

**Sir Charles Gairdner Hospital**  
**Disability Access and Inclusion Plan**  
**2007 – 2012**





# Sir Charles Gairdner Hospital

## Disability Access and Inclusion Plan (DAIP) 2007 –2012

Endorsement:

By:

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This plan is available upon request in alternative formats such as large print, electronic format (disk or emailed), audio or Braille.

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### Acknowledgements

The Sir Charles Gairdner Hospital acknowledges the input received from many individuals and groups within the community, which has been invaluable in the preparation of this Disability Access and Inclusion Plan.

## Background

### About Sir Charles Gairdner Hospital

Sir Charles Gairdner Hospital (SCGH) is a progressive, fully accredited teaching hospital located on a 28-hectare medical campus adjacent to King's Park in Nedlands, 4 kilometres from the central business district of Perth.

All clinical specialties are available, with the exception of complex burns, paediatrics, obstetrics and gynaecology. The hospital has a distinguished record in patient care, teaching and research and is closely associated with the nearby University of Western Australia as well as Curtin, Notre Dame and Edith Cowan Universities.

Each year the hospital treats approximately 75,000 inpatients, 49,000 emergency presentations and 500,000 outpatients. There are currently 604 beds available, 106 of which are day patient beds. An additional 84 rehabilitation beds are also currently accessible at Osborne Park Hospital. The hospital employs approximately 2,740 full-time equivalent staff.

- **Services and Facilities**

SCGH provides an extensive range of health services across the spectrum of health care. Services include provision of care to people in the Emergency Department, hospital wards and special care units (eg Intensive Care, Coronary Care), outpatient clinics, and their homes.

The more extensive list of the services provided and facilities available at SCGH is included in Appendix 4.

- **Research**

SCGH conducts research in a variety of areas and recruits public participation for these research projects. Some of the areas where research is conducted are included in Appendix 4.

### Planning for Better Access

According to the Australian Bureau of Statistics Survey of Disability, Ageing and Carers (2003), 20.6% of Australians or more than one in five people, identify themselves as having some form of disability.

The previous Disability Service Plan for SCGH addressed both its statutory requirements under the WA Disability Services Act (1993) and its obligations under the Commonwealth Disability Discrimination Act 1992. The new DAIP will continue with the work of the SCGH Disability Service Plan, commenced in 1995, to ensure that people with disabilities have equal access to its facilities and services.

Other legislation impacting on access and inclusion issues includes the WA Equal Opportunity Act 1984 (amended 1988).

## **Progress since 1995**

Sir Charles Gairdner Hospital is committed to facilitating the inclusion of people with disabilities through the improvement of access to its information, services and facilities. Towards this goal the Hospital adopted its first Disability Services Plan in 1996 to address the barriers for people with disabilities wanting to access the Hospital's services and facilities. The Disability Services Plan addressed both its statutory requirements under the WA Disability Services Act (1993) and its obligations under the Commonwealth Disability Discrimination Act (1992).

Since the adoption of the initial Disability Services Plan, the Hospital has implemented many initiatives and made significant progress towards better access. Some of these are highlighted in Appendix 1 under the relevant key outcome headings. The new DAIP will cover the period from 1 July 2007 to 31 July 2012.

## **Access and inclusion policy statement for people with disabilities, their families and carers**

Sir Charles Gairdner Hospital (SCGH) recognises that people with disabilities are valued members of the community who make contributions to social, economic and cultural life.

SCGH is committed to ensuring that people with disabilities, their families and carers are able to fully access the range of health services, facilities and information, providing them with the same opportunity, rights and responsibilities enjoyed by other people in the community.

SCGH will also ensure that access for people with disabilities is a primary concern when health services and/or facilities are developed or modified.

To ensure this commitment, SCGH (its staff, agents and contractors) will:

- Create and actively promote an environment where information, services and facilities are readily accessible to all people and which does not discriminate directly or indirectly against individuals with disabilities
- Consult with people with disabilities, their families and carers and disability organisations to ensure that barriers to access and inclusion are addressed appropriately
- Work in partnership with community groups and other public authorities to facilitate the inclusion of people with disabilities in consultative forums
- Ensure that where contracted services are provided to the public, these services will be provided in a manner consistent with the SCGH DAIP.
- Develop and submit a Disability Access and Inclusion Plan (DAIP) in accordance with the Western Australian Disability Services Act 1993 (amended 2004).

SCGH is committed to achieving the six desired outcomes listed in Schedule 3 of the Disability Services Regulations 2004 through the implementation of its DAIP. These outcomes are:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, the relevant public authority
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of the relevant public authority
3. People with disabilities receive information from the relevant public authority in a format that will enable them to access the information as readily as other people are able to access it
4. People with disabilities receive the same level and quality of service from the staff of the relevant public authority

5. People with disabilities have the same opportunities as other people to make complaints to the relevant public authority
6. People with disabilities have the same opportunities as other people to participate in any public consultation by the relevant public authority.

SCGH will comply with relevant WA Health and North Metropolitan Area Health Service policies. Refer to:

- WA Health Disability Access and Inclusion policy (See Appendix 2).
- The North Metropolitan Area Health Service Disability Services Policy COC: 04 (See Appendix 3).

## Development of the DAIP

### Responsibility for the planning process

The SCGH Disability Access and Inclusion Plan will continue to be administered and reviewed by the Disability Access and Inclusion Reference Group. This group was formerly known as the Disability Services Reference Group and was originally formed to assist in the process and is comprised of key stakeholders. External stakeholders, including people with disabilities or representatives from their support organisations, are invited to attend meetings where particular disabilities and needs are to be considered.

The areas represented by the key stakeholders include:

- Safety, Quality & Performance Unit (quality improvement and patient liaison service)
- Public Relations Unit (Customer Service Charter)
- Community Representative
- Facilities Planning
- Nursing Management
- Medical Administration
- Medical Staff
- Human Resources (Equity and Diversity)
- Allied Health

The SCGH Disability Access and Inclusion Reference Group will undertake, as appropriate:

- Action plans, strategies and reports
- Customer surveys and complaints procedures, and
- Consultation with relevant peak bodies, people with disabilities, their families and carers.

### Community Consultation Process

In 2006/7, the Department of Health undertook to review the various Disability Services Plans from the different health areas, to consult with key stakeholders, and to draft a new DAIP to guide further improvements to access and inclusion. The Disability Services Act Regulations 2004 set out the minimum consultation requirements for public authorities in relation to DAIPs.

This process included:

- The analysis of previous Disability Services Plan and subsequent review reports to see what has been achieved and what still needs work
- Research of other relevant Department of Health documents and strategies
- Investigation of contemporary trends and good practice in access and inclusion
- Consultation with the Disability Services Commission
- Consultation with the community, and
- Consultation with staff.

The following strategies were used in the consultation:

- An advertisement was developed advising the community that Department of Health was developing a DAIP to address the barriers that people with disabilities and their families experience in accessing Department of Health functions, facilities and services and inviting feedback from the community.
  - The duration of the consultation process was for a minimum of one month from the day advertising.
  - The advertisement advised that different formats were available upon request.
- The community consultation process included the distribution of the advertisement in various formats over November and December 2006:
  - Advertised in The West Australian, local area newspapers and by Radio 9990
  - Copy sent to Health Consumer's Council in December and various disability organisations (list provided by Disability Services Commission)
  - ACROD WA circulated the advertisement to its WA members through their broadcast Email service in December
- A staff consultation process took place in December 2006 and January 2007:
  - Advertised on Department of Health's intranet website 'Holii – What's Happening'
  - Local DAIP Coordinators sent out the advert to staff in a global email
  - Local DAIP Coordinators used their existing networks to circulate the advert and obtained feedback through their formal and informal networks in the health services.
- Members of the community were invited to provide feedback to the Senior Policy Officer, Organisational Development Directorate by telephone, email, in person or by submitting a separate written response.

Seventeen responses were received from the wider and staff community:

- Twelve responses by email
- Four written submissions
- One meeting

Responses included written submissions from a variety of organisations as well as individuals. Some of these included:

- ACROD WA Division
- Aged and Community Services Western Australia
- Ministerial Advisory Council on Disability
- WA Deaf Society

While some feedback related to specific health services, other feedback was directed to the Department of Health as a whole. The feedback received as a result of the community and staff consultation was subsequently forwarded to all DAIP coordinators in the Government Health System, rather than only those DAIP Coordinators associated with the Department of Health DAIP. This feedback has been used as the basis for the development of the new SCGH DAIP.

### **Findings of the consultation**

The review and consultation found that the new plan should not only address current access barriers but also reflect contemporary values and practices, such as striving for inclusion and meeting more than the minimum compliance with access standards.

The consultation also identified a variety of remaining barriers to access and inclusion, to be addressed in the DAIP Implementation Plan.

### **Access Barriers**

While the review and consultation noted a great deal of achievement in improving access, it also identified a range of barriers that require redress. The identification of these barriers informed the development of strategies in the DAIP.

Some of these access barriers include:

- Lack of staff awareness in some health areas of the needs of people with disabilities issues – this may be as a result of staff who may be uninformed or lacking in confidence to adequately provide the same level of service to people with disabilities
- The physical infrastructure in some specific health areas is not easily accessible for people with disabilities

- Inadequate transport and parking facilities for people with disabilities available near some health services
- Access to information about specific services needs to be improved eg clear signage in hospitals, pamphlets for clients that are easy to read and understand, in different formats and containing contact names to discuss specific issues
- Communication barriers for deaf and hard of hearing people and the increased need of the use of appropriate interpreters
- The need for Disability Services Commission Local Area Coordinators to obtain more information about health services and make this available to their clients.
- Events may not always to be held in a manner and location that best facilitates the participation of people with disabilities;
- People with disabilities may not be sufficiently aware of consultation opportunities and ways of lodging grievances and complaints with the Department of Health.

### **Responsibility for Implementing the DAIP**

Implementation of the DAIP is the responsibility of the Chief Executives of all health areas. The Executive Director of the hospital has formally endorsed the SCGH DAIP.

The Implementation Plan sets out who is responsible for each action. The SCGH Disability Access and Inclusion Plan will guide the overall implementation of the plan.

SCGH will take all practical measures to ensure that its officers, employees, agents and contractors implement the DAIP.

### **Communicating the plan to staff and people with disabilities**

In July 2007, SCGH will forward copies of the DAIP to all those who contributed to the planning process including the SCGH Disability Access and Inclusion Reference Group, staff, people with disabilities, their families, carers, disability organisations and relevant community groups for feedback. Feedback obtained from this process will be used to further inform the Plan.

In August 2007, SCGH will advise through the media – newspaper and radio, that copies of the lodged plan are available to the community upon request and in alternative formats if required. This will include hard copy in standard and large print, electronic format, audio format on cassette or CD, by email and on the SCGH's website.

As plans are amended, both staff and the community will be advised of the availability of updated plans, using the SCGH Internet website, the SCGH Intranet, a staff newsletter and a state-wide newspaper.

## **Review and evaluation mechanisms**

The Disability Services Act sets out the minimum review requirements for public authorities in relation to DAIPs. The SCGH DAIP will be reviewed at least every five years, in accordance with the Act. The Implementation Plan may be amended on a more regular basis to reflect progress and any access and inclusion issues that may arise. Whenever the DAIP is amended, a copy of the amended plan will be lodged with the Disability Services Commission.

The SCGH DAIP will be placed on both the SCGH Internet website and the SCGH Intranet with an invitation for people to feedback and comment at any time.

## **Review and monitoring**

The DAIP will be reviewed and monitored as follows:

- The SCGH Disability Access and Inclusion Reference Group will continue to review progress on the implementation of the strategies identified in the DAIP as required
- The review of SCGH DAIP will be included in the report on the DAIP 2007-2012 that will be submitted to the Disability Services Commission in 2012.

## **Evaluation**

Evaluation will include the following methodologies:

- The Executive will endorse any reports on the disability access and inclusion implementation process annually.
- The DAIP Coordinator reports on the disability access and inclusion implementation process annually.
- Once a year, prior to 31 July, SCGH will provide information to the community regarding the implementation of the DAIP and seek feedback on the effectiveness of strategies that have been implemented.
- A notice about the consultation process will be placed in the West Australian newspaper, posted on the SCGH website, announced on Information Radio and circulated to key disability service providers.
- In seeking feedback the SCGH will also seek to identify any additional barriers that were not identified in the initial consultation.
- The SCGH Disability Access and Inclusion Reference Group will use some of the consultation processes used during the initial consultation conducted in December 2006.

- SCGH staff will also be asked to provide feedback on how well they believe the strategies are working and to make suggestions for improvement.
- Implementation Plans will be amended based on the feedback received. Copies of the amended Implementation Plan, once endorsed by the SCGH Disability Access and Inclusion Reference Group, will be available to the community in alternative formats.

### **Reporting on the DAIP**

The Disability Services Act sets out the minimum reporting requirements for public authorities in relation to DAIPs.

SCGH will report on the implementation of its DAIP through its annual report and the prescribed progress report template to the Disability Services Commission by 31 July each year, outlining:

- Its progress towards the desired outcomes of its DAIP
- The progress of its agents and contractors towards meeting the six desired outcomes; and the strategies used to inform its agents and contractors of its DAIP.

## Strategies to improve access and inclusion at SCGH

As a result of the consultation process the following overarching strategies will guide tasks, reflected in the Implementation Plan, that the Hospital will undertake from 2007-2012 to improve access to its services, buildings and information. The six desired outcomes provide a framework for improving access and inclusion for people with disabilities.

**Outcome 1:** People with disabilities have the same opportunities as other people to access the services of, and any events organised by SCGH.

Strategy
Ensure that a person with a disability maintains membership to sit on the Hospital's existing Community Advisory Council.
Provide opportunities for people with disabilities to comment on access to services and advice provided by SCGH.
Monitor the Hospital's Access and Inclusion policy to ensure it supports equitable access to services by people with disabilities throughout the various functions of the Hospital.
Incorporate the objectives of the DAIP into the Hospital's strategic business planning, budgeting processes and other relevant plans and strategies.
Ensure that any events are organised so that they are accessible to people with disabilities.
Inform staff, agents and contractors on how to undertake events that are accessible for people with disabilities.
Ensure that staff, agents and contractors, particularly publishers and events/promotional service providers, of SCGH are aware of their requirements under the DAIP.
Develop information to inform industry how to best meet the needs of customers with disabilities.

**Outcome 2:** People with disabilities have the same opportunities as other people to access the buildings and other facilities of SCGH.

<b>Strategy</b>
Ensure all buildings and facilities are physically accessible to people with disabilities.
Ensure audio loops are available for use in venues used for all public meetings.
Ensure adequate ACROD parking to meet the needs of people with disabilities in terms of quantity and location.
Ensure signage meets the needs of people with disabilities.
Ensure all future premises leased by the Hospital are accessible to people with disabilities.

**Outcome 3:** People with disabilities can access information from Sir Charles Gairdner Hospital, as readily as other people are able to access it.

<b>Strategy</b>
Improve community awareness that Hospital information can be made available in alternative formats upon request.
Improve staff awareness of accessible information needs.
Improve staff awareness of how to obtain information in other formats.
Improve the awareness of Reception staff about information needs of people that are hearing impaired, hard of hearing, deaf, and people with speech impediments.
Investigate and facilitate the use of interpreters to improve the access to Hospital meetings for people who are Deaf.
Ensure that the Hospital's website meets contemporary good practice.
Provide documentation regarding services, facilities and customer feedback in an appropriate format and using clear and concise language.

**Outcome 4:** People with disabilities receive the same level and quality of service from the staff of Sir Charles Gairdner Hospital as other people receive.

Strategy
Improve staff awareness of disability and access issues and improve skills to provide a good service to people with disabilities.
Improve the awareness of new staff about disability and access issues.
Ensure that Hospital staff are aware of the relevant requirements of the Disability Services Act in service provision.
Further generate and sustain staff awareness of disability and access issues.

**Outcome 5:** People with disabilities have the same opportunities as other people to make complaints to Sir Charles Gairdner Hospital.

Strategy
Ensure that current grievance mechanisms are accessible for people with disabilities.
Improve staff knowledge so they can facilitate the receipt of complaints from people with a disability.
Ensure that grievance mechanism process and outcome satisfaction survey forms are available in formats to meet the needs of people with disabilities.

**Outcome 6:** People with disabilities have the same opportunities as other people to participate in any public consultation by Sir Charles Gairdner Hospital.

Strategy
Commit to ongoing monitoring of the DAIP to ensure implementation and satisfactory outcomes.
Improve community awareness about consultation processes in place.
Improve access for people with disabilities to the established consultative

processes of the Hospital, including the capacity to accept verbal complaints.

## **Appendix 1:**

### **Progress to date**

## **Progress under the Disability Service Plan between 1995 - 2006**

### **Outcome 1**

Existing services are adapted to ensure they meet the needs of people with disabilities.

- 'Information for Patients' brochure provided for each patient on admission – the information regarding disability and access was reviewed and updated. The map was modified and changed to reduce issues related to colour and luminance contrast, font size and style, and clarity, with consistent symbols in internationally accepted colour and design being used to reduce confusion.
- Review of hospital policy on Provision of Interpreting Services: specifically in relation to people who are deaf or hearing impaired
- Review of communication needs of people who are Deaf - a portable Teletypewriter (TTY) and a payphone TTY have been made available for use at the Reception/ Admission/ Emergency Department at SCGH
- Review of availability of access to audio-cassette information: 10 tape players purchased for inpatient use

### **Outcome 2**

Access to buildings and facilities is improved.

- MRI modification that extends out into main thoroughfare was designed to minimise access issues
- Universally accessible bus stop provided at the front entrance
- Refurbished and improved the areas of: Eye Clinic Reception desk, Ward G42 (2 new universally accessible toilet/shower facilities), Physiotherapy Reception Desk, G Block (main) entrance, and front or main bus stop.
- Emergency Department redevelopment included accessible toilets, showers and cubicles; accessible reception counter, baby change facilities; TTY. Floors and walls were designed to provide accessible paths of travel, floor/wall colour contrast and luminance, door hardware, plumbing, furniture and fitment, as well as signage (tactile and standard).
- R Block ramped access was reviewed: the ramp has been replaced by a

concrete ramp, with full handrails and kerbs to provide safer access for staff and patients using these facilities.

### **Outcome 3**

Information about services is provided in formats that meet the communication requirements of people with disabilities.

- Published materials can be made available in alternative formats such as Braille, IBM compatible disk, large print or audio cassette
- Publications are progressively being designed and produced according to standards for font size to improve legibility for people with vision impairment
- Development of photo resources as an alternative to written information has been undertaken in some areas, where appropriate and useful
- SCGH website was developed using JAWS 5.0 screen reader and using the W3C guidelines
- SCGH Disability Service Plan was made available on SCGH website
- Reviewed SCGH site map: now includes ACROD parking bays
- Updated wayfinding map and appointment card for Outpatients Dept
- Emergency Evacuation maps reviewed; Maps now meet Australian Standards and Department of Health and State Government guidelines on access to information, services and facilities.

### **Outcome 4**

Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities.

- General information session held at lunchtime and open to all staff: to raise awareness of staff in dealing with people who are deaf or have hearing impairments
- Developed and circulated bed signs for people who are deaf, or have a hearing or vision impairment to clinical areas.
- Investigation of the issues surrounding the care of a patient usually using a service animal (eg. Dogs trained in assisted mobility or seizure warnings).
- Investigated SCGH role and responsibility in caring for the animal involved with people who use 'Service Animals.'
- Disability Services Commission's Health Resource Consultancy Team presented 3 education sessions on specific disability related issues for ward-based and Staff Development nursing staff.
- Following identification of need via Consumer Advisory Council, a general information session was held one lunchtime and open to all staff:

to raise awareness of staff in dealing with people who are deaf or have a hearing impairment

- Disability Services Commission's training video used within Health Information Management Reception Staff training programme.
- Disability Services Plan Coordinator attended education sessions on relevant upgraded Australian Standards for Tactile Indicators, new materials and floor surface treatments, and existing floor surfaces
- Banners were created and used to advertise the availability of AUSLAN interpreters

## **Outcome 5**

Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision-making processes.

- Complaint brochure updated - now includes a statement on the front page of the brochure (previously back) in large font advising that people can contact the Patient Liaison Service staff to receive the information in alternative formats
- Comment and Suggestion form (for feedback about hospital services) has been updated and includes a question seeking feedback about access to and within the hospital eg for people with a disability

## **Progress since 2006**

### **Outcome 1**

People with disabilities have the same opportunities as other people to access the services of, and events organised by Sir Charles Gairdner Hospital.

- Department of Health surveys provide people with the opportunity to comment on access.
- SCGH Comments and Suggestion forms provide people with the opportunity to comment on access issues.

### **Outcome 2**

People with disabilities have the same opportunities as other people to access the buildings and other facilities of Sir Charles Gairdner Hospital.

- Reception desk incorporating universally accessible counter was created in Respiratory Medicine (B Block, Ground Floor), SCGH.
- Reception desk incorporating universally accessible counter was created in Day Hospital (C Block, Ground Floor), SCGH.
- Reception desk incorporating universally accessible counter was created in Occupational Health and Safety (R Block, 3rd Floor), SCGH.

- 2 accessible toilets were created in the Interventional Neuro/Radiology Suite (G Block, 1st Floor), and one universally accessible toilet was created in Cancer Centre (DD Block, Ground Floor), SCGH.
- Reception desk incorporating universally accessible counter was created in Cardiology (G Block, 4th Floor), SCGH.
- Reception desk incorporating universally accessible counter was created in Cancer Centre (DD Block, Ground Floor), SCGH.
- Plans have been completed for the following areas: Ward G41 (G Block, 4th Floor) Bariatric universally accessible toilet for ward, and G Block, 1st Floor: Reception incorporating universally accessible counter.

### **Outcome 3**

People with disabilities receive information from Sir Charles Gairdner Hospital in a format that will enable them to access the information, as readily as other people are able to access it.

- Review of Emergency Department and Observation wards for data transfer points to maximise use of portable TTY in these areas.
- To ensure greater reliability of printed information to meet these needs, the WA Health Access to Information Policy and Guidelines were reviewed and comment provided at Dept of Health level.
- A change of security level at the Day Hospital Reception counter necessitated a review of the possible alternatives for hearing visitors/staff to the desk through the glass barrier.
- Review of WA Deaf Society information: Feedback from this via the Department of Health has now ensured that their information is now available in larger print.
- All staff were given the opportunity to participate in WA Health Diversity Questionnaire.

### **Outcome 4**

People with disabilities receive the same level and quality of service from the staff of the relevant public authority as other people receive from Sir Charles Gairdner Hospital.

- The Disability Access and Inclusion Plan was lodged with Disability Services Commission: ensuring that there is a plan for progression of equity of access to services, facilities and information available via SCGH.

### **Outcome 5**

People with disabilities have the same opportunities as other people to make complaints to Sir Charles Gairdner Hospital.

- The SCGH complaints process conforms to the policies and processes established by WA Health.

### **Outcome 6**

People with disabilities have the same opportunities as other people to participate in any public consultation by Sir Charles Gairdner Hospital.

- The SCGH Community Advisory Council has had continued membership of a customer with a disability since 2000.

## **Appendix 2:**

### **WA Health Disability Access and Inclusion Policy**

#### **Scope**

This policy applies to all persons employed within WA Health, which incorporates the following entities:

- Department of Health
- Metropolitan Health Services
- WA Country Health Service

This is a system wide policy and supersedes all policies and guidelines related to disability access and inclusion for people with disabilities developed in WA Health, other than the WA Health Access to Information Policy and Guidelines.

#### **Policy statement**

WA Health recognises that people with disabilities are valued members of the community who make contributions to social, economic and cultural life.

People with disabilities represent a significant number of clients who access government health services, facilities and information and providing appropriate access is a priority for WA Health.

WA Health is committed to ensuring that people with disabilities, their families and carers are able to fully access the range of health services, facilities and information, providing them with the same opportunity, rights and responsibilities enjoyed by other people in the community.

WA Health will also ensure that access for people with disabilities is a primary concern when health services and/or facilities are developed or modified.

To ensure this commitment, WA Health will:

- Create and actively promote an environment where information, services and facilities are readily accessible to all people and which does not discriminate directly or indirectly against individuals with disabilities
- Consult with people with disabilities, their families and carers and disability organisations to ensure that barriers to access and inclusion are addressed appropriately
- Work in partnership with community groups and other public authorities to facilitate the inclusion of people with disabilities in consultative forums
- Ensure that where contracted services involve the public, these services will provide appropriate access for people with disabilities
- Develop Disability Access and Inclusion Plans (DAIPs) in accordance with the Western Australian Disability Services Act 1993 (amended 2004) [The Act]. In

line with The Act, WA Health will submit DAIPs to the Disability Service Commission from health entities as follows:

- Department of Health – a collective DAIP incorporating all health areas other than teaching hospitals
- Sir Charles Gairdner Hospital
- Royal Perth Hospital
- Fremantle Hospital
- King Edward Memorial Hospital
- Princess Margaret Hospital.

WA Health is committed to achieving the six desired outcomes listed in Schedule 3 of the Disability Services Regulations 2004 through the implementation of DAIPs in the various health areas. These outcomes are:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, the relevant public authority
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of the relevant public authority
3. People with disabilities receive information from the relevant public authority in a format that will enable them to access the information as readily as other people are able to access it
4. People with disabilities receive the same level and quality of service from the staff of the relevant public authority
5. People with disabilities have the same opportunities as other people to make complaints to the relevant public authority
6. People with disabilities have the same opportunities as other people to participate in any public consultation by the relevant public authority.

DAIPs are developed in consultation with the community and employees of the WA Health and are intrinsic in meeting the overall corporate objective of ensuring safety and quality in health services.

Chief Executives are responsible for providing the resources and support required to develop and implement DAIPs in their health areas.

WA Health's DAIP will be implemented over 3 to 5 years, guided by an overarching set of strategies, which drive individual tasks to support the achievement of each outcome area.

The various WA Health DAIPs can be accessed though the Department of Health Internet website at [www.health.wa.gov.au](http://www.health.wa.gov.au)

## Definitions

The Disability Services Act (WA) 2003 refers to 'disability' as one -

- (a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments;
- (b) which is permanent or likely to be permanent;
- (c) which may or may not be of a chronic or episodic nature; and
- (d) which results in
  - a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
  - a need for continuing support services;

**Government Access Guidelines for Information Services and Facilities:** These guidelines are a guide to assist State Government, business and community groups to create Western Australia as an accessible and inclusive community. Referred to in Premier's Circular 2003/08.

## Supporting documents

- Disability Access and Inclusion Plans Resource Manual for State Government, Disability Services Commission, Government of Western Australia
- State Government Access Guidelines for Information Services and State Government Access Guidelines for Information Services and Facilities:  
<http://www.dsc.wa.gov.au/cproot/300/2/AccessGuidelines2004.pdf>
- Premier's Circular 2003/08  
[http://www.dpc.wa.gov.au/psmd/pubs/legis/premcirculars/2003\\_08\\_up.pdf](http://www.dpc.wa.gov.au/psmd/pubs/legis/premcirculars/2003_08_up.pdf)
- Premier's Circular 2002/14  
[http://www.dpc.wa.gov.au/psmd/pubs/legis/premcirculars/2002\\_14upNov05.pdf](http://www.dpc.wa.gov.au/psmd/pubs/legis/premcirculars/2002_14upNov05.pdf)
- Western Australian Public Sector Code of Ethics  
<http://www.opssc.wa.gov.au/ethics/codeofethics/index.htm>
- WA Health Codes of Conduct
- WA Health Access To Information Policy and Guidelines

## Relevant legislation

- Western Australian Disability Services Act 1993 (as amended 2004)
- Western Australian Disability Services Regulations 2004
- Disability Discrimination Act 1992 (Australia)

- Human Rights and Equal Opportunity Commission Act 1986 (Australia)
- Equal Opportunity Act 1984 (WA) as amended

### **Superseded documents**

- All policies related to Disability Access and Inclusion in use in WA Health prior to 23 July 2007 other than the WA Health Access To Information Policy and Guidelines.

### **Accessing policies**

Policies are located on:

- Health Workforce Link (<http://intranet.health.wa.gov.au/hwl>)
- Local Intranet

### **If you have a query**

Employees who have questions are to contact their managers, supervisors or their local Disability Access and Inclusion Coordinator. Managers and supervisors with queries should contact their local Disability Access and Inclusion Coordinators. A list of Disability Access and Inclusion Services Coordinators can be obtained by contacting the Policy Officer by email at [policyofficer@health.wa.gov.au](mailto:policyofficer@health.wa.gov.au).

### **Continuous improvement**

To maintain continuous improvement in the development of workplace policies, please refer any constructive feedback regarding this policy to the Policy Officer, Organisational Development Branch at [policyofficer@health.wa.gov.au](mailto:policyofficer@health.wa.gov.au)

### **Version control**

Date endorsed by the Director General, Department of Health: 23 July 2007

Policy effective date: 23 July 2007

POLICY REVIEW DATE: 23 JULY 2009

**Appendix 3:**

**North Metropolitan Area Health Service Disability Services Policy COC: 04.**

<b>Title: Disability Services</b>	<b>Code: NMAHS COC: 04 Page 1 of 2</b>
	<b>Category: Continuum of Care</b>

The North Metropolitan Area Health Service accepts responsibility to create an environment that is accessible to all people and does not directly or indirectly disadvantage people with disabilities. The NMAHS is committed to the issues of equal access for people, their families and their carers.

<b>Policy</b>	<b>Procedures</b>
<p>Compliance is required with the legislative requirements outlined in the Disability Services Act 1993, its subsequent amendments and the Disabilities Services Regulations 2004.</p> <p>Each Tier 3 A / 3B officer and Tier 4 and 5 Heads of Departments are accountable, through their Tier 2 Officer, to the Area Chief Executive, NMAHS, to ensure that this policy is implemented and actively pursued.</p>	<p>The NMAHS will meet this commitment by undertaking the following:</p> <ul style="list-style-type: none"> <li>• Adapting existing services at NMAHS sites to ensure that they meet the needs of all patients/consumers.</li> <li>• Improving access to NMAHS buildings and facilities.</li> <li>• Ensuring that all information regarding the services at NMAHS sites is provided in a format, which meets the communication requirements of people with disabilities, or those who are from culturally or linguistically diverse backgrounds.</li> <li>• Ensuring that all staff are aware of and understand the special needs of people with disabilities.</li> <li>• Providing opportunities for people with a disability to participate in consultation, grievance mechanisms and decision-making processes.</li> </ul> <p>Refer also to the Disability Services Commission Web site on</p>

		<a href="http://www.dsc.wa.gov.au/">www.dsc.wa.gov.au/</a> Refer also to NMAHS site-based / Divisional Disabilities Services Plans.
Responsibility		References ( Standards)
Policy Owner	Area Executive Director - Medical Services	EQulP(3rd Ed) Continuum of Care Criteria 1.1.1,1.1.2, 1.1.3, 1.2.1,1.3.1,1.3.2,1.4.1
Last Audited	N/A	EQulP (3rd Ed) Leadership and Management Criterion 2.4.2 Disability Services Act 1993. Disability Services Regulations 2004
Last Amended	N/A	Financial Administration and Audit Act 1985 State Government access Guidelines for Information, Services and Facilities 2004
Review Date	December 2008	

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## Appendix 4:

### Sir Charles Gairdner Hospital Services, Facilities and Research

- **Services and Facilities** provided at SCGH include the areas of:

Aged Care, Aged Care Assessment Team, Aids and Equipment Program, Alcohol and Drugs, Anaesthesia, Angiography, Behavioural Science, Brachytherapy, Breast Assessment, Cancer Management, Cardio-thoracic, Cardiovascular Medicine, Care Awaiting Placement, Chaplaincy/Pastoral Care, Computed Tomography (CT) Scanning, Continence Management and Education, Coronary Care, Critical Care, Dermatology, Diabetes Management and Education, Dietetics, Disability Services, Drug/Poison Information Service, Ear/Nose/Throat (ENT) , Emergency, Endocrinology, Gastroenterology, General

Medical, General Practice Liaison, Haematology, Head Injury Management, Hepatology, Home and Community Care, Hydrotherapy, Infection Control, Inpatients, Intensive Care, Intravascular Therapy, Kidney Transplant Service, Library, Liver Transplantation/Transplant Service, Lymphoedema Management, Magnetic Resonance Imaging (MRI), Mammography, Medical Imaging, Medical Library, Medical Technology and Physics, Neurology, Neuroscience, Neurosurgery, Nuclear Medicine, Nursing Education, Postgraduate, Nursing Staff Development, Nutrition, Occupational Safety and Health, Occupational Therapy, Oncology, Operating Theatre, Ophthalmology, Oral Surgery, Orthopaedics, Outpatients, Pain Management, Palliative Care, Pathology, Patient Liaison, Patient Support, Patient Transport, Pharmacy, Physiotherapy, Plastic Surgery, Podiatry, Positron Emission Tomography (PET)/Cyclotron Service, Postgraduate Medical Education, Psychiatry, Psychogeriatrics, Psychology, Radiation Oncology, Radiology, Radiotherapy, Rehabilitation, Renal Medicine and Dialysis, Rheumatology, Self-Harm Intervention, Social Work, Speech Pathology, Speech Therapy, Sterilisation Services, Stereotactic Radiotherapy, Stomal Therapy, Surgery Day, Surgery General, Surgery Maxillo-Facial, Surgery, Oncological, Translating and Interpreting, Transplantation, Ultrasonography, Urology, Wound Management, X-Ray Services

- **Research** is conducted in the areas of:

Anaesthesia, Drug/Poison Information Service, Home and Community Care, Intensive Care, Neurosciences, Neurosurgery, Nuclear Medicine, Nursing, Occupational Therapy, Oncology, Physiotherapy, Psychiatry, Radiation Oncology, Orthopaedic Surgery, Radiology, Rheumatology, Social Work, Speech Pathology



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