



Appendix 6.13

Physical Structures Training Resources

While building new or modifying existing physical structures are critical components of facilitating an equally accessible space, environmental modifications alone are not enough to ensure patients actually receive equal access to their care. Staff must be trained on what features, layouts, and/or structures were intentionally created to support accessibility and how to maintain those features over time.

Educational Resources

Below are some sample resources and trainings to educate staff on the Americans with Disabilities Act (ADA) Standards for Accessible Design and physical accessibility generally.

- U.S. Access Board: [ADA Accessibility Standards](#)[↗]
- U.S. Access Board: [Guide to the ADA Accessibility Standards \(with animations\)](#)[↗]
- U.S. Access Board: [Webinars and Training](#)[↗]
- ADA National Network: [Self-Guided Trainings](#)[↗]
- U.S. Centers for Medicare and Medicaid Services: [Modernizing Health Care to Improve Physical Accessibility; A Primary for Providers](#)[↗]

Training Development Guidance

Below are a few considerations when developing your organization's internal training policies and/or materials.

- Avoid an overly legalistic approach unless it is a group that will respond to this (legal, compliance, patient safety, etc.). Instead, link accessibility to positive patient outcomes and improved patient experience.
- All staff members can play a role in maintaining an accessible environment. Provide training tailored to how each role can participate in maintaining the accessibility of their space(s). See the "Role-specific" section of the Training Table below.
- Periodically review patient complaints, safety incidences, and stories to inform training development. These accounts reveal barriers specific to your organization. Provide a follow-up training when a patient complaint or incident indicates staff was unprepared.
 - For example, consider hosting a panel of persons from a local disability group who can speak to their experiences in your organization's spaces. Accessibility is often better understood when staff hear a patient's personal experience.

- Utilize pictures and diagrams whenever possible.
 - For example, take a photo of an exam room when it's arranged for accessibility elements like approach, turning space, and clearances in mind. Post the photo in a visible location, such as the back of the exam room door, so that any staff who rearrange furniture (between patients, to clean, etc.) can refer to the photo to maintain the accessibility of the space.
- Create “tip sheets” for staff with guidance that can be accessed and understood in real time. For physical structures and features, this may include:
 - *Disability Discrimination*: An overview of responsibilities to ensure patients can access care areas and places of public accommodation.
 - *Maintaining Accessible Inpatient & Outpatient Spaces*: Describe workflow and information about accessibility features and navigating accessible routes, including those temporarily created during construction.
 - *Installation Instructions*: Models that show proper reach ranges and installation instructions for features installed by facilities staff. This may include diagrams with instructions on items that are especially complicated.
- Facilitate opportunities for staff to meet and share solutions across departments.
 - In a large health system, this could look like an annual meeting where the ADA Coordinators (one from each facility) meet with Operations Managers to present on physical access issues relevant to both groups.
 - In a smaller entity, this could involve more roles. Sharing the time is valuable and gives more context to accessibility information through discussion and questions.

Training Table

Below is a table to help identify who may need to be trained, topics, when to conduct training, and how. Be sure that trainings include role-specific responsibilities (e.g., who identifies a patient's need, who requests room access, etc.) to ensure each staff member clearly understands their role in maintaining accessible physical structures and features.

Who	What	When	How
Leadership	Disability competency: creating an affirming environment; language to use with people with disabilities	- Annually - Ad hoc as issues arise	Didactic
	Accessibility overview: examples of accessibility features, layouts, designs, etc.; who benefits from accessible spaces; why accessible spaces are important for patient care		
	Laws/regulations and standards related to accessible physical structures and features		
Implementation team	Disability competency: creating an affirming environment; language to use with people with disabilities	- Annually - Every two years - Every 6 months - Ad hoc as issues arise	- Didactic (could be in-person or online) - Laminated guides
	Laws/regulations related to accessible physical structures and features		
	Existing barrier removal plans, deferred maintenance lists, complaints, grievances, patient experience survey results, model departments/units/clinics, etc. (if applicable)		
	Accessible physical structures and features: what makes a space "accessible"; what's available, how to use accessibility features		
Clinician and staff	Disability competency: creating an affirming environment, language to use when speaking with people with disabilities, including how to ask the patient about how they would like to be transferred and moved	- Orientation - Annually - Every two years - Every 6 months - Ad hoc as issues arise	- Didactic (could be in-person or online) - EHR tools (e.g., best practice advisories) - Laminated guides
	High-level overview of accessible physical spaces and features laws and regulations, including how/if they apply to staff and what patients are covered		
	Availability of accessibility features		
	Policies related to maintenance/replacement of accessibility features, including signs that structures/features may be nearing the end of its useful life or when a repair is needed		
Role-specific	Facilities and Maintenance Staff: measurements, maintenance, signage, hardware, restrooms, clearances	- Orientation - Annually - Every two years - Every 6 months - Ad hoc as issues arise	- Didactic (could be in-person or online) - Laminated guides
	Environmental Services: keeping accessible routes clear, floor transitions, maintaining room set-up		
	Front Desk and Administrative Staff: maintaining an accessible check-in area, effective communication, seating		
	Compliance, Risk & Safety Coordinators/Officers: disability access complaints, maintenance issues that are safety risks		
	Clinical Managers: exam room layouts, accessible patient flow, room turnover procedures		