRIER FREE AUDIT – REEFTON HOSPITAL

NOVEMBER 2006

**TO: Chair and Members
Disability Services Advisory Committee**

FROM: Wayne Champion, Chief Financial Manager/GM Facilities & Support Services

DATE: 18 January 2007

FOR INFORMATION ONLY

BACKGROUND

An audit was undertaken using New Zealand Standard 4121:2001 "Design for Access and Mobility - Buildings and Associated Facilities" to determine the accessibility status of Grey Base Hospital for individuals with limited mobility.

STANDARD

This Standard sets out the requirements for the design of buildings and facilities within buildings, driveways, car parks passages and any associated landscaping and access ways for use by persons with disabilities as required by the Building Act 1991 and Local Government Act 1974 and subsequent amendments.

The requirements of this Standard are considered from the point of view of the user and not the building owner. The purpose of the Standard is to provide guidance for ensuring that buildings and facilities are accessible to and fully usable by persons who have disabilities.

This is done in accordance with the access requirement that reasonable and adequate provision is to be made for persons with disabilities who may be expected to visit or work in buildings and to enter and carry out normal activities and processes in these buildings.

Not the entire Standard was utilised for this audit, as some components did not apply.

Areas of Reefton Hospital that were audited were:

- § Car Parks
- § Signage
- § Footpaths, Ramps and Landings
- § Entrances and Doorways
- § Toilets

RECOMMENDATION

The committee notes the information below.

Approved: Chief Financial Manager - 18 January 2007

CAR PARKING – MAIN ENTRANCE

ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO
Disability car parks are provided as close as practicable to facilities accessible entrance.	n/a	Facilities Co-ordinator	Yes
Number of disability car parks meets requirements (1 – 20 (1); 21-50 (2); every additional 50 (1)).	n/a	Facilities Co-ordinator	Yes
Recognised international symbol identifies disability car parks.	n/a	Facilities Co-ordinator	Yes
Where accessible entrance to building is not visible from parking area, directional signs of access are provided.	n/a	Facilities Co-ordinator	n/a
Disability car park space has an operational width of 3500 mm (for 90 ° & angle parking).	n/a	Facilities Co-ordinator	Yes
Disability car park space has an operational length of 5000 mm (for 90 ° & angle parking).	n/a	Facilities Co-ordinator	Yes
Disability car park has a stable, firm and slip resistant surface with a slope not exceeding 1:50.	n/a	Facilities Co-ordinator	Yes
There is an accessible route (footpath) from car parking areas to an accessible entrance.	n/a	Facilities Co-ordinator	Yes
People with disabilities do not have to pass behind parked cars when moving to an accessible entrance.		Facilities Co-ordinator	No
The accessible route (footpath) from car parking areas to an accessible entrance has a flat surface.	n/a	Facilities Co-ordinator	Yes
A kerb ramp is provided if there is any change in level from disability parking space to accessible route.	n/a	Facilities Co-ordinator	n/a
Whenever the accessible route (footpath) joins other footpaths, ramps, driveways or parking areas, the transition is affected without abrupt changes in level of transverse gradient.	n/a	Facilities Co-ordinator	n/a
Disability car parks, drop-off points and accessibility routes are covered whenever practicable.	n/a	Facilities Co-ordinator	Yes

SIGNS			
ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO
All buildings shall have and maintain signs both inside and out that indicate accessibility options.	A review of all signage will be conducted.	Facilities Co-ordinator	No
Signs shall be position and located in a consistent manner (between 1400 mm & 1700 mm above floor level).	A review of all signage will be conducted.	Facilities Co-ordinator	No
The size, type and layout of each sign is clear and legible.	A review of all signage will be conducted.	Facilities Co-ordinator	No
Lettering and symbols shall clearly contrast with the sign background.	A review of all signage will be conducted.	Facilities Co-ordinator	No
Signs indicating accessible car parks have the following wording "Parking for vehicles displaying mobility cards only".	A review of all signage will be conducted.	Facilities Co-ordinator	No
Signs identify: i) accessible car parks ii) accessible entrances iii) services available in the building iv) accessible routes through building v) stairs & lifts vi) location of accessible toilets	A review of all signage will be conducted.	Facilities Co-ordinator	No No No No n/a No
<i>All signage requires updating as the current signage does not meet the Standard.</i>			

FOOTPATHS, RAMPS & LANDINGS				
ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO	COMPLETED YES / NO
			MAIN	OUTPATIENTS
The natural ground surface adjacent to footpath on an accessible route is flush with finished surface of footpath.	n/a	Facilities Co-ordinator	Yes	Yes
Ramps blend in with design of building.	n/a	Facilities Co-ordinator	Yes	Yes
The approach to the ramp is level and allows for adequate visibility and wheelchair turning space.	n/a	Facilities Co-ordinator	Yes	Yes
The maximum gradient of the ramp is 1 in 12.	n/a	Facilities Co-ordinator	Yes	Yes
Transitions from one gradient to another, (at foot and head of ramps) is signalled by visual and textual contrast.	Options to be investigated.	Facilities Co-ordinator	No	Yes
The tread width of the ramp is not less than 1200 mm.	Options to be investigated.	Facilities Co-ordinator	Yes	Yes
Ramps with a drop-off on one side have an effective method (edge rail) of control to prevent wheelchair wheels running off the ramp that is positioned no more than 75 mm above the ramp.	Options to be investigated.	Facilities Co-ordinator	No	No
A safety rail is positioned midway between the edge rail and hand rail.	n/a	Facilities Co-ordinator	Yes	Yes
The ramp has a handrail positioned at a height of 840 – 900 mm on both sides of the ramp.	n/a	Facilities Co-ordinator	Yes	Yes
The ramp has a landing at the top and bottom, with minimum dimensions of 1200 mm.	n/a	Facilities Co-ordinator	Yes	Yes
Landings make allowance for door openings (1200 mm wide; 2000 mm long for out opening doors, 1200 mm for inward opening doors).	n/a	Facilities Co-ordinator	n/a	Yes

ENTRANCES				
ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO	COMPLETED YES / NO
			MAIN	OUTPATIENTS
Direct access is provided to the main entrance of the building as part of the accessible route.	n/a	Facilities Co-ordinator	Yes	Yes
All accessible entrances to a building are identified with appropriate signs.	Options to be investigated.	Facilities Co-ordinator	No	No
The main entrance of the building has a level approach space no less than 1200 x 1200 mm inside and outside the entrance door.	n/a	Facilities Co-ordinator	Yes	Yes
The main entrance way is illuminated so it is clearly distinguishable from surroundings.	Options to be investigated.	Facilities Co-ordinator	No	No
Automatic doors remain open for at least 5 seconds.	n/a	Facilities Co-ordinator	n/a	n/a
Automatic doors have a strongly contrasting visual strip on moving edges.	n/a	Facilities Co-ordinator	n/a	n/a
Automatic doors can be opened by persons approaching from shallow angles.	n/a	Facilities Co-ordinator	n/a	n/a
Accessible entrances have a level threshold.	n/a	Facilities Co-ordinator	n/a	n/a
If accessible entrance has stepped threshold, it has a change in level of 20 mm or less and incorporates a strongly contrasted strip that is effective when approaching from either direction.	n/a	Facilities Co-ordinator	n/a	n/a
Doorways on accessible routes have a minimum clear width of 760 mm when open.	n/a	Facilities Co-ordinator	Yes	Yes
Doors that swing in both directions have glazing that provides adequate visibility for people with disabilities.	Options to be investigated.	Facilities Co-ordinator	Yes	No
Wherever transparent material can be mistaken for a doorway, it is clearly marked.	n/a	Facilities Co-ordinator	Yes	n/a

Doors on accessible routes contain minimum glazing (150 mm x 1300 mm, positioned 500 mm from bottom and 200 mm from non-hinged side).	Options to be investigated.	Facilities Co-ordinator	Yes	No
Doors have a colour contrast to their surroundings.	n/a	Facilities Co-ordinator	Yes	Yes
Force required to open a non-fire door is not greater than 38N (exterior hinged door) or 22 N (interior hinged door).	Options to be investigated.	Facilities Co-ordinator	No	Yes
Door handles are between 900 & 1200 mm above finished floor level.	n/a	Facilities Co-ordinator	Yes	Yes
Handles operating locks and latches have a lever action and the end of the handle returns towards the door.	Options to be investigated.	Facilities Co-ordinator	Yes	No

All entrances are complaint except for additional signage to indicate that they are suitable for use by individuals with limited mobility. Main entrance doors are difficult to open.

TOILET FACILITIES

ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO MAIN	COMPLETED YES / NO OUTPATIENTS
Accessible toilet facilities are provided on the main entry level and distributed evenly throughout building.	n/a	Facilities Co-ordinator	Yes	Yes
Accessible toilet facilities are signposted.	For consideration in any facility redesign.	Facilities Co-ordinator	No	No
Minimum dimensions of accessible toilet are 1900 mm by 1600 mm.	For consideration in any facility redesign.	Facilities Co-ordinator	No	No
Accessible toilets have sufficient space to allow wheelchair users to transfer to toilet pan from the side of the pan.	For consideration in any facility redesign.	Facilities Co-ordinator	No	No
Toilet doors have a suitable indicator bolt of suitable size and simplicity of operation to be readily usable by persons with limited hand movement.	n/a	Facilities Co-ordinator	Yes	Yes
Toilet doors are able to be opened from the outside in an emergency.	n/a	Facilities Co-ordinator	Yes	Yes

Toilet doors have handles positioned at a height of 1000 mm and have kick plates of a height of 300 mm.	n/a	Facilities Co-ordinator	Yes	Yes
The front edge of the toilet seat is 700 – 750 mm from the back wall.	n/a	Facilities Co-ordinator	Yes	Yes
The centre-line distance of the toilet seat from the nearest side-wall is 450 mm.	For consideration in any facility redesign.	Facilities Co-ordinator	No	No
There is no obstruction at the side of the toilet pan to inhibit it's use.	n/a	Facilities Co-ordinator	Yes	Yes
The front edge of the toilet seat is 300 mm from the wash basin.	For consideration in any facility redesign.	Facilities Co-ordinator	No	No
The toilet lid is supported between 10° and 15° beyond the vertical to provide a backrest for the user.	n/a	Facilities Co-ordinator	Yes	Yes
The height of the top surface of the toilet pan is 460 mm.	For consideration in any facility redesign.	Facilities Co-ordinator	No	No
The flushing control is easily operable, and positioned a minimum of 600 mm from the floor and within 500 mm of the centre of the toilet.	n/a	Facilities Co-ordinator	Yes	Yes
Grab and pull rails are positioned a minimum of 700 mm above the floor surface.	n/a	Facilities Co-ordinator	Yes	Yes

BARRIER FREE AUDIT – BULLER HOSPITAL NOVEMBER 2006

**TO: Chair and Members
Disability Services Advisory Committee**

FROM: Wayne Champion, Chief Financial Manager/GM Facilities & Support Services

DATE: 18 January 2007

FOR INFORMATION ONLY

BACKGROUND

An audit was undertaken using New Zealand Standard 4121:2001 "Design for Access and Mobility - Buildings and Associated Facilities" to determine the accessibility status of Grey Base Hospital for individuals with limited mobility.

STANDARD

This Standard sets out the requirements for the design of buildings and facilities within buildings, driveways, car parks passages and any associated landscaping and access ways for use by persons with disabilities as required by the Building Act 1991 and Local Government Act 1974 and subsequent amendments.

The requirements of this Standard are considered from the point of view of the user and not the building owner. The purpose of the Standard is to provide guidance for ensuring that buildings and facilities are accessible to and fully usable by persons who have disabilities.

This is done in accordance with the access requirement that reasonable and adequate provision is to be made for persons with disabilities who may be expected to visit or work in buildings and to enter and carry out normal activities and processes in these buildings.

Not the entire Standard was utilised for this audit, as some components did not apply.

Areas of Buller Hospital that were audited were:

- § Car Parks
- § Signage
- § Footpaths, Ramps and Landings
- § Entrances and Doorways
- § Toilets

RECOMMENDATION

The committee notes the information below.

Approved: Chief Financial Manager - 18 January 2007

CAR PARKING

ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO	COMPLETED YES / NO
			MAIN	KAIWATIRI
Disability car parks are provided as close as practicable to facilities accessible entrance.	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	Yes
Number of disability car parks meets requirements (1 – 20 (1); 21-50 (2); every additional 50 (1)).	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	Yes
Recognised international symbol identifies disability car parks.	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	Yes
Where accessible entrance to building is not visible from parking area, directional signs of access are provided.	n/a	Facilities Co-ordinator	Yes	n/a
Disability car park space has an operational width of 3500 mm (for 90 ° & angle parking).	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	No
Disability car park space has an operational length of 5000 mm (for 90 ° & angle parking).	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	Yes
Disability car park has a stable, firm and slip resistant surface with a slope not exceeding 1:50.	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	Yes
There is an accessible route (footpath) from car parking areas to an accessible entrance.	n/a	Facilities Co-ordinator	Yes	Yes
People with disabilities do not have to pass behind parked cars when moving to an accessible entrance.	n/a	Facilities Co-ordinator	Yes	Yes
The accessible route (footpath) from car parking areas to an accessible entrance has a flat surface.	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	Yes

A kerb ramp is provided if there is any change in level from disability parking space to accessible route.	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	n/a
Whenever the accessible route (footpath) joins other footpaths, ramps, driveways or parking areas, the transition is affected without abrupt changes in level of transverse gradient.		Facilities Co-ordinator	Yes	Yes
Disability car parks, drop-off points and accessibility routes are covered whenever practicable.	For consideration when facility is reconfigured.	Facilities Co-ordinator	No	No

SIGNS

ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO <i>MAIN</i>	COMPLETED YES / NO <i>KAIWATIRI</i>	COMPLETED YES / NO <i>KYNNERSLEY</i>
All buildings shall have and maintain signs both inside and out that indicate accessibility options	Signage has been added throughout the facility.	Facilities Co-ordinator	No	No	No
Signs shall be position and located in a consistent manner (between 1400 mm & 1700 mm above floor level)	Signage has been added throughout the facility.	Facilities Co-ordinator	No	No	No
The size, type and layout of each sign is clear and legible	Signage has been added throughout the facility.	Facilities Co-ordinator	No	No	No
Lettering and symbols shall clearly contrast with the sign background	Signage has been added throughout the facility.	Facilities Co-ordinator	No	No	No
Signs indicating accessible car parks have the following wording "Parking for vehicles displaying mobility cards only"	Car park has been re-sealed and will be painted with new disability parks.	Facilities Co-ordinator	No	No	No

Signs identify:					
i) accessible car parks	Car park has been re-sealed and will be painted with new disability parks.		No	No	No
ii) accessible entrances	To be reviewed.		No	No	No
iii) services available in the building	To be reviewed.		No	No	No
iv) accessible routes through building	To be reviewed.		No	No	No
v) stairs & lifts	n/a		No	No	No
vi) location of accessible toilets	All accessible toilets are adequately signed.		n/a	n/a	n/a

All signage requires updating as the current signage does not meet the Standard.

FOOTPATHS, RAMPS & LANDINGS

ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO <i>KAIWATIRI</i>	COMPLETED YES / NO <i>PHYSIO</i>	COMPLETED YES / NO <i>KYNNERSLEY</i>
The natural ground surface adjacent to footpath on an accessible route is flush with finished surface of footpath.		Facilities Co-ordinator	Yes	Yes	Yes
Ramps blend in with design of building.		Facilities Co-ordinator	Yes	Yes	Yes
The approach to the ramp is level and allows for adequate visibility and wheelchair turning space.		Facilities Co-ordinator	Yes	Yes	Yes
The maximum gradient of the ramp is 1 in 12.		Facilities Co-ordinator	Yes	Yes	Yes
Transitions from one gradient to another, (at foot and head of ramps) is signalled by visual and textual contrast.		Facilities Co-ordinator	No	Yes	Yes
The tread width of the ramp is not less than 1200 mm.		Facilities Co-ordinator	Yes	Yes	Yes

Ramps with a drop-off on one side have an effective method (edge rail) of control to prevent wheelchair wheels running off the ramp that is positioned no more than 75 mm above the ramp.		Facilities Co-ordinator	Yes	Yes	Yes
A safety rail is positioned midway between the edge rail and hand rail.		Facilities Co-ordinator	Yes	No	No
The ramp has a handrail positioned at a height of 840 – 900 mm on both sides of the ramp.		Facilities Co-ordinator	Yes	Yes	Yes
The ramp has a landing at the top and bottom, with minimum dimensions of 1200 mm.		Facilities Co-ordinator	Yes	Yes	Yes
Landings make allowance for door openings (1200 mm wide; 2000 mm long for out opening doors, 1200 mm for inward opening doors).		Facilities Co-ordinator	Yes	Yes	Yes

ENTRANCES

ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO <i>MAIN</i>	COMPLETED YES / NO <i>KAIWATIRI</i>	COMPLETED YES / NO <i>KYNNERSLEY</i>
Direct access is provided to the main entrance of the building as part of the accessible route.		Facilities Co-ordinator	Yes	Yes	Yes
All accessible entrances to a building are identified with appropriate signs.		Facilities Co-ordinator	No	No	No
The main entrance of the building has a level approach space no less than 1200 x 1200 mm inside and outside the entrance door.		Facilities Co-ordinator	Yes	Yes	Yes
The main entrance way is illuminated so it is clearly distinguishable from surroundings.		Facilities Co-ordinator	Yes	Yes	Yes
Automatic doors remain open for at least 5 seconds.		Facilities Co-ordinator	No	Yes	Yes
Automatic doors have a strongly contrasting visual strip on moving edges.		Facilities Co-ordinator	Yes	Yes	Yes

Automatic doors can be opened by persons approaching from shallow angles.		Facilities Co-ordinator	Yes	Yes	Yes
Accessible entrances have a level threshold.		Facilities Co-ordinator	Yes	Yes	Yes
If accessible entrance has stepped threshold, it has a change in level of 20 mm or less and incorporates a strongly contrasted strip that is effective when approaching from either direction.		Facilities Co-ordinator	n/a	n/a	n/a
Doorways on accessible routes have a minimum clear width of 760 mm when open.		Facilities Co-ordinator	Yes	Yes	Yes
Doors that swing in both directions have glazing that provides adequate visibility for people with disabilities.		Facilities Co-ordinator	Yes	n/a	n/a
Wherever transparent material can be mistaken for a doorway, it is clearly marked.		Facilities Co-ordinator	n/a	n/a	n/a
Doors on accessible routes contain minimum glazing (150 mm x 1300 mm, positioned 500 mm from bottom and 200 mm from non-hinged side).		Facilities Co-ordinator	Yes	Yes	Yes
Doors have a colour contrast to their surroundings		Facilities Co-ordinator	Yes	Yes	Yes
Force required to open a non-fire door is not greater than 38N (exterior hinged door) or 22 N (interior hinged door).		Facilities Co-ordinator	Yes	n/a	n/a
Door handles are between 900 & 1200 mm above finished floor level.		Facilities Co-ordinator	Yes	n/a	n/a
Handles operating locks and latches have a lever action and the end of the handle returns towards the door.		Facilities Co-ordinator	n/a	n/a	n/a
<i>All entrances are complaint except for additional signage to indicate that they are suitable for use by individuals with limited mobility. Main entrance doors are difficult to open.</i>					

TOILET FACILITIES

ACTION REQUIRED	EXPECTED TIMEFRAME FOR COMPLETION	RESPONSIBLE PERSON	COMPLETED YES / NO <i>MAIN</i>	COMPLETED YES / NO <i>KAIWATIRI</i>	COMPLETED YES / NO <i>CAFE</i>	COMPLETED YES / NO <i>PHYSIO</i>	COMPLETED YES / NO <i>KYNNERSLEY</i>
Accessible toilet facilities are provided on the main entry level and distributed evenly throughout building.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
Accessible toilet facilities are signposted.		Facilities Co-ordinator	No	No	No	No	No
Minimum dimensions of accessible toilet are 1900 mm by 1600 mm.		Facilities Co-ordinator	Yes	Yes	No	No	No
Accessible toilets have sufficient space to allow wheelchair users to transfer to toilet pan from the side of the pan.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
Toilet doors have a suitable indicator bolt of suitable size and simplicity of operation to be readily usable by persons with limited hand movement.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
Toilet doors are able to be opened from the outside in an emergency.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
Toilet doors have handles positioned at a height of 1000 mm and have kick plates of a height of 300 mm.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
The front edge of the toilet seat is 700 – 750 mm from the back wall.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes

The centre-line distance of the toilet seat from the nearest side-wall is 450 mm.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
There is no obstruction at the side of the toilet pan to inhibit it's use.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
The front edge of the toilet seat is 300 mm from the wash basin.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
The toilet lid is supported between 10° and 15° beyond the vertical to provide a backrest for the user.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
The height of the top surface of the toilet pan is 460 mm.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
The flushing control is easily operable, and positioned a minimum of 600 mm from the floor and within 500 mm of the centre of the toilet.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes
Grab and pull rails are positioned a minimum of 700 mm above the floor surface.		Facilities Co-ordinator	Yes	Yes	Yes	Yes	Yes