

Access Audit Survey Toolkit

Access for disabled people in healthcare premises

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Disclaimer

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Access for disabled people in healthcare premises

Introduction

This Access Audit Survey Toolkit is a development of the 1999 Access Audit Checklist produced by NHSScotland Property and Environment Forum.

The Access Audit Survey Toolkit aims to help all Healthcare Providers survey the accessibility of their existing properties to assess whether they meet the requirements of Section 21 of the Disability Discrimination Act 1995 and to establish what improvements need to be made to ensure there is no discrimination against disabled people in the provision of equal access to the services offered in any property.

In line with the Access Audit Checklist, the Access Audit Survey Toolkit uses the concept of 'Inclusive' design, which endeavours to ensure that the built environment is not disabling to those who use it. Users will include people with physical, sensory and cognitive impairments which may be progressive, intermittent or permanent. In NHSScotland, it will also include people who may be temporarily disabled. An accessible environment benefits everyone, including people who use wheelchairs, older people and families.

The Access Audit Survey Toolkit is intended for use across all healthcare properties, including primary care premises and those operated by independent contractors. It covers access to areas of healthcare premises where disabled people are likely to go as patient, visitor or employee.

Note: 'Independent Contractor' in this context refers to a GP, Dentist, Pharmacist etc.

The Access Audit Survey Toolkit is in three parts:

- Initial Survey Toolkit;
- Detailed Survey Toolkit;
- Survey Report.

Part 1: 'Initial Survey Toolkit'

The Initial Survey Toolkit is designed to allow a preliminary assessment of a property to determine its accessibility and, should disabled access not be possible, its potential for upgrading. This assessment will establish whether the property is:

- essentially accessible; or
- accessible after upgrading; or

- not accessible and cannot reasonably be made accessible.

In the event that the property is not accessible, or cannot reasonably be made accessible, a Detailed Survey will not be required. If the property cannot continue to provide the present service, an alternative use may have to be found for the property, in which case a full Access Audit will be required as part of the change of use process.

Part 2: 'Detailed Survey Toolkit'

The Detailed Survey Toolkit examines every aspect of accessibility in all accessible areas of a property. The Detailed Survey provides the raw data for the Survey Report. It is essential that the comments pages are used to briefly record the actions required in the event of the response to an item being negative.

Much of the survey comprises comparison of building elements against prescribed standards illustrated in the accompanying diagrams. As the surveys will be of existing properties and the data will be gathered on a comply/non-comply basis, an attempt has been made to introduce an element of tolerance by asking if elements, e.g. a stair or a ramp, 'generally' comply with the appropriate diagram. Successful assessment by this means will require sensible interpretation by the surveyor of the term 'generally'. It is recommended that experienced surveyors are used to execute Detailed Surveys and, where appropriate, disabled people should be asked to test the acceptability of particular elements.

Part 3: 'Survey Report'

The Survey Report gathers together the findings from the surveys and translates them into descriptions of work required, estimated costs and work action categories. This information will form the basis of the Healthcare Provider's Access Action Plan which will be drawn up in conjunction with the Trust's Disability Services Adviser or Co-ordinator.

Using the 'Initial Survey Toolkit'

The Initial Survey Toolkit takes a broad view of the specific, essential elements of a building that must be designed to enable access by disabled people if the building is to comply with the requirements of the Disability Discrimination Act.

Before completing the Initial Survey, the function and use of the building should be fully understood so that the specific requirements of people with disabilities, such as number and location of toilets, are known and can be taken into account if it is necessary to assess the feasibility of making alterations to the building.

It is suggested that the Initial Survey should be made by a team which includes the Healthcare Provider's Disability Service Adviser, a representative from the

Estates Department, a construction professional and, if possible, a user with a disability.

If the property is reasonably well known to the survey team and up-to-date plans of the property are available, it is possible that the Initial Survey could be completed as a desk exercise. If this is not the case, a site visit will be necessary. It is preferable to have plans of the property in either case.

Complete the [Initial Survey Toolkit Checklist](#) before starting the Initial Survey.

In assessing the acceptability of existing constructions, some common sense is required. For example, a ramp which is 500mm longer than the recommended length in [Diagram 3](#) need not necessarily be rejected out of hand if it can be demonstrated that the ramp can still be negotiated by a person in a wheelchair.

Where improvements are necessary, it is important to ensure that the designs illustrated in the diagrams can be achieved in full, as these mostly represent the requirements of the Technical Standards to the Building Standards (Scotland) Regulations. Most improvements will have to comply with the Technical Standards and will require a Building Warrant.

If the answer to both sections of any one question is 'no' then the property being surveyed cannot be made accessible to all disabled persons.

Using the 'Detailed Survey Toolkit'

The Detailed Survey Toolkit examines every element of a property to determine if that element enables the property to comply with the requirements of the Disability Discrimination Act.

The Survey should be executed by a competent surveyor who is familiar with access and disability issues and with the Technical Standards to the Building Standards (Scotland) Regulations.

If appropriate, and before commencing the Detailed Survey, the findings from the Initial Survey should be made available to the survey team. The function and use of the buildings and the specific requirements within the buildings of people with disabilities should be fully understood by the team.

Every building varies and surveying a small GP practice in a suburban setting will be substantially different to surveying a major NHSScotland Trust with different buildings on several sites.

Accurate plans of the property must be made available to the surveyor at the outset.

Complete the [Detailed Survey Toolkit Checklist](#) before commencing the Detailed Survey.

The survey should follow a logical sequential journey through the property starting from the site perimeter and progressing through car parking areas,

pedestrian routes, building entrances, reception areas, information, delivery, horizontal and vertical circulation routes, internal spaces, facilities and exits.

Depending on the nature and function of the building, some sections of the Toolkit may not apply. These should be omitted from the survey.

Some buildings will contain more than one of the same element, for example more than one lift. A separate duplicated copy of that section of the Toolkit should be used for each case.

All questions on the Toolkit should be completed with a tick in the 'Not Applicable', 'Yes', or 'No' boxes. 'Not Applicable' signifies that the element referred to in the question either does not exist or is not relevant. One of the three boxes should always be ticked. Separate sheets are available for comments at the end of each section.

Where appropriate, diagrams illustrating requirements are included for reference and for checking setting-out dimensions etc.

Using the 'Survey Report'

The Detailed Survey highlights areas which need to be addressed, sorted into work action categories and incorporated into an Access Action Plan that should be part of a management strategy for improving access to services for people with disabilities.

The Survey Report is part of this process and functions by translating the Detailed Survey data into a report format, presenting a description of the work required, an estimate of its cost and a work action category for the execution of the work.

The preparation of the Survey Report is a desk exercise compiled after the completion of the Detailed Survey. It should be written by the surveyor who carried out the Detailed Survey, assisted by a qualified and experienced estimator.

Costs for identified works should be recorded in the appropriate work action category column, so that total costs for each category can be calculated at the end of the reporting exercise. Survey reports may also prompt consideration of alternative solutions that fulfil the obligations of the service providers either individually or in collaboration.

Deciding priorities for the execution of the works will be difficult and at least in part dependent on the total extent and nature of work required to the property, and to all of the Healthcare Provider's properties. Final agreement of priorities should be made in conjunction with the Healthcare Provider's management and the independent contractor if applicable.

'Ten Year Exemption' Rule

Healthcare Providers should note that, in certain circumstances, The Disability Discrimination (Providers of Services) (Adjustment of Premises) Regulations 2001 allow a ten year exemption to the requirement to remove or alter any aspect of a physical feature of a building that accords with Part T of the Technical Standards or later Standards introduced in April 2000 and March 2002.

Note: Part T was removed and redistributed throughout the relevant sections of the 6th Amendment of the Technical Standards to the Building Standards (Scotland) Regulations, March 2002.

The exemption operates as follows:

- the date of the application for the Building Warrant for the construction of the physical feature or works must lie between 30 June 1994 and 3 March 2002;
- the physical feature must comply with the Technical Standards in force at the date of the application for Warrant;
- the ten year exemption period takes effect from the date of completion of the works, generally taken as the day on which the service provider is able to make use of the physical feature;
- the exemption applies only to those physical features whose requirements are determined by the Technical Standards;
- the service provider may still, however, be required to provide a reasonable means of avoiding that feature, or a reasonable alternative method of making services available.

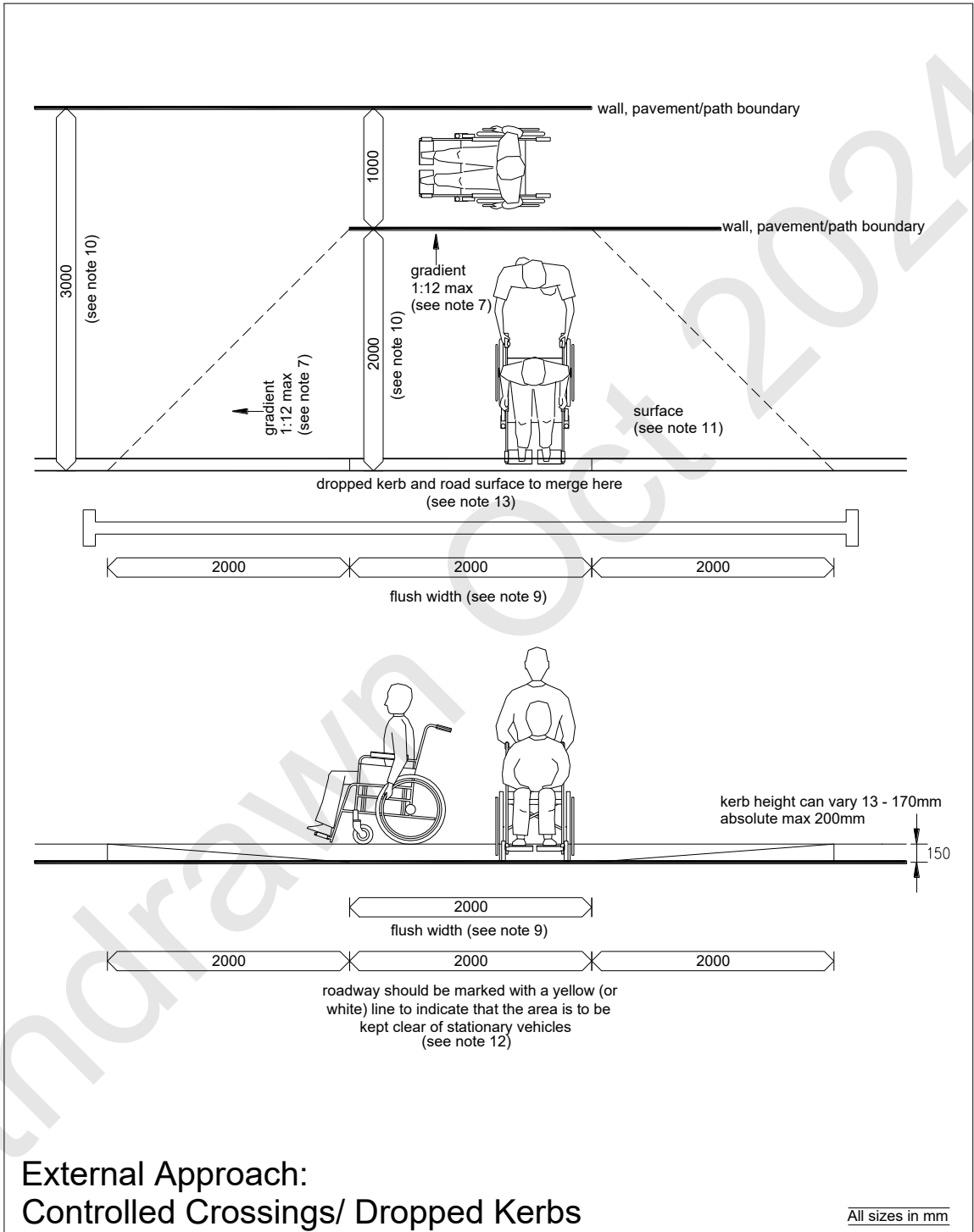
Further guidance is available in the Code of Practice on Rights of Access to Goods, Facilities, Services & Premises (2002) published by The Stationery Office.

DIAGRAMS

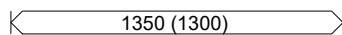
List of diagrams

- 1 Controlled Crossings/Dropped Kerbs
- 2 Car Parking (wheelchair access)
- 3 External Ramp
- 4 External Steps
- 5 Entrance Doors
- 6 Entrance Lobbies
- 7 Reception Counter
- 8 Internal Lobbies
- 9 Corridors
- 10 Handrails
- 11 Internal Ramp
- 12 Internal Stair
- 13 Passenger Lift and Controls
- 14 Platform Lifts
- 15 Internal Doors
- 16 Accessible WC – Standard Layout
- 17 Changing Cubicle

Access Audit Survey Toolkit **DIAG. 1**



Notes:



Preferred minimum: (Restricted minimum, not recommended for general use.)

Drawing not to scale

a. See notes on next page.

External Approach: Controlled Crossings/Dropped Kerbs

(Notes to Survey Toolkit data sheets)

General considerations

1. Reference should be made to Part S of the Technical Standards for compliance with the Building Standards (Scotland) Regulations 1990; also the Department of Transport Mobility Unit's advice note DU/1/91 ('The use of Dropped Kerbs and Tactile Surfaces at Pedestrian Crossing Points').
2. The design of dropped kerbs must take into account the different, and conflicting, needs of visually impaired people and wheelchair users. Dropped kerbs make it much easier for wheelchair users, and people with pushchairs, trolleys etc, to overcome abrupt changes in level which they would otherwise find difficult or impossible (for some wheelchair users, even a small jolt can cause acute pain).
3. Visually impaired people, however, require some physical indication of the edge of a pavement; in order to avoid walking unaware on to the road, kerbs are used by them to indicate the presence of a road. If kerbs are removed to aid people with mobility difficulties, a substitute indicator of the road's presence must be provided ie if the pavement is level with the road, there should be a change in texture provided, distinguishable through the soles of shoes and by the canes used by visually impaired people, as a warning indicator; adequate drainage must also be provided.

Location

4. Dropped kerbs must:
 - be provided at locations where people leave the pavement to cross the road, at which points there must be an unobstructed view of traffic approaching from any direction;
 - always be directly opposite one another across a road. It is dangerous to have a dropped kerb on only one side of the road as a person may be unable to mount the opposite kerb and then be stranded in the flow of traffic;
 - be provided at any vertical rise greater than 13mm.
5. Dropped kerbs should be avoided at places where doors occur. Doors should not have to be opened at the same time as negotiating a kerb ramp, as this is extremely difficult for wheelchair users and people with pushchairs. A wheelchair user, after mounting the kerb ramp, will be tilted backwards, and is therefore unlikely to be able to reach the door handle, whereas people with pushchairs will not be able to reach the handle without walking around the pushchair, and will then need to pull the pushchair through the door.

Gradient

6. The gradient of the dropped kerbs must allow people to negotiate them easily and quickly move out of the flow of traffic. Steep dropped kerbs may cause people to lose control of wheelchairs and pushchairs.
7. The gentler the slope, the more people will be able to use it with ease and safety. The pavement must be dished over the area of the dropped kerb with no abrupt change of slope and a maximum gradient of 1:12.
8. Dropped kerbs with returned sides are only acceptable where they do not interfere with the main direction of pedestrian flow and where people are not required to walk across them.

Width

9. Dropped kerbs must be wide enough for double pushchairs and electric pavement vehicles to negotiate them. The flush width should normally be a minimum of 2,000mm. In locations of high flow, the flush width should be 3000mm. The minimum width can be reduced to 1,200mm adjacent to areas of car parking reserved for disabled users.

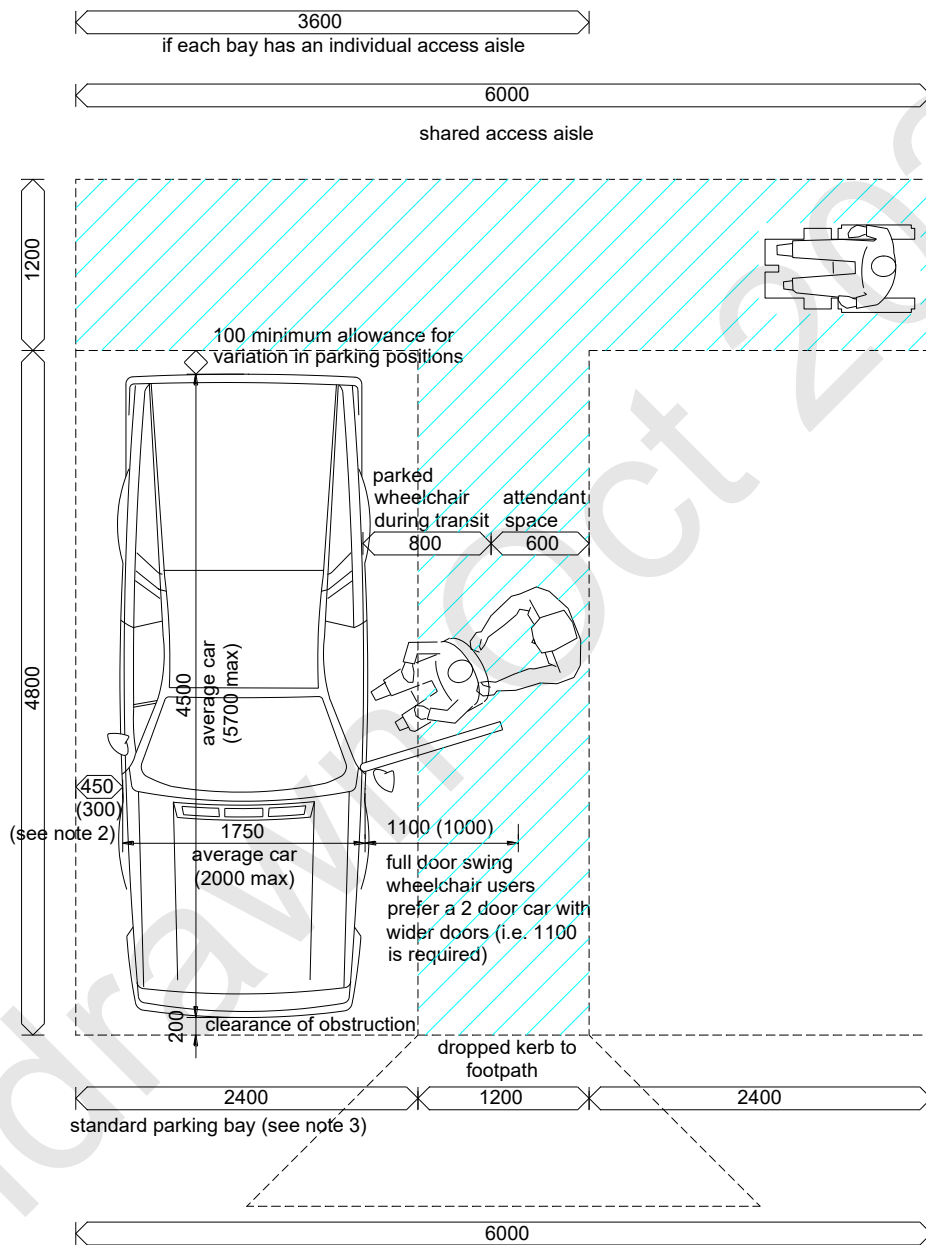
Depth

10. At a 2,000mm wide pavement, dropped kerbs should extend over the entire depth. Where the pavement is 3,000mm wide or greater, a level area 1,000mm wide can be provided behind the dropped kerb.

Surface

11. The dropped kerb should have a tactile, modified blister surface covering the dropped kerb area in accordance with DU1/91, 'The Use of Dropped Kerbs and Tactile Surfaces at Pedestrian Crossing Points', to indicate its existence. Textured surfaces help ambulant disabled people to keep a firm grip, as well as indicating to visually impaired people the change in level.
12. The bottom of a dropped kerb should be rounded, or otherwise distinguishable, for example, by a tactile strip, to help visually impaired people locate them. A continuous yellow line should be painted along the edge of the road closest to the kerb.
13. The following types of dropped kerb should be avoided: those with non-parallel sides; with a camber; on to roads with a steep camber or concave gutter; projecting into the gutter; sited near drains; or those located close to loose surfaces such as gravel or earth, as these may get on to the ramp and affect the surface performance.
14. Where gratings are installed for the purpose of conducting rainwater away, these should be located upstream of the kerb ramp, in order to prevent flooding at the bottom of the ramp. Where gratings occur in front of kerb ramps, the holes should be small to prevent wheelchair castors and walking aids becoming stuck. To achieve this, the slots should not be more than 12mm wide, with metal at least 13mm thick, and aligned at 90° to the direction of travel. All grating surfaces should be set level with the roadway; it is best that gratings are not located at crossings.

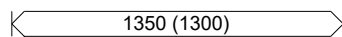
Access Audit Survey Toolkit **DIAG. 2**



**External Approach:
Car Parking (wheelchair access)**

All sizes in mm

Notes:



Preferred minimum: (Restricted minimum, not recommended for general use). Drawing not to scale.

NORMAN RAITT ARCHITECT

1. Average space length (in line parking) includes allowance for manoeuvring car into and out of parking space. Add 1000 to length and 200-300 to width for large (American type) car. An end bay against a wall or obstruction should be increased to 7000 (8000) overall to allow for safe manoeuvring.

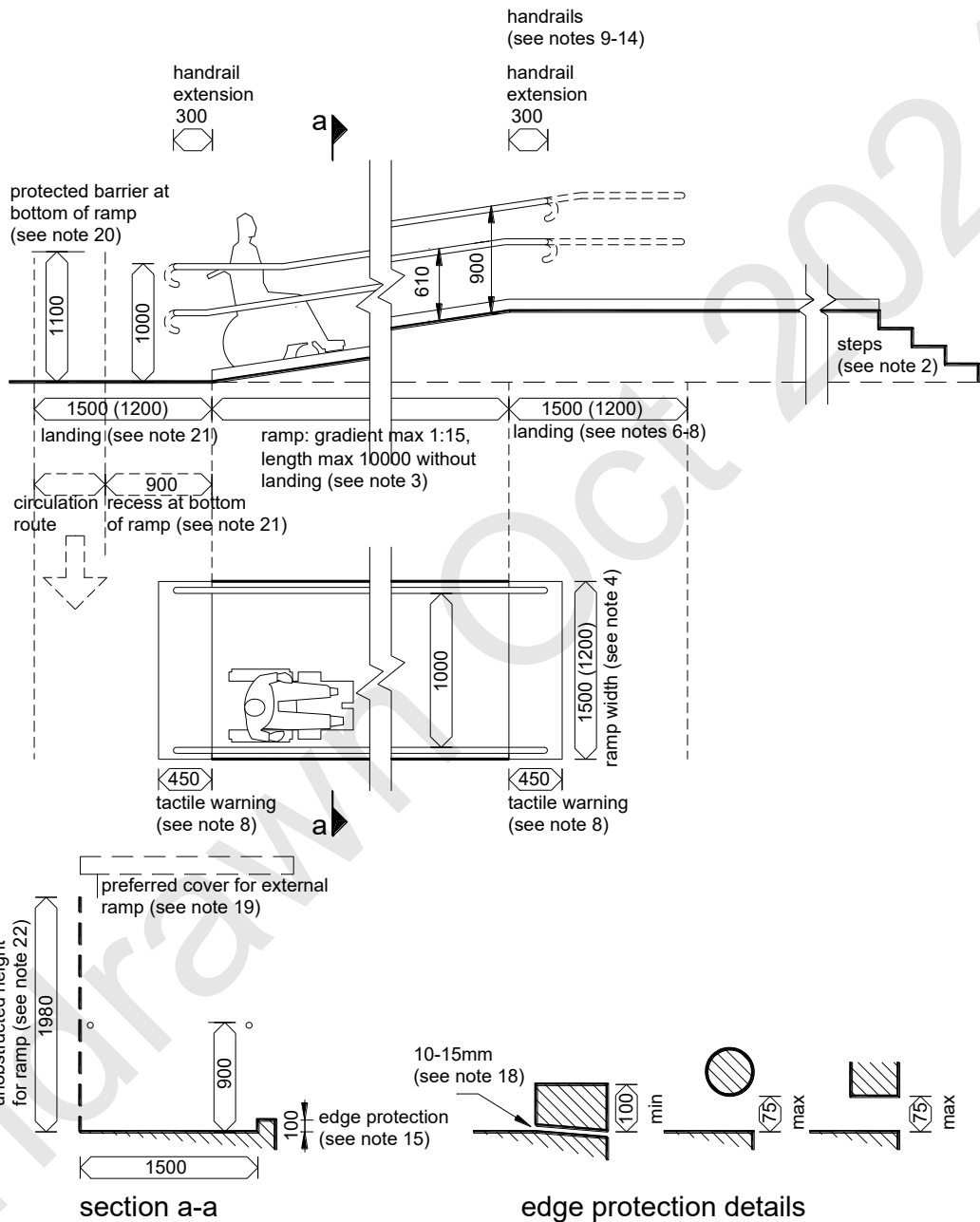
2. 300 (pref. 450) allows restricted

circulation space for fully ambulant users.

3. Standard parking bay width is an average for multi-bay situations. End bays against wall or other obstruction should be increased by 200 (100). Similarly 300-800 depending on level of convenience should be added to end bay for semi or non ambulant users.

Access Audit Survey Toolkit

DIAG. 3



External Approach: Ramp

All sizes in mm

Notes:

- 1350 (1300)
- Preferred minimum: (Restricted minimum, not recommended for general use.)
- Drawing not to scale

a. See notes on following pages

NORMAN RAITT ARCHITECT

External Approach: Ramp

(Notes to Survey Toolkit data sheets)

General considerations

1. Reference should be made to Part S of the Technical Standards for compliance with the Building Standards (Scotland) Regulations 1990 for specific legislative requirements.
2. Ramps enable people with wheelchairs and pushchairs to move easily between one level and another, and should be provided where any changes in level occur. However, for ambulant disabled people, a ramp is not as convenient, easy or safe to use as steps, and therefore a ramp should always be accompanied by steps.

Gradient

3. Ramps must be of a gradual gradient, in order that wheelchair users can negotiate them independently (most can manage a slope of 1:15 or 1:20). The following gradients are recommended:
 - 1:12 for distances up to 5,000mm (and for distances up to 5,000mm between landings);
 - 1:15 for distances up to 10,000mm (and for distances up to 1,000mm between landings).

Width

4. The preferred width for a ramp is 1,500mm (a minimum width of 1,200mm, with an unobstructed width of 1,000mm). A width of 1,800mm will allow two wheelchair users to pass.

Length

5. The length of a ramp is dependent on the gradient and the change in height to be overcome, but should never exceed 24,000mm, and in any case should not exceed 10,000mm without a rest landing.

Approach space and landings

6. Level approach spaces (clear of any door swing or obstruction) should be provided at the top and bottom of any ramp. Areas measuring 1,500mm x 1,500mm are preferred (minimum 1,200mm x 1,200mm), and any intermediate landings should be not less than 1,500mm in length.
7. Landings should be provided at any changes in direction of the ramp which are greater than 10°, and at intervals of 5,000 or 10,000mm as appropriate.
8. Tactile cues should be provided, including foot-detectable changes in surface 450mm long across the landing at both ends of the ramp. Such changes could simply be corduroy or blister tactile surfaces.

Handrails

9. It is important that ramps have handrails, which give vital support, confidence and security to all users by providing lateral body support and hand support as well as providing tactile cues for visually impaired people. Handrails may also provide support for independent wheelchair users when resting on the ramp.

10. Handrails are required on both sides of a ramp to assist people with disabilities on their right or left, as well as those carrying bags in one hand. Handrails should be provided on any ramp with a rise greater than 150mm
11. It is recommended that handrails are provided at two heights; a standard one 900mm above the ramp surface, and a lower one 610mm above the ramp surface for children and wheelchair users.
12. Handrails must be continuous around dog-legs or switchbacks and over landings; where this is not possible, they should extend horizontally a minimum of 300mm beyond each end of the ramp before being returned to the wall, floor or post in order to allow users to regain their balance on the level area.
13. These extensions also indicate the presence of a ramp for visually impaired users, but they should not project out into the path of other pedestrians.
14. Further detailed guidance is given in the Notes to [Diagram 10](#), Handrails, later in this volume.

Edge protection

15. The open side of a ramp or landing should have a raised kerb in order to prevent feet and wheels slipping off. The kerb or barrier should be painted in a contrasting colour to the ramp and its surroundings.

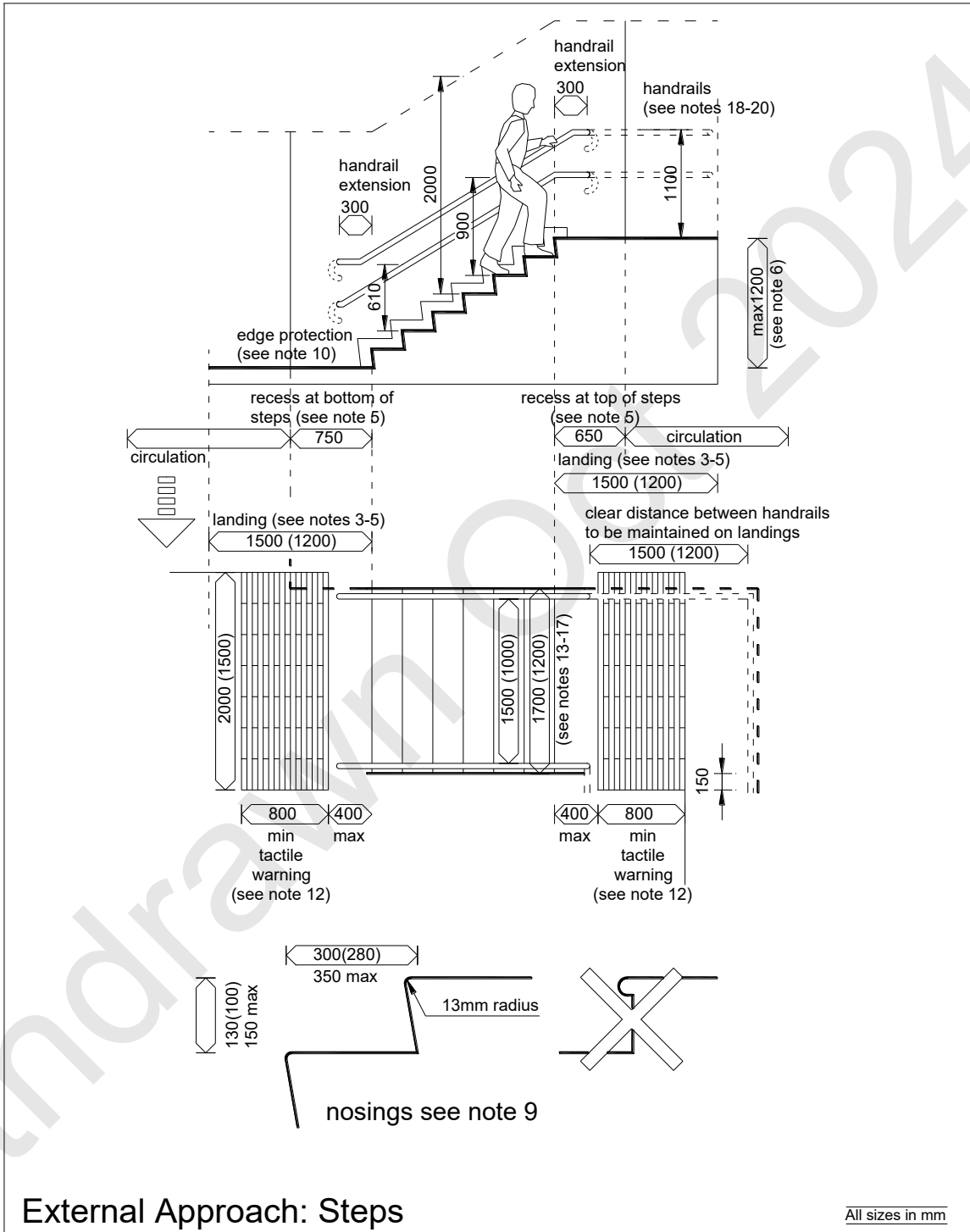
Surface/appearance

16. There should be contrasts of colour and tone between the ramp and adjacent areas, such as handrails and background colour. If the coloured markings are to be provided on the ramp itself, however, they should form a 'V' configuration pointing in the change of direction, rather than a line at top and bottom which could create confusion with stairs.
17. Ramps should have a permanent, regular, non-slip surface. Indoor ramps should not be covered in deep- or shag-pile carpet as this is difficult to traverse in a wheelchair. External ramps should not be covered with glazed or polished masonry or cobblestones.
18. Outdoor ramps should not allow the accumulation of water on their surface; for this reason, a camber of 1:100 (max. 1:50) is permissible, which should not affect the steering of wheeled conveyances or other items. There should be gaps of 10-15mm left at intervals in the edging, above the level of the ramp, to enable rainwater and grit to drain off.
19. Ramps can be dangerous in wet or icy weather. Where possible, outdoor ramps should have a canopy above, to protect them from rain and snow.
20. Where a ramp leads down to a road or any place where there may be traffic, a barrier in the form of a railing to a height of 1,100mm across the full width of the ramp should be installed at the bottom of the ramp, in order to prevent users walking or rolling into the road; such a barrier should be no more than 1,500mm from the base of the ramp.
21. Where a ramp intersects with a pedestrian route, there should be a level area of 900mm length, in order to allow wheelchair users and people with pushchairs to turn round and join the flow of pedestrians.
22. The ramp should be clear of obstructions for the width of the ramp and to a minimum height of 1,980mm (excluding handrails).

Lighting

23. External ramps and walkways should have a minimum lighting level of 75 lux at the pavement. This should be increased to 150 lux where the building is designed specifically for visually impaired people.

Access Audit Survey Toolkit **DIAG. 4**



External Approach: Steps

All sizes in mm

Notes:
 1350 (1300)
 Preferred minimum: (Restricted minimum, not recommended for general use.)
 Drawing not to scale

a. See notes on following page

External Approach: Steps

(Notes to Survey Toolkit data sheets)

General considerations

1. Reference should be made to Part S of the Technical Standards for compliance with the Building Standards (Scotland) Regulations 1990 for specific legislative requirements.
2. If a level approach to the building's entrance cannot be achieved, then steps and a ramp must be provided. Steps are preferred to ramps by many people, and, when correctly detailed, steps provide independent access for many ambulant disabled people – for example, those with arthritis or those who use crutches. However, steps are a barrier to people in wheelchairs or with pushchairs/prams etc, so a ramp should be provided wherever there are steps (see notes to data sheet 'ramps').

Approach and landings

3. People with impaired sight are at risk of tripping or losing their balance when meeting sudden changes in level; this risk is at its greatest when approaching the head of a flight of steps. The existence of steps, on their own or within a flight, should be made apparent; stairs should be designed so that they are not a continuation of the line of normal pedestrian travel.
4. The clear, unobstructed length of landings should be 1,500mm (1,200mm as a minimum). The top and bottom steps of a flight should not encroach onto the landing area.
5. Steps should not interfere with circulation spaces; they should be recessed from the circulation route by at least 600mm at the top and 750mm at the bottom, to avoid pedestrian collisions and to allow handrails to level out.

Height

6. Although many ambulant disabled people find it easier to climb steps than to use ramps, it is still important that any flights of steps are not too long and are broken up by landings. The maximum recommended height for the rise of a flight of external steps between landings is 1,200mm and there should be a minimum of three and a maximum of nine steps. (Note: The Technical Standards allow a maximum rise of 16 risers.)
7. Generally, the flatter the pitch (angle), the safer steps will be. The recommended pitch for public steps is 27° (with a maximum of 34°).

Risers and goings

8. Risers and goings should be uniform throughout the flight, as any irregularities can cause people to stumble.

Nosings

9. Nosings should be marked in a colour/tone that contrasts with the colour of the stairs, extending the full width of the step and reaching a depth of 50-60mm on both tread and riser. Any edges should be firmly fixed and be of a non-slip type. Sharp nosings and abrupt angles should be avoided.

Edge protection

10. It is necessary to prevent feet, crutches and sticks from accidentally slipping off the edge of open-plan steps. For steps not adjacent to walls, a barrier, with a maximum height of 100mm above the level of the treads, should be provided.

Step surface and type

11. The surface of the steps must be, and also appear to be, non-slip, and to aid visually impaired people the risers should be a contrasting colour to the treads. A fall of 1:100 is recommended, to prevent water from accumulating on the steps and to maintain a non-slip surface in wet conditions.
12. A change in surface texture at the top and bottom of each flight of steps is needed, to act as a warning for visually impaired people that there is a change in level ahead. This surface should be of a corduroy texture.

Width of steps

13. Distractions should be avoided, especially at the top of steps where people may lose their concentration as well as their footing.
14. In addition, the use of open risers is not recommended, since they are especially dangerous for the ambulant disabled – such as those users with braces and prostheses – who need a solid rise to guide their feet onto the next tread. Open risers allow feet to catch on the underside of the tread, and are therefore also hazardous to those using sticks and canes.
15. Single steps, and any changes in level of less than 100mm, are to be avoided, as are spiral and helical steps.
16. The steps must be wide enough for people to negotiate comfortably by holding onto either one or both handrails or by being assisted. The width of the steps should reflect the amount of pedestrian traffic.
17. A minimum clear step width of 1,000mm for one person, or 1,500mm for two-way traffic, is necessary. A middle handrail should be provided on any flights of steps wider than 1,800mm.

Handrails

18. Reference should be made to the 'handrail' data sheet later in this volume for further guidance.
19. Handrails are required by some users to help them to pull up steps; they are also used for balance and support when descending. Handrail extensions also provide tactile cues to the presence of changes in level for visually impaired people.
20. Handrails:
 - must continue for a minimum of 300mm horizontally from the top step; where the handrail does not interrupt pedestrian routes, an extension of 450mm from the top step is recommended. Central handrails may project into the landings by the same amount as the going, and for external steps leading to an entrance door the central handrail should continue across the landing to the door;
 - must be located within the width of the tread; and
 - should be provided on both sides of the steps, to assist people with left or right disabilities, those using a walking stick, or those carrying a bag in one hand.

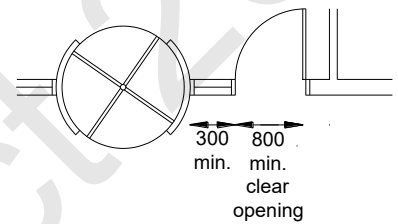
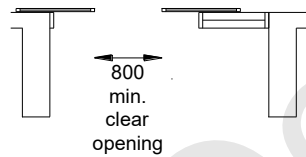
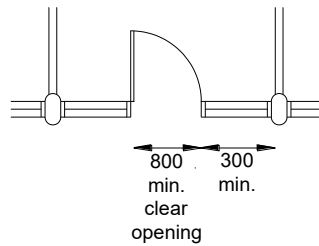
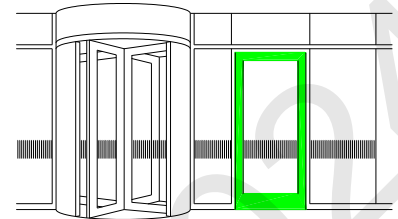
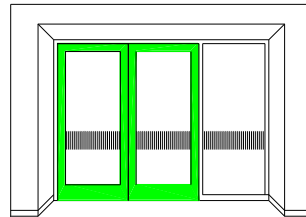
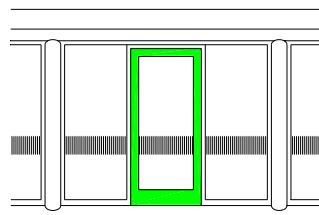
Balustrades

21. Balustrades should be provided around landings to a height of 1,100mm, to prevent people falling. They should not allow young children to fall between the gaps, which should be no wider than 100mm, nor provide toeholds for climbing up.

Lighting

22. Steps and landings should be well illuminated, either naturally or by artificial means. The lighting should be designed so that it highlights the differences between risers and treads, the top and bottom steps, and any changes in direction.

Access Audit Survey Toolkit **DIAG. 5**



Side Hung Doors

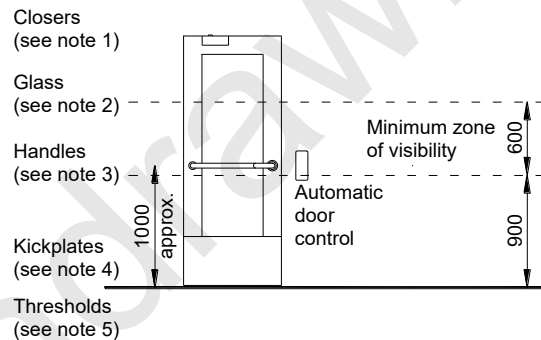
Double doors: at least one of the pair should provide the minimum clear opening.
300mm minimum unobstructed space at side of door.

Automatic Doors

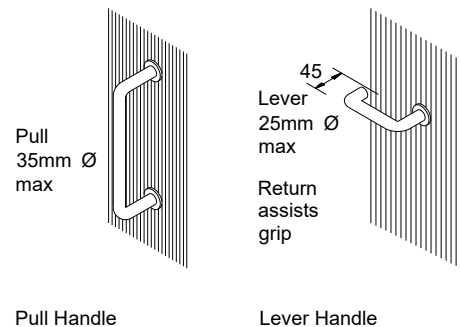
Automatic sliding doors preferred to automatic swing doors.
300mm unobstructed space at side of door not required for automatic doors.

Revolving Doors

Revolving doors should always be combined with an alternative side hung or automatic door.
Slowly revolving large doors not recommended.



Typical Door Elevation



Typical Handle Details

Entrances: external doors

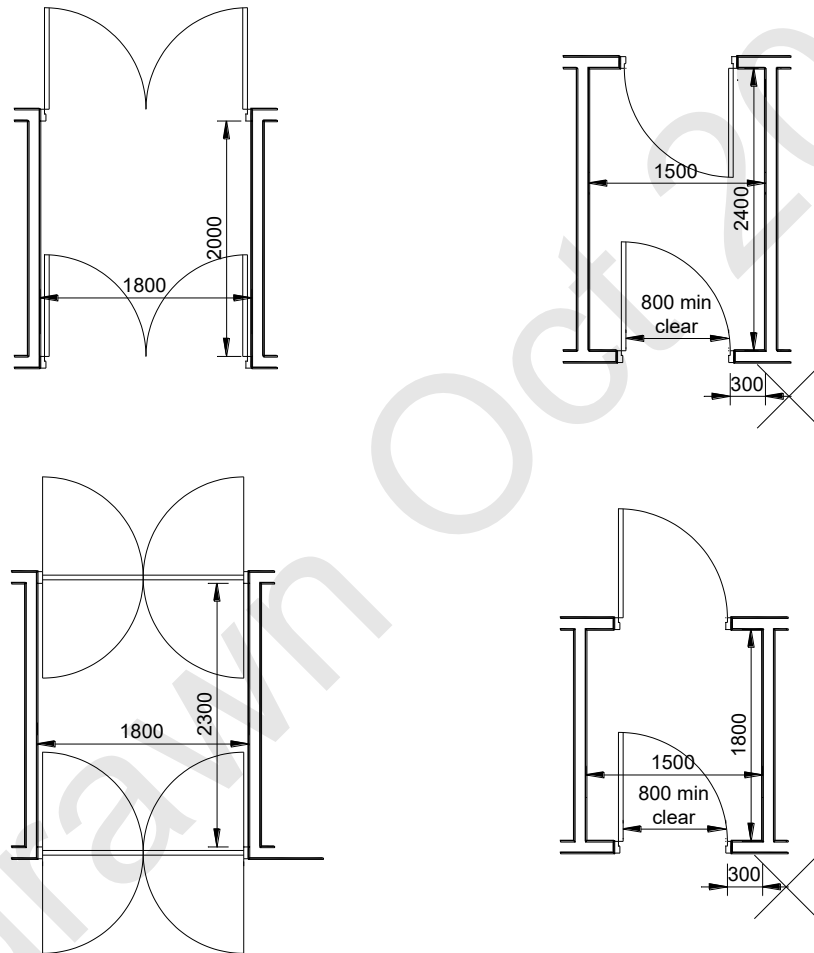
All sizes in mm

- Notes:
1. Avoid spring closers if possible, where required fit delayed action, variable pressure or power-assisted closers, or electro-magnetic devices.
 2. Clearly identify glass areas and distinguish glazed doors from adjacent fixed glass panels.
 3. Lever handles, with return, preferred to knobs. Where pull handles used provide adequate grip.
 4. Bottom rails should be minimum 400mm deep (metal kickplates advisable on both sides).
 5. Thresholds should be flush or level with floor finish.

NORMAN RAITT ARCHITECT

Access Audit Survey Toolkit

DIAG. 6



Plans of Typical Lobby Arrangements

Entrances: Lobbies

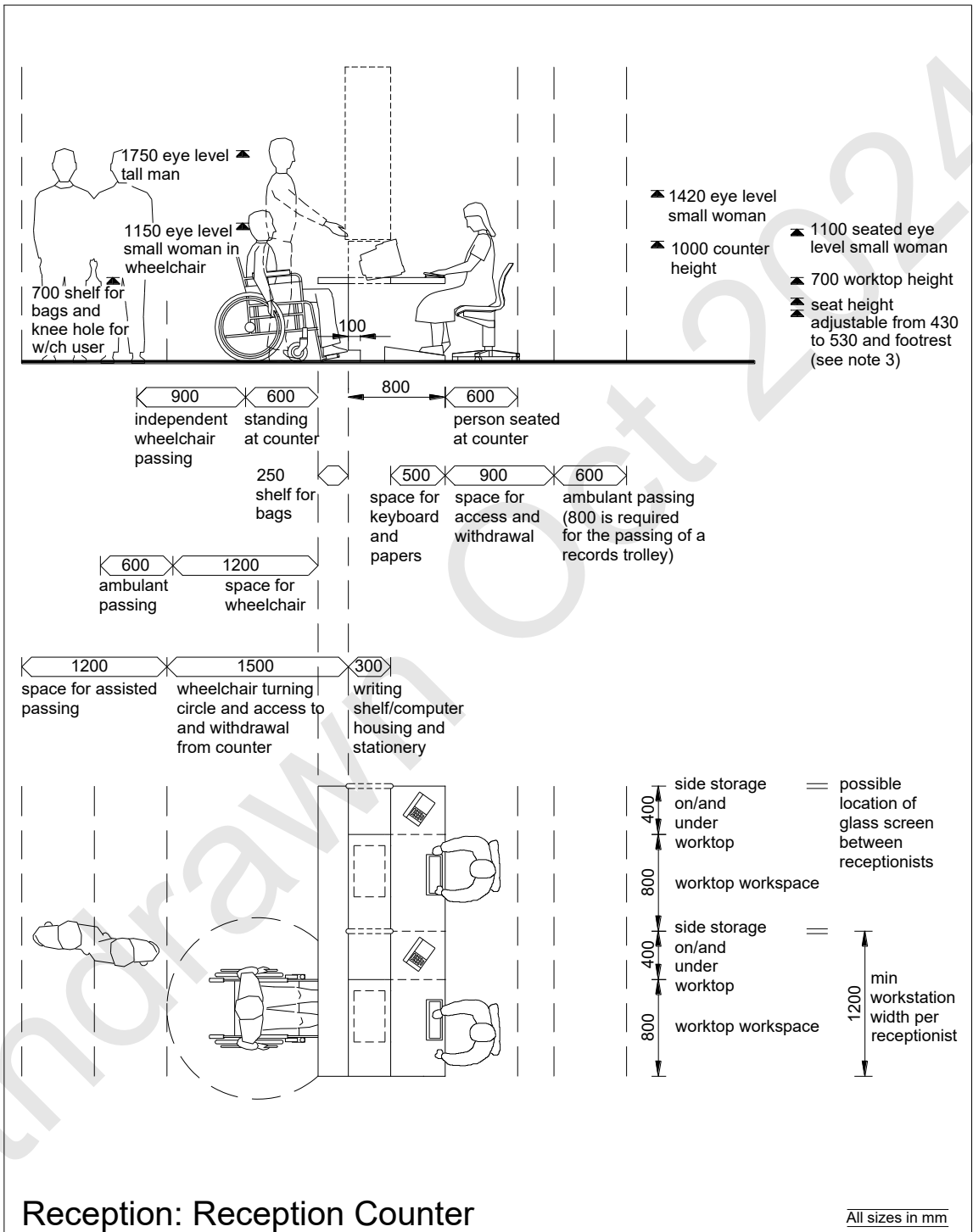
All sizes in mm

Notes:

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Access Audit Survey Toolkit

DIAG. 7



Notes:
 ◀ 1350 (1300) ▶
 Preferred minimum: (Restricted minimum, not recommended for general use.)
 Drawing not to scale

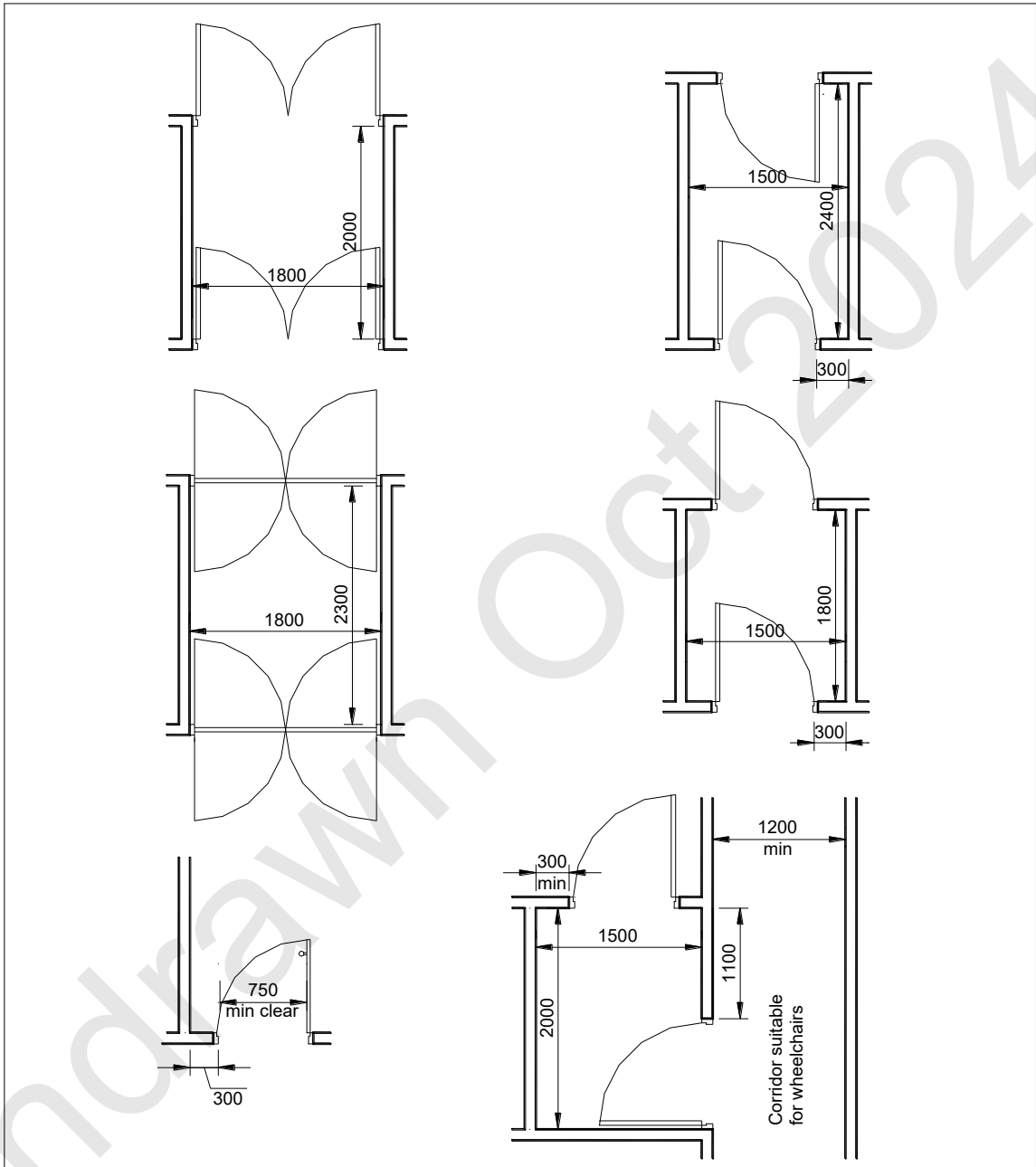
1. A sitting height counter may act as a psychological barrier to a patient/escort who may be violent. A counter depth of 800 should help to protect staff, whilst still

2. allowing receptionist and patient to hear each other. A counter depth of 800 will also allow adequate space for the computer. The computer could be protected by a raised area, although this should not throw shadows on the screen. The worktop height should be 700 for sitting to use the keyboard.
3. Glazed screens between receptionists maximise confidentiality of discussions between patient and receptionist.

4. An adjustable height (430 - 530), swivel chair with castors is required for the receptionist. A footrest should be provided.
5. Each workstation should incorporate an alarm button for staff to summon assistance.
6. Mobile, under worktop storage units for personal belongings are preferred for greater flexibility.

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Access Audit Survey Toolkit	DIAG. 8
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Plans of Typical Internal Lobby Arrangements

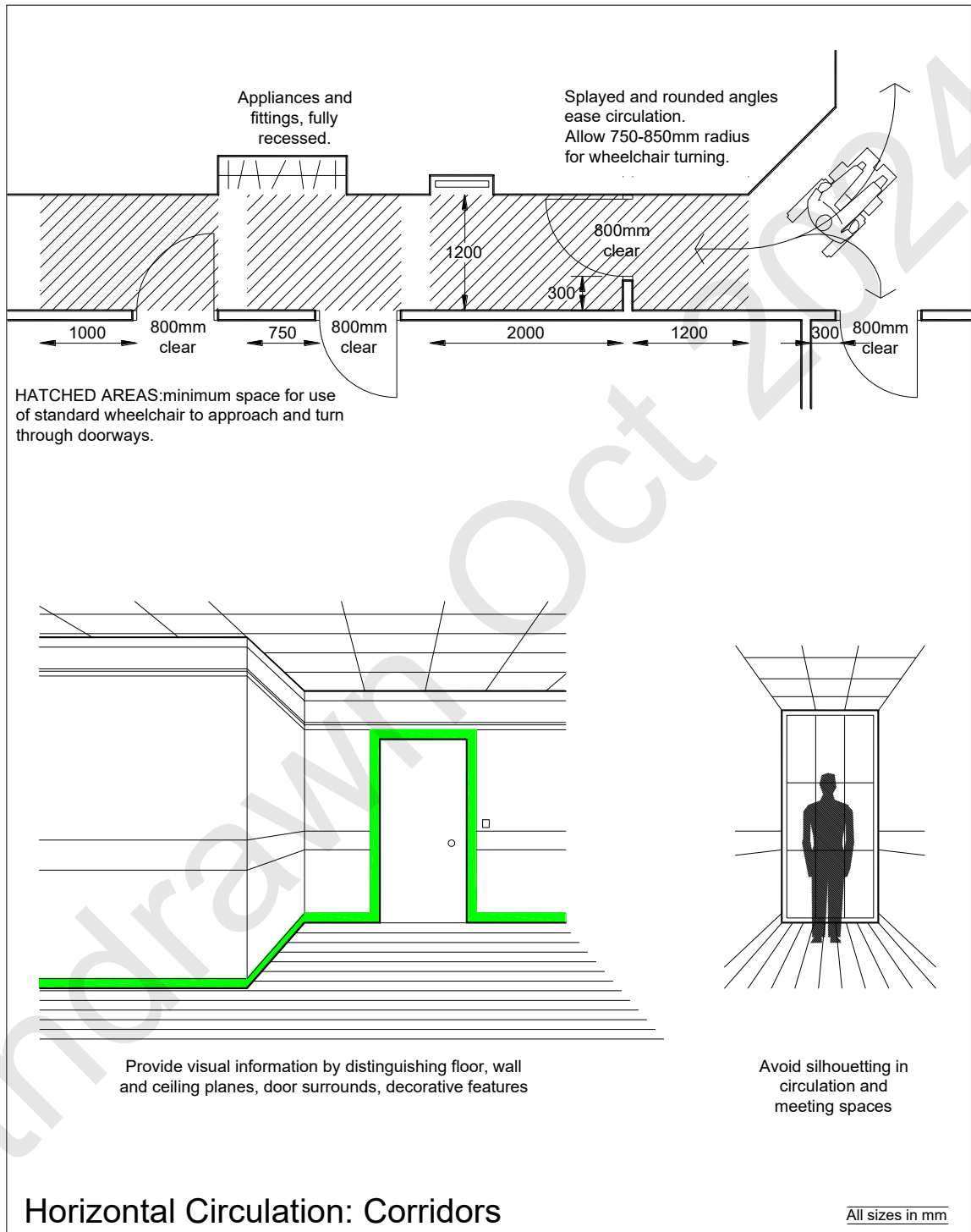
Horizontal Circulation: Internal Lobbies

All sizes in mm

Notes:

NORMAN RAITT ARCHITECT

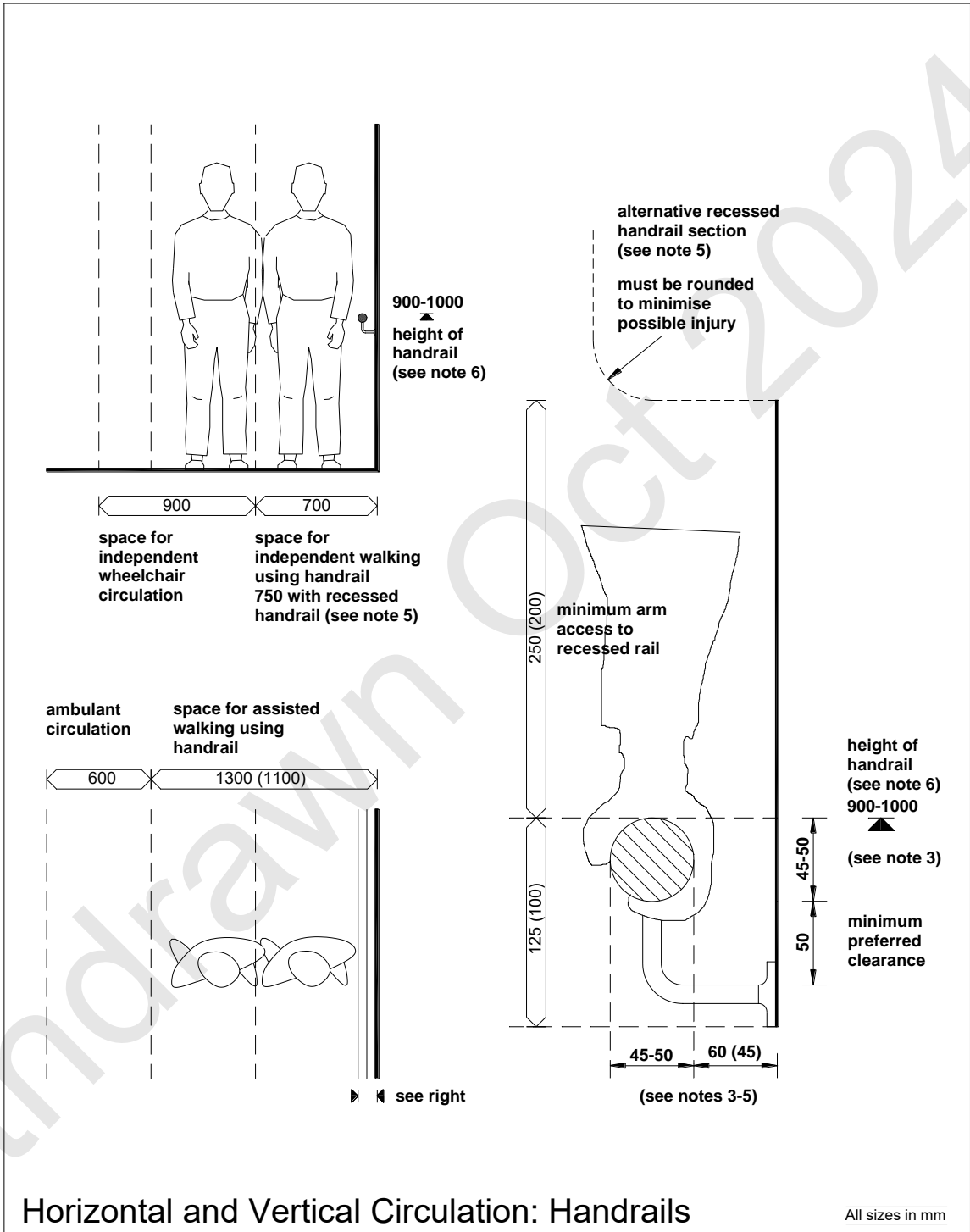
Access Audit Survey Toolkit **DIAG. 9**



Notes:

NORMAN RAITT ARCHITECT

Access Audit Survey Toolkit **DIAG. 10**



Notes:

See notes on following page.

1350 (1300)
 Preferred minimum: (Restricted minimum, not recommended for general use.)
 Drawing not to scale

NORMAN RAITT ARCHITECT

Horizontal and Vertical Circulation: Handrails

(Notes to Survey Toolkit data sheets)

General considerations

1. Many people rely on handrails for balance and support, particularly when walking up and down steps, stairs and ramps, but also when in lifts and moving along corridors. In ascent, handrails are grasped at intervals, whereas during descent hands are usually slid continuously down them. Handrails are important for wheelchair users to hold onto when resting on ramps. Handrails also provide safety barriers on open ramps and stairways.

Appearance/texture

2. Handrails:
 - should be easily visible in advance, and be of a contrasting colour to the surface to which they are fixed;
 - should be smooth, and free of any abrasive elements;
 - should be neither too cold nor too hot to the touch, especially those which are situated outdoors;
 - can have raised indicators built in, to convey such information as floor level.

Shape and size

3. Handrails should be easy to grasp, and the shape and size must allow a firm but comfortable grip with the whole hand. Handrails which are too small are uncomfortable and provide an unsatisfactory grip, whereas handrails which are too large are difficult to grip for people with weak or arthritic hands. A round cross-section is recommended; this type of handrail is easiest to grip, and should ideally have a diameter of between 45mm and 50mm; the next most acceptable handrails are oval, measuring between 18mm and 37mm horizontally and between 32mm and 50mm vertically. Whilst other shapes may also be acceptable, handrails with a large, square or vertically mounted and rectangular cross-section should be avoided.

Clearance

4. Handrails must allow enough space between them and the adjacent walls or other obstacles for fingers and hands to pass without scraping knuckles. A clearance of 60mm is preferred.
5. Recessed handrail sections are not satisfactory, since they cannot be leant on for support. If this solution is unavoidable, any recesses containing handrails should extend for 250mm above the top of the rail.

Height

6. The top of the handrail should ideally be 900mm above the surface of the ramp or pitch line of a flight of steps; a second, lower rail, the top of which should be at a height of 610mm, should also be provided, for the benefit of wheelchair users and children.

Extent

7. Continuous handrails on stairways and landings help visually impaired people to negotiate changes in direction. Handrails should therefore be continuous around the inside of dog-legs on stairways and ramps and continue around intermediate landings. Vertical handrail risers on turns, or any interruption of handrails to accommodate newel posts and supports, should be avoided.

8. Handrail extensions provide tactile cues as to the presence of changes in level for visually impaired people; they should extend horizontally for 300mm past each end of the feature, and where they do not interrupt pedestrian routes an extension of 450mm is recommended. They should return to the wall or floor or at least 100mm downwards, and should not project into any pedestrian routes.
9. A central handrail of a stairway may project into the landing by the same amount as the going.

Distance between rails

10. For guidance regarding the recommended distance between handrails on corridors, steps and ramps, reference should be made to the relevant data sheets elsewhere in this volume.

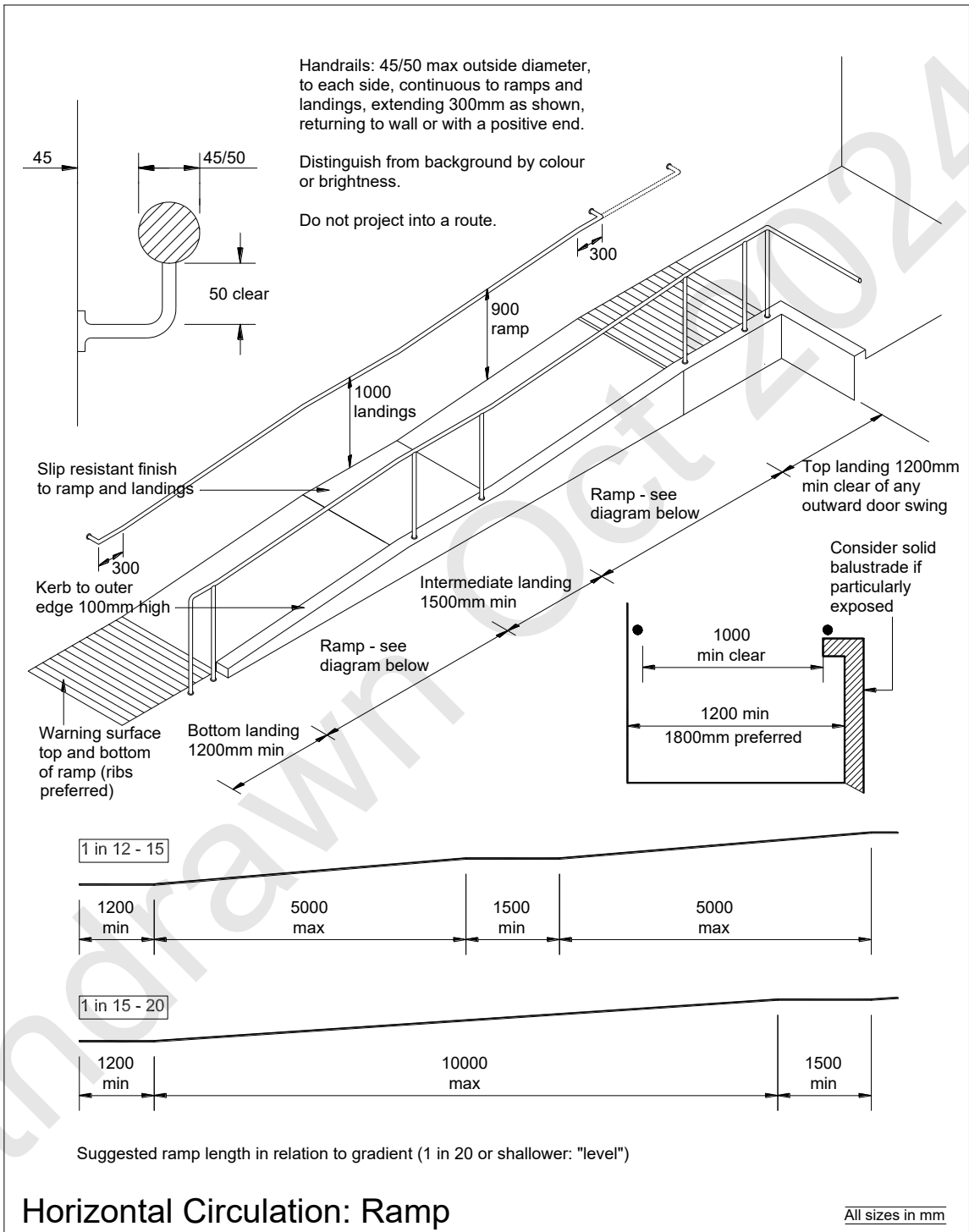
Withstandable force

11. Handrails should be rigid, securely fixed and able to support the weight of a person leaning on them. They should be able to withstand a concentrated momentary horizontal force of 91 kg applied to the top edge and 30% of that vertically down, and they should be able to withstand a minimum vertical load or horizontal pull of 1.33 kN.

Balustrades

12. Balustrades must be provided around landings to a height of 1,100mm, to prevent people falling. They should not allow young children to fall between the gaps (which should be no wider than 100mm), nor provide toeholds for climbing up.

Access Audit Survey Toolkit **DIAG. 11**



Notes:

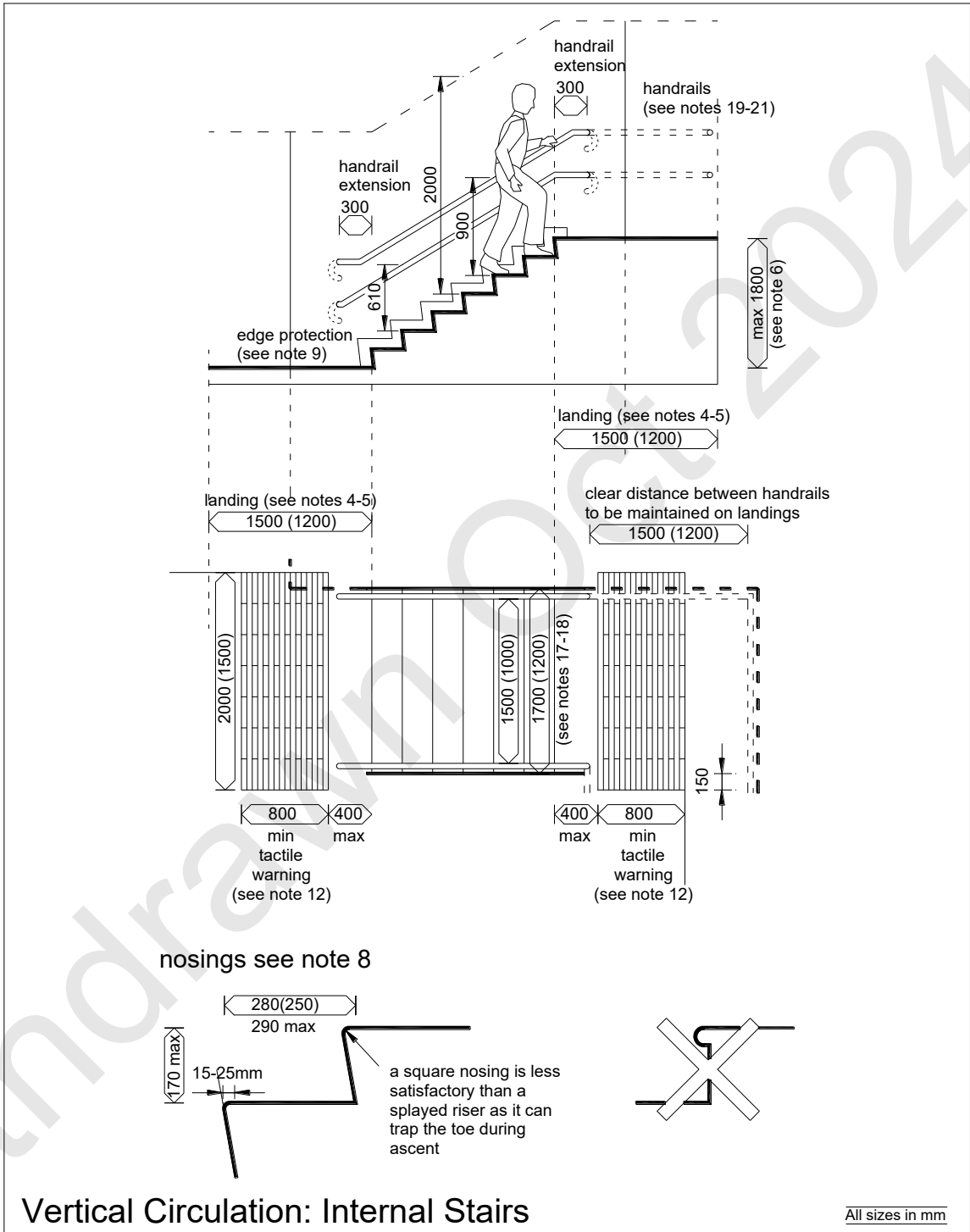
1350 (1300)

Preferred minimum: (Restricted minimum, not recommended for general use.)

Drawing not to scale

a. See Diag 3 for general notes on ramps.

Access Audit Survey Toolkit **DIAG. 12**



Notes:

a. See notes on following page

1350 (1300)

Preferred minimum: (Restricted minimum, not recommended for general use.)

Drawing not to scale

NORMAN RAITT ARCHITECT

Vertical Circulation: Internal Stairs

(Notes to Survey Toolkit data sheets)

General considerations

1. Reference should be made to Part S of the Technical Standards for compliance with the Building Standards (Scotland) Regulations 1990.
2. Stairs are a barrier to people in wheelchairs or those with pushchairs or prams. A ramp can be provided in some situations, which will also facilitate egress in an emergency (see data sheet for 'Ramps'); however, ramps are generally not considered appropriate for any significant changes in level within a building.
3. The dimensions illustrated in this data sheet only provide for general ambulant and semi-ambulant access. Reference should be made to Scottish Health Technical Note (SHTM) 81: 'Fire precautions in new healthcare premises' and the 'Staircase, mattress evacuation' data sheets in Volume 4 of Health Building Note (HBN) 40: 'Common Activity Spaces' with regard to the requirements for mattress evacuation.

Approach and landings

4. People with impaired sight are at risk of tripping or losing their balance when meeting sudden changes in level; the risk is greatest when approaching the head of a flight of steps. The existence of steps, on their own or within a flight, should be made apparent; stairs should be designed so that they are not a continuation of the line of normal pedestrian travel.
5. The clear, unobstructed length of landings in hospitals should be 1,500mm (1,200mm minimum). The top and bottom steps of a flight should not encroach onto the landing area.

Height

6. The maximum permitted height for the rise of a flight of internal stairs between landings is 1800mm. (Note: The Technical Standards allow a maximum rise of 16 risers.)

Risers and goings

7. Risers and goings should be uniform throughout the flight, as any irregularities can cause people to stumble. Risers should not be of the open type. The minimum internal going is 250mm.

Nosings

8. Nosings should be marked in a colour/tone that contrasts with the colour of the stairs, extending the full width of the step, and reaching a depth of 50-60mm on both tread and riser, to allow visually impaired people to detect the edge of each step. Any edges should be firmly fixed and be of a non-slip type. Although rounded nosings can cause slipping, sharp nosings and abrupt angles should still be avoided.

Edge protection

9. It is necessary to prevent feet, crutches and sticks from accidentally slipping off the edge of open-plan steps. For steps not adjacent to walls, a barrier, with a maximum height of 100mm above the level of the treads, should be provided.

Step surface and type

10. The surface of the steps must be, and appear to be, non-slip and to aid visually impaired people the risers should be a contrasting colour to the treads.
11. Stair finishes must not have patterns which cause step edges to be indistinguishable to visually impaired people, or which can otherwise cause visual confusion of any kind.
12. A change in surface texture at the top and bottom of the steps is needed, to act as a warning for visually impaired people that there is a change in level ahead. Such changes could simply be from a carpeted surface to a vinyl surface; corduroy or blister tactile surfaces should not be used in this instance.
13. Distractions should be avoided, especially at the top of steps where people may lose their concentration as well as their footing.
14. In addition, the use of open risers is not recommended, since open risers are hazardous to all users; they are especially dangerous for the ambulant disabled with leg braces and prostheses, who need a solid riser to guide their feet onto the next tread. Open risers allow feet to catch on the underside of the tread, and are therefore hazardous to those using sticks and canes.
15. Open areas on the underside of stairs should also be avoided, to eliminate the possibility of anyone – including the fully sighted – walking into the overhang created. If enclosure is not possible, then two rails – one at 1000mm, and one at 200mm above floor level for cane users – or some other strategically placed, permanent barrier, should be provided.
16. Single steps and any changes in level less than 100mm are to be avoided, as are helical and spiral steps (the treads of which are often too narrow).

Width of steps

17. The steps must be wide enough for people to negotiate comfortably by holding onto either one or both handrails or by being assisted. The width of the steps should reflect the amount of pedestrian traffic.
18. A minimum clear step width of 1000mm for one person, or 1500mm for two-way traffic, is necessary. A middle handrail should be provided on any flights of steps wider than 1800mm. It is recommended that channels are a minimum of 1000mm wide, to ensure that people can use both handrails if they wish.

Handrails

19. Reference should be made to [Diagram 10](#), Handrails, in this section for further guidance.
20. Handrails are required by some users to help them to pull up steps; they are also used for balance and support when descending. Handrail extensions also provide tactile cues to the presence of changes in level for visually impaired people.
21. Handrails:
 - must continue for a minimum of 300mm horizontally from the top step; where the handrail does not interrupt pedestrian routes, an extension of 450mm from the top step is recommended. Central handrails may project into the landings by the same amount as the going;
 - must be located within the width of the tread; and
 - should be provided on both sides of the steps, in order to assist people with left or right disabilities, those using a walking stick, or those carrying a bag in one hand.

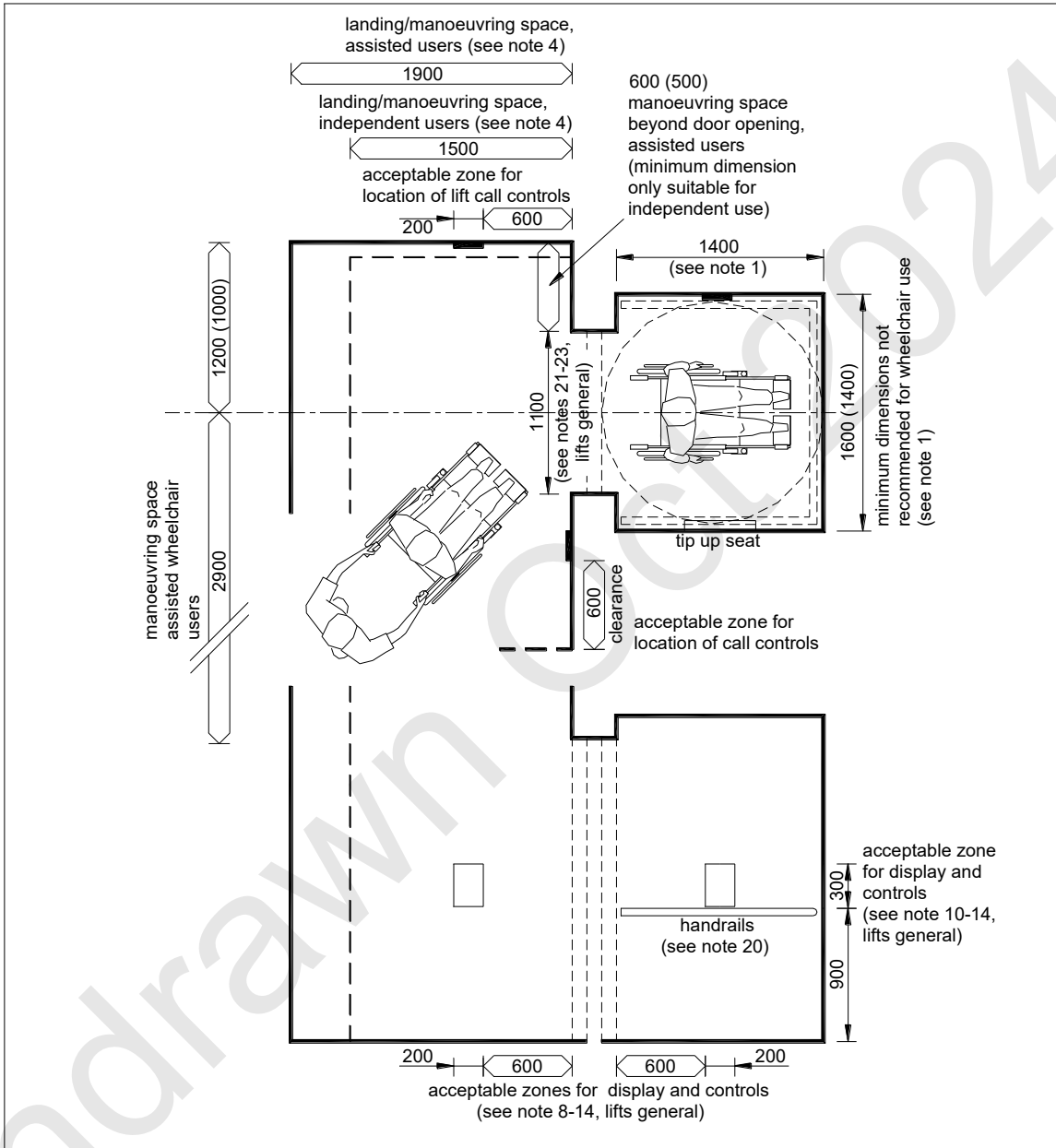
Balustrades

22. Balustrades should be provided around landings to a height of 1,100mm, to prevent people falling. They should not allow young children to fall between the gaps which should be no wider than 100mm, nor provide toeholds for climbing up.

Lighting

23. Steps and landings should be well illuminated, either naturally or by artificial means. The lighting should be designed so that it highlights the differences between risers and treads, the top and bottom steps, and any changes in direction.

Access Audit Survey Toolkit **DIAG. 13**



Vertical Circulation: Passenger Lift and Controls

All sizes in mm

- Notes:**
- 1. The minimum lift size for wheelchair use is a 630kg, 1100 x 1400mm lift. However, this size of car does not allow for turning of a wheelchair or reasonable space for an assistant/attendant. A 1100mm x 1400mm lift is therefore not recommended for general use in health care buildings.
 - 2. A 1600mm x 1400mm car with a door recess of 100mm just allows independent wheelchair turning, although some users may have difficulty. However, space is available for an assistant/attendant.
 - 3. Handrails should be provided on both the side and rear walls of a passenger lift car.
 - 4. The landing/lobby dimensions shown are for wheelchair movement only. Reference should be made to BS 5655 Part 5 and Part S of the Technical Standards for actual/minimum requirements.
 - 5. The controls should be positioned inside the lift as follows:
 - i. Where the wheelchair user can turn 180°, 600 (400)mm from the front edge of the lift.
 - ii. Where the wheelchair user cannot turn (i.e. a 1100mm x 1400mm lift), frontal entry only, 500mm from the front edge of the lift.
 - 6. In a 1100mm x 1400mm lift the visual indicator for lift activity should be located on the side wall of the car to allow a frontal access wheelchair user to see it. In a 1600mm x 1400mm lift the indicator can be located above the door as standard.
 - 7. See also Lifts general notes on the following pages.

NORMAN RAITT ARCHITECT

Vertical Circulation: Lift and Controls

(Notes to Survey Toolkit data sheets)

Lifts - General

1. Reference should be made to Part S of the Technical Standards for compliance with the Building Standards (Scotland) Regulations 1990.
2. The following guidance is provided for planning purposes only. More detailed technical information is contained in HTM 2004, 'Lifts'. Lifts are provided in health buildings as a primary method of moving a number of different types of load between two or more defined, fixed floor levels; these loads will generally be embraced by one of the following categories:
 - a. *pedestrian(s)* (fully ambulant and the mobility impaired): visitors, staff or patients, including those in wheelchairs, mothers with buggies, the visually impaired and people with walking frames, etc. The alternatives to lifts (steps/stairs, stair lifts, platform lifts, escalators and travelators) are not ideally accessible to all, and internal ramps between floors are only considered appropriate for materials supply and disposal purposes (see paragraph 1c below), and therefore a wheelchair accessible lift must be provided;
 - b. *patient trolley*: the majority of bed patient movement between wards and treatment areas, as well as emergency patient movement (for example from A and E), will be on a stretcher trolley;
 - c. *goods trolley*: in large healthcare buildings, the movement of all essential supplies will be carried out either by a manually propelled trolley or by a trolley propelled by an electric tow truck;
 - d. *bed(s)*: the movement of patients in beds should be minimised in new building design by the proper design of departmental layouts and inter-departmental relationships.

Selection of lifts

3. When considering the need for lifts, the selection should not restrict one type of load to a certain type of lift. The lifts should be selected so that they are versatile and can accommodate as many types of load as are considered practical.
4. The number, types, size and speeds of lifts should be determined from a traffic analysis specific to the proposed building development, and should allow adequate flexibility of the lift solution to accommodate future changes.

Lift landings

5. Each lift should open onto a lobby of adequate depth, in order not to restrict the flow of traffic in front of the lift entrance – that is, lifts must not open directly onto corridors.
6. The dimensions given on the individual ergonomic data sheets for the lift landing relate to the space requirements for the manoeuvring of users and equipment only. The depth of the lobby should be a minimum of that recommended in BS 5655 Part 5 1989 (Table 9, 'Landing depth'), for non-residential and bed/passenger lifts.
7. There should be a contrast of tone and colour between the walls and the lift doors and between the landing and the lift floor, to assist visually impaired people. Additionally, a distinguishable floor surface, measuring at least 1,500 sq mm, outside the lift door area will assist visually impaired people to locate the lift door.

Landing indicators

8. Lift indication at the main landing entrances should comprise:

- a digital full position indicator;
- lift direction-of-travel arrows;
- a lift arrival gong (sounding two strokes for up, one for down).

Lift indication at all other floors should comprise:

- lift direction-of-travel arrows;
- a lift arrival gong.

For a single lift, the floors other than that where the main entrance is situated may also have a full position indicator.

Landing calls

9. The controls for calling the lift should be easy to understand, accessible, and simple to operate. BS 5655 Part 7 provides suitable information on the provision and nomenclature for types of lift call systems relevant to the type of control system selected.
10. The landing controls should be mounted at a height of between 900mm and 1200mm above floor level, and the push-button controls should:
- be mounted in a single face-plate which contrasts with the landing decoration;
 - be configured so that the “up” push-button is located above that for “down”;
 - have raised or tactile embossed arrowhead symbols, either upon the pressel or on a “chicklet” adjacent to the push-button corresponding to the lift’s direction of travel;
 - have an illuminating bezel to signify that the call has been accepted by the lift;
 - provide a positive movement (touch-type or engraved-letter buttons should not be used in any instance). The pressel of the push-button should measure at least 22mm square or in diameter.

Lift car controls

11. The lift car controls should be mounted at a height of between 900mm and 1200mm above the lift car floor, and should be located on the side wall of the car, at least 400mm from the front return of the car, to allow wheelchair users to access the lift controls.
12. The lift car operating panel should provide the following:
- a digital full position indicator;
 - direction-of-travel arrows;
 - an alarm push;
 - a push-button for each floor served;
 - a key switch, for independent service.
13. All symbols for floor designation should be provided as a raised tactile-embossed numeral, either on the push-button or on a “chicklet” adjacent to the push-button. The push-button corresponding to the main entry/exit floor should have a raised five-pointed star adjacent to it as well as the floor designation symbol. This is the internationally recognised method for delineating the entry/exit floor to the visually impaired.) The push-button should be contrasted in tone and colour to the panel on which it is mounted.

14. Audible indication of the floor levels, the lift's direction of travel, door movements, etc should be provided for the visually impaired by means of a digitised, sampled voice-speech synthesis unit within the lift car. The basic information provided by the speech synthesis unit (direction of travel, current floor level) may be enhanced by further, specific information about the department(s) situated on that particular floor of the building.
15. All visual information should be mounted at a height that is visible above other passengers' heads (that is > or = 2m).

Emergency communication

16. Emergency communication should be provided in each lift car by an alarm push-button on the car operating panel which sounds an electronic alarm [min 95 dB(A)] located in the vicinity of the lift well at the main entrance level, and which initiates an auto-dial, hands-free two-way communication link to a permanently manned point for example, a telephone switchboard.

Lift car size

17. The lift cars should be sized to suit the various types of traffic identified in paragraph 1a to 1d above. In no case should the lift car be less than an 8-person (630 Kg) lift (that is, a car having internal dimensions of 1,100mm x 1,400mm). Reference should be made to the notes on the individual data sheets in HBN 40 for guidance on the appropriate sizes for use. Where a mixture of different sizes of lift is provided in a building which includes a bed/passenger lift, then the bed/passenger lift must serve all floors in that building.

Lift finishes

18. The lift car should be fitted with a non-slip floor covering which will maintain its non-slip properties even when wet. The floor covering must allow small wheeled trolleys, baby buggies and wheelchairs to be easily manoeuvred, that is, it should provide good grip and a minimum resistance to wheels; studded flooring is not recommended.
19. The lift car wall finishes should be selected dependent upon the type of healthcare building in question and the surrounding décor. All finishes should be easily cleanable, should not support the growth of bacteria etc, should provide "class 1" flame spread or better, and should be of a vandal resistant nature where possible.

Lighting

20. The lighting within the lift car should be sympathetic to patients being transported on beds or trolleys – that is, not dazzling when viewed from below. Wall wash lighting, reflected uplighting or perimeter lighting should therefore be adopted in preference to direct downlighting for trolley or bed lifts. Reference should be made to CIBSE Guide D, SHTM 2024 'Lifts' and BS 5655 for further details.

Handrails

21. Handrails should be provided on the rear and side walls of passenger lift cars; see the "handrails" data sheet. Reference should be made to the individual data sheets for trolley and bed lifts for the space implications of, and recommendations for, the provision of handrails in lifts.

Doors

22. Lift doors in healthcare buildings should be a minimum of 900mm (preferably 1,100mm) wide x 2,000mm high on all non-bed/passenger lifts, and 1,300mm wide x 2,100mm high on bed/passenger lifts.

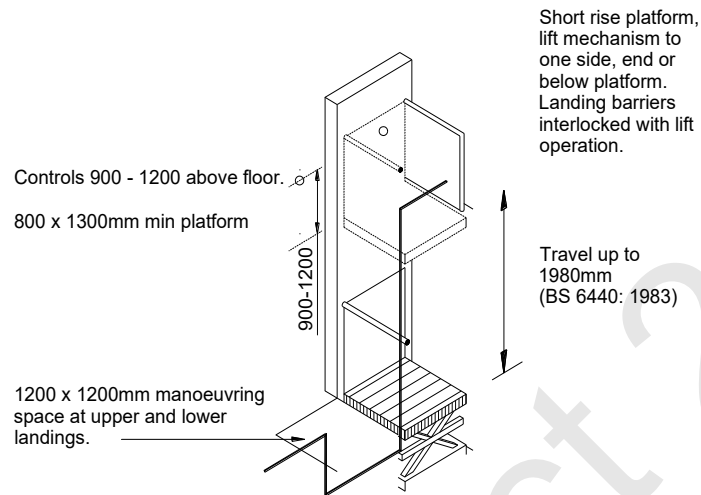
23. All lift doors should be automatic power-operated and fitted with a full-height detector edge which will detect an obstruction without coming into physical contact with it. In the event of failure of the car door edge safety device, the lift door operating mechanism should be limited to less than 3 J by a pressure sensitive switch. In addition to the safety device and pressure sensitive switch, movement through the door should be monitored by an infra-red ray.
24. The lift doors should remain open for a minimum of 5 seconds, and the doors should have a maximum closing speed of 0.25 m/s. Provision of an audible warning of the doors closing should be considered.

Dynamics

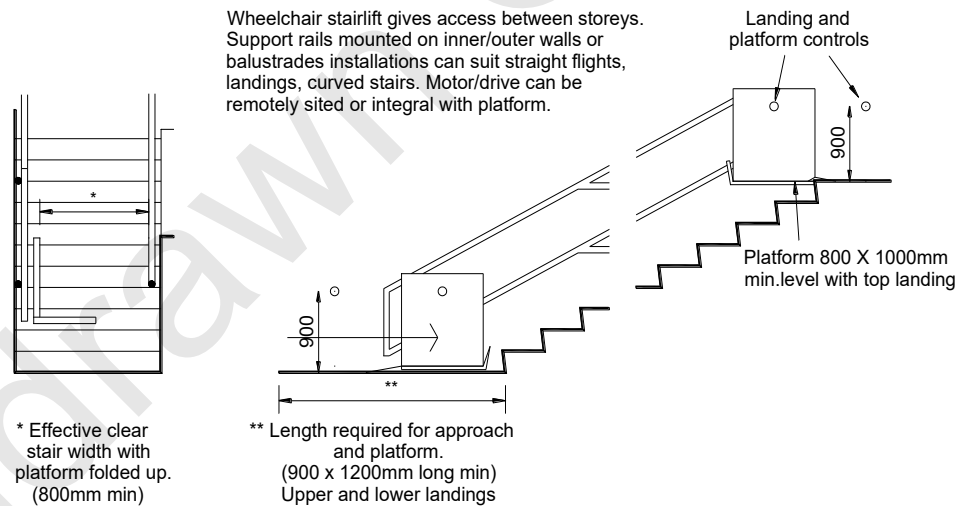
25. The lift car must accelerate and decelerate smoothly, and stop accurately in relation to the landing floor level.

Access Audit Survey Toolkit

DIAG. 14



Vertical Platform Lift to BS 6440:1983



Fold-down Platform Stair Lift to BS 5776:1979

Vertical Circulation: Platform Lifts.

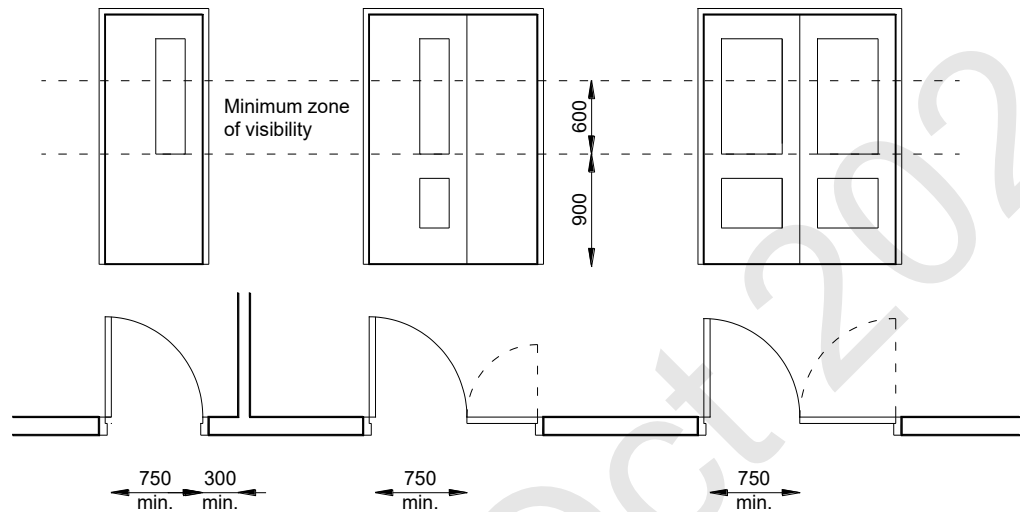
All sizes in mm

Notes:

NORMAN RAITT ARCHITECT

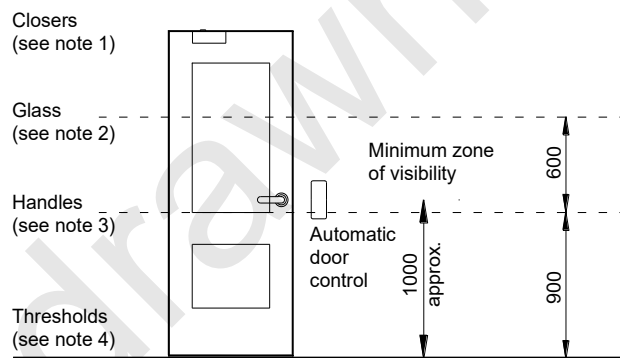
Access Audit Survey Toolkit

DIAG. 15

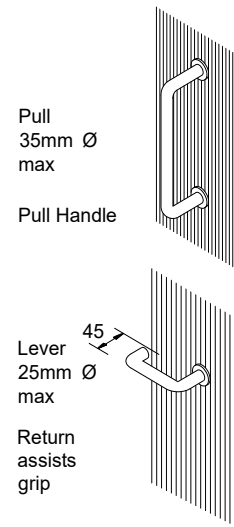


Typical Door Arrangements

All doors should have a vision panel except where privacy is needed.



Typical Door Elevation



Typical Handle Details

Horizontal Circulation: Internal Doors

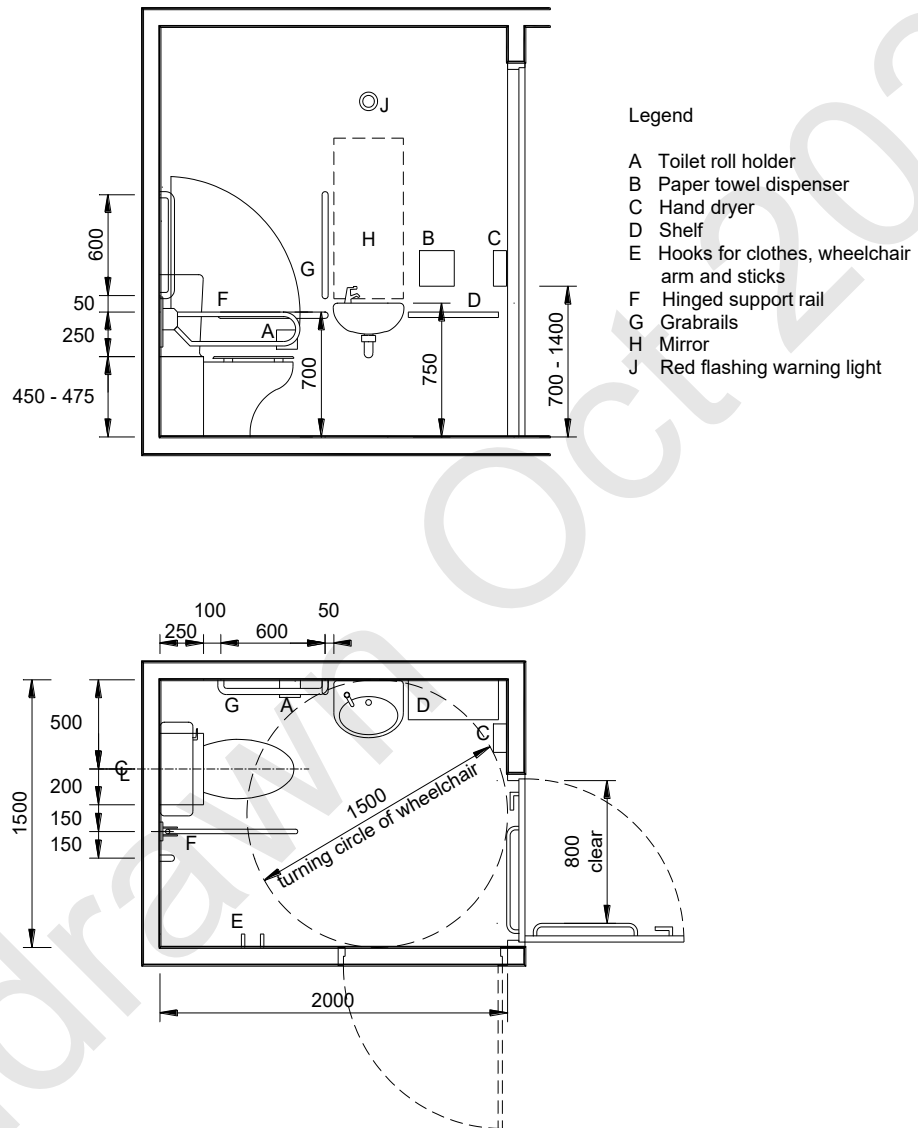
All sizes in mm

- Notes:
1. Avoid spring closers if possible, where required fit delayed action, variable pressure or power-assisted closers, or electro-magnetic devices.
 2. Clearly identify glass areas and distinguish glazed doors from adjacent fixed glass panels.
 3. Lever handles, with return, preferred to knobs. Where pull handles used provide adequate grip.
 4. Thresholds should be flush or level with floor finish.

NORMAN RAITT ARCHITECT

Access Audit Survey Toolkit

DIAG. 16



Legend

- A Toilet roll holder
- B Paper towel dispenser
- C Hand dryer
- D Shelf
- E Hooks for clothes, wheelchair arm and sticks
- F Hinged support rail
- G Grabrails
- H Mirror
- J Red flashing warning light

Sanitary Facilities: Accessible WC - Standard Layout

All sizes in mm

Notes:

- 1 All layouts may be handed.
- 2 Ensure all rails are properly fixed to a solid backing.
- 3 A sliding door is an acceptable option.
- 4 Transfer space to the side of the WC pan to be at least 750mm clear of any obstruction.
- 5 WC cistern flush should be located on the open transfer side of the WC and not higher than 1000mm above floor level.
- 6 Coat hooks to be provided at both 1200mm and 1700mm above floor level.

NORMAN RAITT ARCHITECT

Sanitary Facilities: Accessible WC – Standard Layout

(Notes to Survey Toolkit data sheets)

General considerations

1. The space/spaces required vary depending upon the range of users and components to be accommodated. The space allowed for activities should take into account the varying degrees of assistance that may be required, and the fact that some users may be relatively inexperienced at manoeuvring a wheelchair or using any other aid to mobility.
2. Disabled users of the building (whether patients, visitors or staff) should not have to travel further, or make more effort than other users, to use a toilet. Consideration should be given to whether the overall toilet provision is adequate for the needs of particular ethnic groups if it is likely that there will be a significant number of users from any such group.
3. Accessible toilet facilities must be reached along fully accessible routes, and clearly indicated.
4. Toilet facilities should not be located within lobby areas if at all possible, since their doors and confined spaces can be difficult for people with problems of mobility and hand function, and also for those who use wheelchairs, to negotiate. However, privacy should always be maintained; toilet doors should therefore not open directly off busy circulation spaces, or the layout should be such that the open door does not give a view of the interior of the toilet.
5. Toilet facilities for wheelchair users can be provided either on a “unisex” or “integral” basis. A “unisex” facility is approached separately from other sanitary accommodation; it has practical advantages, in that it is more easily identified, it permits assistance by a companion of either sex, and it can be used by others who require more space, such as those with a pushchair, child or guide dog. It is less demanding of space than an “integral” toilet facility, which effectively has to be duplicated in order to achieve the same level of provision for both sexes. An “integral” facility is contained within each of the separate provisions for male and female users, thus precluding assistance from a companion of the opposite sex.
6. Whether toilet compartments for wheelchair users are designed on a “unisex” or “integral” basis, they should be similar in layout and content, and should satisfy the following needs: to achieve necessary wheelchair manoeuvre; to allow for frontal, lateral, diagonal and backward transfer onto (and off) the toilet; to provide facilities for hand washing and hand drying within reach of the toilet, prior to transfer back onto the wheelchair; and to have sufficient space to allow a helper to assist in the transfer. Where more than one type of toilet is made available, it is suggested that mirrored unisex facilities would best meet the needs of individual preferences.
7. All fittings, toilet, basin, etc, should be securely fixed, since people may need to lean on them or grip them for support.

Toilet

8. The shape of the toilet pan and bowl is important. Many wheelchair users and ambulant disabled people need to cleanse themselves while still sitting on the toilet, so it is useful if the pan offers a wide opening, and the water level should not be less than 200mm from the rim. The toilet pan should be made of tough material, the pan fixing must be strong, and effective seat stabilisers are important. It is especially important to avoid any sharp edges and rough surfaces.
9. Some users will only be able to use one hand, so that toilet-paper dispenser must be within easy reach and should dispense individual sheets – or otherwise incorporate a locking device which allows sheets to be easily torn off with one hand.

10. Provision of a toilet lid will prevent use of the horizontal rail behind the pan.
11. A black or dark toilet seat should be fitted to a white ceramic WC unit, thus providing good colour contrast and helping the intended user to locate the facility.

Basin

12. The basin and soap dispenser should be positioned so that they can be reached while sitting on the toilet, and should be contrasted in colour and tone with the surface to which they are fixed. This will assist the visually impaired and will allow hands and other parts of the body to be washed before transferring back onto the wheelchair (thus avoiding the possibility of staining clothes or the wheelchair).
13. Hand rinse facilities vary from 350mm to 450mm in size. Basins which project for less than 300mm tend to be very unsatisfactory in that they do not adequately contain splashing, whereas basins over 350mm deep require an excessive sideways reach from the WC seat to access taps etc. Recessed basins are generally not favoured, because they tend to be too shallow and restrict access for – and movement of hands by – some disabled users.
14. To facilitate good access to the basin, the centre line of the bowl should not be forward of the front edge of the WC seat. Where the taps are positioned on the far side of the basin, the preferred location of the basin is set back between 200mm and 250mm from the front edge of the WC.
15. The towel dispenser must be within easy reach, to allow users to dry themselves.
16. Fittings such as toilet flush and taps should be equipped with lever handles, since these do not require the ability to grip and can even be operated using an elbow.

Bins

17. Some people may wear bags which need to be emptied into the toilet, or they may wear disposable colostomy/ileostomy bags or incontinence pads. A suitable sealed bin should be provided for the disposal of these; this must be positioned within easy reach of the toilet and where it does not obstruct circulation space.
18. A bin will also be required if paper towels are provided; paper or cloth towels (which do not require strength to pull) are preferred to hand dryers, which have limited application for people with disabilities.

Rails

19. Rails are used to provide support and stability when transferring, sitting down and standing up, and while adjusting clothing. The hinged fold-down rail is used in combination with a fixed wall rail by relatively independent users to provide support when lowering themselves onto the seat. Vertical rails are used for pulling back up to a standing position, and they are also important for a male standing to urinate when sticks and crutches have been discarded.
20. Grabrails must be positioned symmetrically over the toilet, and should be contrasting in colour and tone with the surface to which they are fixed. The 700mm dimension allows access to the toilet by patients on wheeled sanitary chairs; this dimension must not be exceeded, since it will significantly reduce the effectiveness of the handrails as an aid to users.

Help call facility

21. An alarm cord, reachable from the toilet/basin area and the floor, must be fitted; it should be differentiated, both in colour/tone and diameter, from the light pull cord.

Floor and wall surfaces

22. Good lighting and colour contrasting between floors and walls, and also between fixtures, walls and fittings such as toilet seats, enable those with impaired sight to use the facilities more easily and safely.
23. The floor must be non-slip, even when wet.

Doors

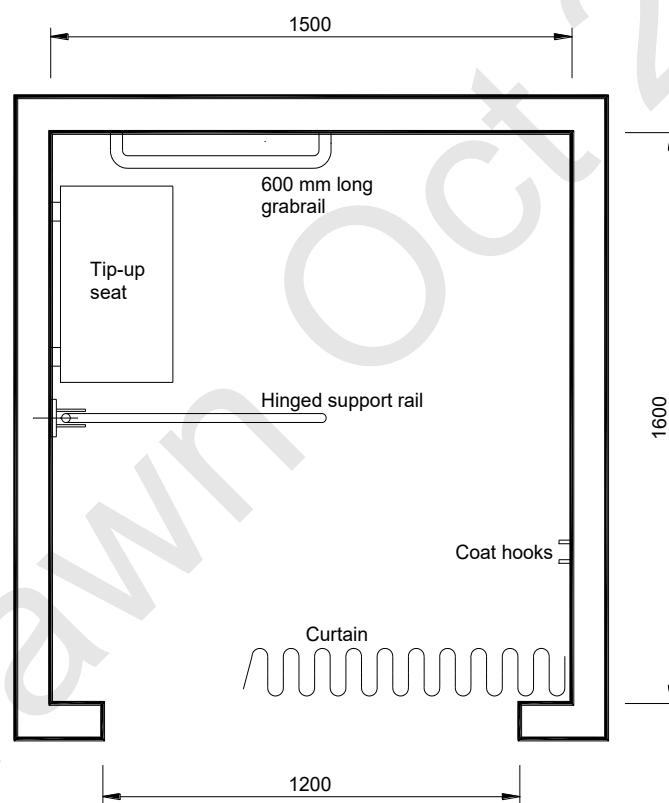
24. The leading edge of the door should be in the middle of the room, not the corner. The door should open out, but if inward opening is unavoidable the room depth must be increased to clear the door swing. It must be possible to open the door outwards in an emergency.

Minimum requirements

25. To comply with statutory requirements, a WC must have as minimum provision the dimensions, equipment and fittings shown in the Building Standards (Scotland) Regulations 1990.

Access Audit Survey Toolkit

DIAG. 17



Sanitary Facilities: Changing Cubicle

All sizes in mm

Notes:

- 1 Coat hooks to be provided at both 1200mm and 1700mm above floor level.

NORMAN RAITT ARCHITECT

ACCESS AUDIT SURVEY TOOLKIT

Initial Survey

NHSSCOTLAND PROPERTY AND ENVIRONMENT FORUM INITIAL SURVEY TOOLKIT CHECKLIST

Date of Initial Survey	
Name of Health Board	
Name and Address of Healthcare Provider	
Name of Building	
Address of Building	
Type of Building (e.g. Hospital, Clinic, GP & Dental Practices etc)	
Name and telephone number of Surveyor	
Name, job title and telephone number of Site Contact Person	
Details of Departments floor by floor	
NHSScotland Drawings Reference	
Reference Number (for Database)	

INITIAL SURVEY	See relevant diagrams
-----------------------	------------------------------

	N/A	Y	N	COMMENTS
7. Are all circulation routes, including doors, wide enough for a wheelchair user to manoeuvre and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	Y	N	COMMENTS
1. Is adequate designated parking available for people with reduced mobility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1A. If not, can designated parking, as Diagram 2 , be reasonably provided?		<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the approach to the building level, or easily graded, and relatively even and free of kerbs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2A. If not, can the approach be relatively easily upgraded and drop kerbs provided as Diagram 1 ?		<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the main entrances to the building level and without steps or non-negotiable thresholds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3A. If not, can a ramp, designed in accordance with Diagram 3 , be reasonably incorporated?		<input type="checkbox"/>	<input type="checkbox"/>	
4. Are the main entrance doors manually operated, wide enough for all users (800mm minimum), fitted with suitable ironmongery for disabled use and with adequate space alongside for a wheelchair user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4A. If not, can the doors be reasonably altered to comply with Diagrams 5 and 6 ?		<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the main entrance doors automatically operated, wide enough for all users (800mm minimum) and with controls accessible to wheelchair users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5A. If not, can the doors be reasonably altered to comply with Diagrams 5 and 6 ?		<input type="checkbox"/>	<input type="checkbox"/>	
6. If the building has more than one accessible storey, is there lift, stair lift or ramp access to the storeys above or below ground level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6A. If not, can a lift, stair lift or ramp, designed in accordance with Diagrams 13, 14 or 11 respectively, be reasonably provided?		<input type="checkbox"/>	<input type="checkbox"/>	
for other people to pass (corridors approximately 1200mm wide and doors 800mm wide)?				
7A. If not, can they be reasonably increased in width or alternative acceptable routes created?		<input type="checkbox"/>	<input type="checkbox"/>	

8. Do all main staff and patient areas have adequate circulation space for a wheelchair user to manoeuvre and use the facility? _____
- 8A. If not, can alterations be reasonably made or room functions changed to achieve manoeuvrability and thus use of the facility? _____
9. Does the building have toilet provision for staff, patients and visitors with disabilities, including wheelchair users? _____
- 9A. If not, can provision be reasonably made to comply with [Diagram 16](#)? _____
10. If changing cubicles are provided, is at least 1 cubicle in 20 or part thereof accessible by a wheelchair user? _____
- 10A. If not, can the appropriate number of cubicles, designed in accordance with [Diagram 17](#), be readily provided? _____
11. Are ground floor emergency exit routes level and accessible to all, including wheelchair users? _____
- 11A. If not, can ramped exits, designed in accordance with [Diagram 3](#), be reasonably incorporated? _____
12. Are safe refuge areas available on every escape staircase landing and within the escape stair enclosure or in protected lobbies? _____
- 12A. If not, can safe refuges, designed in accordance with [Diagram 12](#), be relatively easily provided? _____
13. If the conclusion of this Initial Survey suggests that the premises are not accessible, or cannot be made accessible, are plans in place to ensure reasonable access for service users in another location? _____

ACCESS AUDIT SURVEY TOOLKIT

Detailed Survey

NHSSCOTLAND PROPERTY AND ENVIRONMENT FORUM DETAILED SURVEY TOOLKIT CHECKLIST

Date of Detailed Survey	Start Completion	
Name of Health Board		
Name and Address of Healthcare Provider		
Name of Building		
Address of Building		
Type of Building (e.g. Hospital, Clinic, GP & Dental Practices etc)		
Name and telephone number of Surveyor		
Name, job title and telephone number of Site Contact Person		
Details of Departments floor by floor		
NHSScotland Drawings Reference		
Reference Number (for Database)		

A: External Approach

Approaches from the site perimeter
to the entrance of the building,
external spaces, car parking, set down areas,
ramps and steps

1 EXTERNAL APPROACH

See relevant diagrams

	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
1.01 Is the approach route from the public highway and car park to the main entrance(s) reasonably level or ramped suitable for disabled people and at least 1200mm wide? <i>If steeper than 1:20, route should be classified as a ramp.</i>												
1.02 Have suitable dropped kerbs been provided where appropriate and generally in accordance with Diagram 1 ?												
1.03 Is the approach surface relatively even and slip resistant?												
1.04 If the approach route is steeper than 1 in 12, is there alternative provision to enable access by disabled people?												
1.05 Is the route free of hazards such as traffic signs, bollards, litter bins, and building features such as outward opening doors, windows or overhangs?												
1.06 Is the route adequately and evenly lit?												
1.07 Is the route clearly identified by visual, aural and tactile information?												
1.08 Is the route safely and clearly separated from vehicular traffic?												
1.09 Are sufficient dedicated accessible parking spaces provided in accordance with Diagram 2 and suitably surfaced and level?												

At least 1 in 20 or part thereof of parking provision should be accessible to wheelchair users.

1.10 Is accessible parking within approximately 45m of principal building entrances?

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1.11 Are some bays available with a clear transfer space of at least 2,400mm to one side and with more than 2,400mm headroom for disabled people using vans with side hoists?

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1.12 Is accessible parking well lit, visible and safe?

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	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
1.13 Are clearly signed procedures or penalties in place to discourage abuse of accessible parking bays by non-disabled people?												
1.14 If there is an automatic barrier entry system to the car park, is this accessible to disabled people including deaf and hard of hearing people and people who do not speak?												
1.15 If there are ticket machines or meters for parking, are these appropriately located with controls and coin slots within a height range of 900mm–1,200mm and clearly identifiable?												
1.16 Are suitable, safe set-down and pick-up points provided for ambulances, taxis, community transport vehicles, cars and minibuses close to principal building entrances?												
1.17 If the approach route includes permanent ramps, are they constructed generally in accordance with Diagrams 3 and 10 ?												
1.18 Are the ramp surfaces slip resistant?												
1.19 Are the ramp and landing handrails colour contrasted from their background?												
1.20 If the ramp gradient is 1:20 or steeper, are there accompanying steps?												
1.21 If the approach route incorporates steps, are they constructed generally in accordance with Diagrams 4 and 10 ?												

1.22 Are all step nosings readily identifiable and colour contrasted?

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1.23 Are the risers solid/closed in?

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1.24 Are any hazardous overhangs to the underside of steps protected to avoid people walking into them?

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A: EXERNAL APPROACH		
Location	Para. No.	Comment

B: Entrances

External doors, lobbies

**2 ENTRANCE
diagrams**

See relevant

		LOCATION											
		N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
2.01	Is the entrance door clearly colour contrasted or distinguished from the surrounding façade and generally designed in accordance with Diagram 5 ?												
2.02	Is the door handle/control clearly colour contrasted from the door?												
2.03	Is the door handle/control easy for a person with restricted mobility to operate?												
2.04	If a door closer is fitted, does it have slow action or delay check to give disabled people time to pass through?												
2.05	Is the door closer pressure gentle and not greater than 25-30 Newtons? <i>Closer pressure should be minimum necessary to close the door effectively.</i>												
2.06	If the door is automatically operated, does it have both visual and tactile information and warnings?												
2.07	If the door is automatically operated, does it have a safety sensor override to avoid trapping users? <i>Remote photo eyesensor, or floor pressure mat sensors, are preferred to impact baffle sensors fitted to the leading edge of the door, which can injure users.</i>												
2.08	Is there a means of summoning assistance if the door cannot be operated?												
2.09	If the door is security-protected, is the entry system or entry phone suitable for use by people with hearing, sight, speech or mobility disabilities and set between 900mm and 1,200mm above floor level?												
2.10	Is any weather mat of firm texture and flush with the floor?												
2.11	If a lobby is provided, does the inner door meet the same access criteria as the outer door?												

		LOCATION											
		N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
2.12	Does the lobby layout enable wheelchair users to clear one door before opening the second, with minimal manoeuvring, generally in accordance with Diagram 6?												
2.13	Are accessible entry and exit points to the building clearly identified?												
2.14	Are ground floor emergency exit routes level and accessible to all, including wheelchair users?												
2.15	Are accessible fire exit routes indicated with a fire exit sign incorporating a wheelchair symbol?												

B: ENTRANCES		
Location	Para. No.	Comment

C: Receptions

Reception areas

3 RECEPTIONS See relevant diagrams
diagrams

	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
3.01 Is the line of approach from the entrance door to the reception desk clearly defined and unobstructed?												
3.02 Are floor surfaces slip resistant, even when wet, easily negotiable by wheelchair users and colour or tactile contrasted, where appropriate, to guide blind people and partially sighted people?												
3.03 Are junctions between floor surfaces detailed so as not to constitute a trip hazard or an obstacle to wheelchair users?												
3.04 Are the lighting levels suitable for people with visual impairments and free from excessive glare and shadows?												
3.05 Are the acoustics suitable for people with hearing impairments and free from unwanted noise, echo and reverberations?												
3.06 Is any reception desk or counter suitable for use from both sides by people standing or sitting and generally designed in accordance with Diagram 7 ?												
3.07 Is a movable seat provided adjacent to the reception desk for people who need to sit when talking to the receptionist?												
3.08 If the reception desk is behind a glazed screen, is the glazing non-reflective?												

3.09 Does the natural and artificial lighting to the reception desk permit the receptionist's face to be clearly seen?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3.10 Are wall finishes non-reflective and free from confusing or distracting patterns?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3.11 Is a hearing enhancement system provided for communication with hearing aid users? *Induction loop or infra red systems are the most commonly specified.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		LOCATION											
		N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
3.12	Are appointment call announcements given both audibly and visually for deaf, hard of hearing, blind and partially sighted people? <i>Usually via digital display or TV monitor.</i>												
3.13	If appointment call number/ ticket dispensers are provided, are they located not more than 1,200mm in height with at least 1,200 x 1,200 mm clear space in front?												
3.14	Is the waiting area seating designed with a choice of seating heights and with and without armrests?												
3.15	Does the waiting area have sufficient space for wheelchair and buggy users to wait and manoeuvre?												
3.16	Does the waiting area have sufficient space for people to pass without compromising legroom for people who are seated?												
3.17	If coat hooks are provided in the waiting area, are these at approximately 1,200mm height for wheelchair users and 1,700mm height for others?												
3.18	If a television or video is provided in the waiting area, does this have a hearing enhancement system and teletext subtitles for people with impaired hearing?												
3.19	Is there an accessible WC within approximately 45 metres of the waiting area?												
3.20	Are public telephones mounted at a height suitable for all users with no controls or coin slots higher												

than 1,200mm from floor level?

3.21 Is there at least 1,200 x 1,200mm clear space in front of public telephones?

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3.22 Do all public telephones have an amplifier and inductive coupler for hearing aid users?

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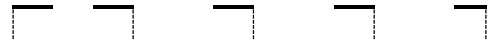
3.23 Is a suitable seat available for use by people who need to sit down when using the telephone?

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Withdrawn Oct 2024

	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
3.24 Are public telephones fitted with a small shelf at approximately 750mm height for placing change, bags and portable textphones?												
3.25 Is a textphone facility provided for deaf and hard of hearing people?												
3.26 If a child's play area is provided, is it accessible to disabled children and parents?												
3.27 Is there a nappy change space and separate feeding area, with nappy change table and washbasin, accessible to wheelchair users?												
3.28 Are water and toileting facilities available for assistance dogs?												
3.29 Are suitable charging facilities available for powered wheelchairs and other equipment and located in a secure fire-resisting ventilated enclosure?												
3.30 For people progressing beyond this area into other parts of the building, is information given by appropriate signs, supported by tactile information such as a map or a model?												
3.31 Are signs consistently designed and located to convey information to wheelchair users and people with sensory disabilities?												
3.32 Is display or take-away information within easy reach of all users? <i>Recommended height zone 750mm – 1,350mm.</i>												
3.33 Is written information available in alternative												

formats?



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C: RECEPTIONS		
Location	Para. No.	Comment

D: Horizontal and Vertical Circulation

Horizontal and vertical circulation, corridors, internal ramps, stairs and lifts

4 HORIZONTAL CIRCULATION

See relevant diagrams

CORRIDORS

- 4.01 Are circulation routes clearly indicated?
- 4.02 Does the corridor or passageway have an unobstructed width of at least 1,200mm and comply generally with [Diagram 9](#)?
- 4.03 Do all lobbies allow users, including wheelchair users, to clear one door before approaching the second with minimal manoeuvring? See [Diagram 8](#).
- 4.04 Are radiators of low surface temperature type to avoid burning when touched?
- 4.05 Are rest points with suitable seats provided? *Long corridors only.*
- 4.06 Is the natural and artificial lighting free from excessive glare and shadows?
- 4.07 Are the acoustics free from echo and excessive reverberation?
- 4.08 Are floor surfaces easily negotiable by wheelchair users and free from reflectors?
- 4.09 Are visual clues available to help orientation, such as colour coding?
- 4.10 Are textured surfaces used to convey information to blind and partially sighted people, such as contrasting floor textures at corridor junction and on lift landings?
- 4.11 If there are ramps within a single storey, are they generally in accordance with [Diagram 11](#)?

LOCATION														
N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N

4.12 Are the ramp and landing handrails colour contrasted from their background?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4.13 If the ramp gradient is 1:20 or steeper, are there accompanying steps?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4.14 Are the ramp and approaches maintained free of obstructions?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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D: HORIZONTAL CIRCULATION - CORRIDORS		
Location	Para. No.	Comment

DOORS

4.15 Do all doors in corridors and to accessible rooms contain a leaf which complies with the minimum requirements of [Diagram 15](#)?

4.16 Is the door absolutely necessary for safety or functional reasons?

4.17 Is the door clearly colour contrasted or distinguishable from their surroundings?

4.18 If the door is all glass, is it clearly visible in its closed position using contrasting bands, etching or logos?

4.19 Are door handles/controls clearly colour contrasted from the door?

4.20 Can door handles/controls be easily gripped and operated?

4.21 If door closers are fitted, do they have slow action or a delay check to give disabled people time to pass through?

4.22 Are the door closers of electromagnetic hold-open type and linked to the alarm system to close automatically in emergency?

LOCATION											
N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N

D: HORIZONTAL CIRCULATION - DOORS		
Location	Para. No.	Comment

5 VERTICAL CIRCULATION **See relevant diagrams**

GENERAL

5.01 Which of the following link different levels within the building?

- Stairs
- Passenger lifts
- Platform stair lifts
- Vertical platform lifts

STAIRS

5.02 Is the stair designed generally in accordance with [Diagram 12](#)?

5.03 Are the risers solid/closed in?

5.04 Is the tread nosing profile suitable and designed to avoid risk of people catching their feet?
See [Diagram 12](#).

5.05 Are all step nosings readily distinguishable and contrasted?

5.06 Are all hazardous overhangs to the underside of stairs protected to avoid injury to blind and partially sighted people?

5.07 Is the location of the stair adequately signed at each level?

5.08 Is each level clearly identified by tactile and visual information?

5.09 Is there adequate well positioned lighting?

5.10 Are safe refuge areas available within escape stair enclosures or in protected lobbies?

LOCATION											
N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N

*Required only where progressive horizontal evacuation is **not** possible.*

5.11 Do safe refuge areas have communication facilities located at between 900mm and 1,200mm height and linked to a supervised control point?

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5.12 Are the stairs wide enough to permit mattress evacuation?

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D: VERTICAL CIRCULATION - STAIRS		
Location	Para. No.	Comment

LIFTS

5.13 Is the passenger lift generally designed in accordance with [Diagram 13](#)?

5.14 If the lift serves more than two floors, is there visual and audible indication of the floor reached, with a voice announcer for blind and partially sighted people?

5.15 Is the storey identified by suitable tactile indication on the landing and on the lift call buttons?

5.16 Is there suitable tactile indication to the lift buttons within the car to identify the floor selected?
Raised letters or numerals are recommended in preference to engraved.

5.17 Do the lift doors have a delayed action closer and a photo sensor safety override to allow for 5 second delay and avoid trapping disabled people?
Door edge strike sensor systems are hazardous and not recommended.

5.18 Is there a 1,500 x 1,500mm contrasting texture floor finish immediately outside the lift for blind and partially sighted people to identify the lift location?

5.19 Are the lift landing doors adequately colour contrasted from the surrounding wall?

5.20 Does the lift car floor accurately align with landings at all levels?

5.21 Is there an alternative suitable staircase?

LOCATION											
N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N

5.22 Are fold-down platform stair lifts generally designed in accordance with BS 5776:1996 and Diagram 14?

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5.23 When not in use, does the fold-down platform revert to a folded position so that it does not place stair users at risk?

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5.24 Are short rise vertical platform lifts generally designed in accordance with BS 6440:1983 and Diagram 14?

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LIFTS

5.25 In the event of power failure or emergency, is backup power or battery supply provided?

5.26 Is there an alternative accessible staircase?
Alternative means of access/escape should always be available if the lift cannot be used.

LOCATION											
N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N

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D: VERTICAL CIRCULATION - LIFTS		
Location	Para. No.	Comment

E: Internal Spaces

Internal spaces, wards and
treatment areas, catering
and refreshment areas

6 INTERNAL SPACES

See relevant diagrams

	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
6.01 Is sufficient circulation space available for wheelchair users? <i>Generally at least 900mm aisle width, with 1,200mm width if turning through 90 degrees at junctions and doorways. 1,500mm full turning circle is desirable.</i>												
6.02 Is the space function or use identified by visual and tactile information?												
6.03 Can the lighting, heating and ventilation be independently controlled by the users, including someone in a wheelchair?												
6.04 Are the lighting levels suitable for people with sensory disabilities and free from excessive glare and shadows?												
6.05 Can the natural and artificial lighting be adjusted to suit the range of activities and tasks carried out?												
6.06 Are the acoustics suitable for people with hearing impairments and free from unwanted noise, echo and reverberations?												
6.07 Are wall finishes non-reflective and free from confusing or distracting patterns?												
6.08 Are floor surfaces non-slip and easily negotiated by wheelchair users?												
6.09 Are radiators of low surface temperature type to avoid burning when touched?												

6.10 Are storage systems and equipment suitable for use from a seated position and by people with hearing impairments?

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6.11 Are telephones fitted with amplifiers and inductive couplers and textphones available for use by people with hearing impairments?

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6.12 Are areas where information is given or meetings held equipped with a suitable hearing enhancement system (e.g. induction loop)?

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	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
6.13 If areas are not fitted with a hearing enhancement system, is a portable hearing enhancement system available as required?												
6.14 Can the height of examination couches be adjusted?												
6.15 Is there a choice of bed heights or can bed heights be adjusted?												
6.16 Is there a choice of seating heights and are there seats with and without arms?												
6.17 Are bedside switches and facilities easily identifiable, reachable and usable by people with limited dexterity or with visual impairments?												
6.18 Are suitable charging facilities available for powered wheelchairs and other equipment if required?												
6.19 Is there a trolley telephone accessible to disabled people and fitted with a volume control and inductive coupler for people with hearing impairments?												
6.20 Is a trolley textphone facility available for people with hearing impairments?												
6.21 If a television is provided, can it receive teletext subtitles for people with hearing impairments?												
6.22 Are there personal hearing enhancement systems for linking into the television or radio service, fitted with volume controls and induction loops for people with hearing impairments?												

6.23 Is an accessible WC, designed generally in accordance with [Diagram 16](#), available within a total horizontal travel distance of not more than 45 metres from any accessible point?

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6.24 Is suitable access available to the full range of catering and refreshment services offered?

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6.25 Are all self-service counters accessible to wheelchair users?

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6.26 In areas of fixed seating, is there space for wheelchair users to draw up to a table or is some seating easily movable?

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LOCATION											
N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N

6.27 Are circulation routes between tables clear of obstructions and clearly identifiable to people with visual impairments?

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6.28 Are all automatic vending machine controls and dispenser points located within a height zone of approximately 700-1,400mm from floor level and with controls and products identifiable to people with visual impairments?

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6.29 Is all signage unobstructed and clearly visible from both a standing and seated position?

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E: INTERNAL SPACES		
Location	Para. No.	Comment

F: Sanitary Facilities

Standard WC layouts,
changing cubicles

7 ACCESSIBLE WC – Standard Layout See relevant diagrams

	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
7.01 Is there at least one suitable independent standard accessible unisex WC, designed generally in accordance with Diagram 16 , within the building?												
7.02 Is the travel distance to the accessible WC no greater than that to a WC for a non-disabled person?												
7.03 If the travel distance to the accessible WC is greater than that for a non-disabled person, are additional accessible WCs required?												
7.04 If more than one wheelchair accessible WC is provided, are the layouts handed to permit a choice of left or right hand transfer?												
7.05 Is the route to the WC accessible to a wheelchair user and free of steps, hazards and distractions?												
7.06 Is the WC location clearly signed and identifiable by visual and tactile information?												
7.07 Is there at least 1,500mm x 1,500mm space outside the accessible WC compartment for manoeuvre and door opening?												
7.08 Is the door to the WC colour contrasted against its background?												
7.09 Is the WC identifiable by a colour contrasted tactile symbol on the door at approximately 1,500mm height?												

7.10 If the WC door opens outwards directly into a corridor, is this designed so as not to compromise means of escape or cause a hazard to corridor users?

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7.11 If the WC door is of sliding or bifold type can it be easily operated?

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7.12 Can the WC door be opened from outside in an emergency?

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	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
7.13 Are the WC door controls, lock and light switch easily reached and operated by a person in a wheelchair?												
7.14 Is the floor slip resistant and colour contrasted from the walls?												
7.15 Are all sanitary fittings and grabrails colour contrasted from their background?												
7.16 Is the WC cistern flush of easily operated lever or pull ring type?												
7.17 Is the basin tap of lever type appropriate for use by a person with limited dexterity, grip or strength?												
7.18 Is the basin tap thermostatically regulated to avoid scalding?												
7.19 Is a suitable panic alarm provided and linked to a permanently supervised point?												
7.20 Is the alarm cord or switch colour contrasted red and reachable from a standing, seated or lying position?												
7.21 Are all sanitary dispenser or vending machine controls and products identifiable to people with visual impairments?												
7.22 If a urine specimen shelf or hatch is provided within the WC, is this appropriately colour contrasted and located within a height zone of 750mm–1,200mm from floor level?												

7.23 Are all radiators of low surface temperature type to avoid burning when touched?

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Withdrawn Oct 2024

8 CHANGING FACILITIES – Cubicle See relevant diagrams

	LOCATION											
	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N
8.01 Are wheelchair accessible changing cubicles designed in accordance with Diagram 17 provided? <i>At least 1 in 20 or part thereof.</i>												
8.02 Is the cubicle clearly signed and identifiable by visual and tactile information?												
8.03 If a door is fitted to the cubicle, does this open outwards?												
8.04 Can the cubicle door be opened from outside in emergency?												
8.05 Are the door controls, lock and light switch easily reached and operated?												
8.06 Is the floor slip resistant and colour contrasted from the walls?												
8.07 Are all fittings and grabrails colour contrasted from their background?												
8.08 Is a suitable panic alarm provided and linked to a permanently supervised point?												
8.09 Is the alarm cord or switch colour contrasted red and reachable from a standing, seated or lying position												

F: SANITARY FACILITIES		
Location	Para. No.	Comment

ACCESS AUDIT SURVEY TOOLKIT

Survey Report

<h2 style="margin: 0;">SURVEY REPORT</h2> <p style="margin: 10px 0 0 0;">Section A – External Approach</p>	<p style="margin: 0;">SHEET of</p> <p style="margin: 10px 0 0 0;">LOCATION</p>
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Para No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
TOTAL					

<h2 style="margin: 0;">SURVEY REPORT</h2> <p style="margin: 10px 0 0 0;">Section B - Entrance</p>	<p style="margin: 0;">SHEET of</p> <p style="margin: 10px 0 0 0;">LOCATION</p>
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Para. No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
TOTAL					

SURVEY REPORT Section C - Reception	SHEET of LOCATION
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Para. No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
	TOTAL				

SURVEY REPORT Section D – Horizontal Circulation - Corridors	SHEET of LOCATION
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Para No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
	TOTAL				

SURVEY REPORT	SHEET of
Section D – Horizontal Circulation - Doors	LOCATION

Para. No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
	TOTAL				

SURVEY REPORT	SHEET of
Section D – Vertical Circulation - Stairs	LOCATION

Para. No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
	TOTAL				

SURVEY REPORT	SHEET of
Section D – Vertical Circulation - Lifts	LOCATION

Para. No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
TOTAL					

SURVEY REPORT	SHEET of
Section E – Internal Spaces	LOCATION

Para No.	Description of Works	Action Category			
		Structural	Maintenance	Non-disruptive	Management
TOTAL					