

Sunshine Coast University Hospital (SCUH)

Improvements to Wayfinding & Signage For the Vision Impaired

History

Completed in 2017, the Hospital was built by a consortium comprising Lendlease, Capella Capital, Siemens and Spotless.

Since it was opened, people with vision impairment have found that navigating through the Hospital is, at best, a challenge, and often a very frustrating exercise because the Hospital's design failed to include appropriate signage and light/shade contrasting. In order to compensate for these problems, the Hospital engaged volunteers to assist people to make their way. However, this has proven to be limited in its effectiveness as volunteers are not always available when needed. Of course, a volunteer may well be available at the hospital entry but the return trip takes further organising on the part of the visitor.

In 2019, Peter Ryan, the founder of SCAAN, raised complaints with the Hospital regarding its failure to meet the Australian design standards. When the Hospital failed to undertake works to meet the standards, Peter was able to engage:

- Barrister, Dan O'Gorman QC. (at no cost) and,
- Bryce Tolliday of Access ALL WAYS Consultants (also at no cost) who provided technical advice on the design requirements according to the Australian premises standards.

In June 2021 and the Federal Circuit Court ruled that the hospital breached the Disability Discrimination Act and access to premises standards. Unfortunately Peter passed away in early 2021 but was aware that his work had succeeded in significant change.

The hospital was directed to undertake the following:

- Forecourt tactile ground surface indicators need to be replaced with 40 % luminous contrast indicators,
- Warning indicators have to be put on the complete perimeter of the indicated parking areas, including emergency parking, where the indicators have to be replaced.
- A tactile trail from the bus stop to the building entrance must be installed (they were installed in the wrong place).

- The directional trail needs to be corrected and lead to tactile map.
- The bollards must be painted black in order to contrast with the ground.
- All of the seats in the forecourt and columns must have 30% luminous contrast.
- The existing sign in the front of the hospital must be replaced with a raised tactile and braille map.
- All of the glazing in the hospital will have to have a visual barrier put through it.
- Paint the level one link entrance around the frame to provide contrast between the glazing, the frame and the door.
- All the glazing and all the glazed doors will have borders around them.
- The freestanding signs near pedestrian spaces on ground level and level one will have to have contrast to make them easier to locate.
- All of the lift lobby signs have to be removed and replaced with a matte finished surface.
- The freestanding lift signs must be redesigned so that the text is a minimum of 15 mm high.
- All maps and signs must be raised tactile and braille.
- All of the couches on the shorelines have to be moved to the middle of the room.
- The directory and all directional signage must be converted to raised tactile and braille signage throughout the entire hospital.
- All the signs must have a minimum of 30% luminous contrast.
- All the wall identification signage has to be raised, tactile and braille, and the room signs need to be replaced with raised tactile and braille signs.
- Timber balustrading is to be installed with a two mm high black border on the bottom so they can be seen.
- All of the vinyl floor throughout hospital is to either be replaced or refinished to matte surface instead of polished surface.