

# Taken to Access

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**Question of the month:**

**Q. We have installed a hand held sprayer, mounted on a sliding bar. The fixture is ADA approved and the installed condition matches diagrams provided in the CBC. The Access Specialist has recommended installing a second shower head. This appears to be a preference based on real world concerns rather than code requirements. What is Sutter's preference?**

**R.** Many manufacturers will advertise their products as "ADA approved". While the product may meet certain accessibility criteria, other factors such as installation must be considered to ensure that the service or benefit is accessible to and usable by all individuals. In this example, installing a sliding bar creates a condition where the sprayer may end up located well above the maximum height requirement. (See below) Furthermore, this design would create a condition where it would be difficult to comply with the requirement for maintenance of accessible features per ADA Title III Regulation 28 CFR Section 36.211.

**Announcements:**

Oscar Gonzalez has joined FPS PAC and is assisting in the Reporting Process as well as facilitating New Real Estate Survey Requests. In the next couple of weeks, Oscar will be reaching out to Affiliates to complete back year reporting and to create ABRP's for newly acquired and surveyed locations. For inquiries please contact him at: [GonzalO1@sutterhealth.org](mailto:GonzalO1@sutterhealth.org)

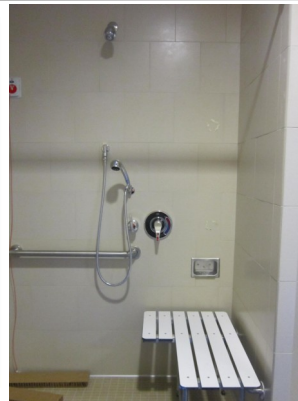
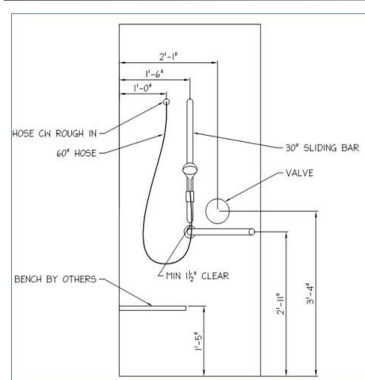
## 4 QUESTIONS: 1 PURPOSE

The Consent Decree requires affiliates to report on disability access compliance activities. As part of this process, any delays or modification to the original plan must be explained. When the barrier removal plans were originally prepared, specific solutions and timelines were offered. Now each year as we report on progress, we must explain changes including any delays. This explanation is part of our accountability. In other words, did we do what we said we would do? If not, do we have a good reason? The way to elucidate this is to answer the following questions in our response:

- What has been done?
- What has not been done?
- What caused the delay or change in plans?
- What steps you are taking to assure it does not happen again?

**All** parts of the compliance program should focus on how we will serve our patients and visitors with disabilities. In the built environment when a barrier is not "readily achievable" to remove, we must explain alternative methods of serving people with disabilities. Where there are interim solutions that supply access to the needed areas, we will get more latitude on our goals by including this information. Where our actions do not provide adequate justification for changes and we are moving compliance timelines out by more than a year, Class Counsel will request this information. And we will likely get additional follow-up questions about how we will serve our patients in the meantime.

It can also help to assure that we are using the severity and use categories provided in the surveys. Particularly, prioritizing the A and B severity barriers in the high use areas (labeled HP in the ETA surveys) will help justify putting other work further out. A severity barriers are those that present safety issues and B severity are those that block access to a significant number of people. These ratings help to determine which barriers are more serious. Explaining removal of many of the barriers in these categories can show our commitment to addressing the more serious barriers.



The CBC calls for hand-held sprayer mounting bracket to be mounted no higher than 48" AFF to the top. The top bracket of the sliding bar as shown on the diagram to the left appears to be 12" to 18" above the 48" max., putting the hand-held spray out of reach to a wheelchair user if a previous standing user leaves it in the high position. Providing a second shower head in lieu of a sliding bar as shown in this picture would meet the intent of the code.