

<b>POLICIES AND PROCEDURES MANUAL</b>	NUMBER: G270
APPROVED BY: Director Committee, Medical Advisory Committee, Senior Administration Committee	EFFECTIVE: April 1999
REVIEWED BY: Patient and Family Advisory Committee	REVISED: May 2005
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## PARKING POLICY

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### A. PURPOSE

To ensure safe and accessible parking facilities on the Queensway Carleton Hospital grounds for Patients, Visitors, Staff, Physicians, Volunteers, Students and Contract Workers.

### B. POLICY STATEMENT

It is critical to ensure our patients and their visitors have adequate space to park to receive their care. In addition, parking space for employees, volunteers, physicians and students is important to ensure our healthcare teams have easy access to their workplace.

Parking rates will be reviewed annually relative to the Ministry of Health and Long Term Care Directives to ensure QCH meets the directives and has adequate funds to cover parking area maintenance, repair costs and capacity. Changes and updates to parking rates will be reflected in posted signage and Parking Policy" Appendix C".

### C. Permits

The hospital deploys coloured permits with ID numbers which must be displayed at all times to ensure a vehicle is parked appropriately. They are as follows:

- 1) **Blue-** Designated to all Staff and Students.
- 2) **Yellow-** Designated to all Physicians.
- 3) **Red-** Designated to Contractors.
- 4) **Orange-** Designated for On-Call spots

Window hanging permits remain the property of the Hospital and must be surrendered upon request or when employment/privileges cease at Queensway Carleton Hospital.

### D. GUIDING PRINCIPLES

The Queensway Carleton Hospital will use the following as guidelines:

- The Provincial Parking Directive from the Ministry of Health and Long Term Care dated Jan 18, 2016. (Appendix A).
- The Integrated Accessibility Standards under the Accessibility for Ontarians with Disabilities Act 2005, S.O. 2005, c. 11 *Reg. 191/11*. (Appendix B).
- The City of Ottawa Parking Bylaws.
- Recommendations as approved by Senior Administration after consultation with the Patient and Family Advisory Committee, Medical Advisory Committee and Staff.

### Parking Facilities

#### 1) **Main Visitor Lot**

This is the main patient and visitor parking lot and is located on the south end of the property. It is divided into 3 sections classified by Protection Services as 'A/B/C'.

#### 2) **Parking Tower**

This is the one of two main staff parking areas and is located on the west end of the property.

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3) **TP2 Lot**

This is the one of two main staff parking areas and is located on the north end of the property adjacent to Tubman's Funeral Home

4) **Cancer Lot West and East**

This is the main patient and visitor parking lot for patients of the Irving Greenberg Family Cancer Centre (IGFCC).it is located on the central north area of the property.

5) **Emergency Meters and Emergency Drop-Off Zone**

The Emergency Drop-Off Zone is designated as short term parking for drop off and pick up. The 15 minutes parking time limit will be enforced by ticketing by either the City of Ottawa Bylaw officer or the QCH parking Bylaw enforcement Protection Services staff. The Emergency Pay Meters are located across from Emergency Department and must always have time on the meters. A maximum of 1 hour of paid parking at the meter will be enforced to respect the intent of short term parking only.

6) **Main Entrance Meters and Short Term Parking Zone**

The main entrance Drop-Off Zone is designated as short term parking for drop off and pick up. The 15 minutes parking time limit will be enforced by ticketing by either the City of Ottawa Bylaw officer or the QCH parking Bylaw Protection Services staff. The Pay Meters located on the west side of the main entrance must always have time on the meters. A maximum of 1 hour will be enforced.

7) **On-Call Parking**

The hospital offers seven (7) on call spots at the Childbirth Program unit entrance and two (2) across from the Emergency entrance. These spots are reserved for individuals on-call or deemed required for urgent and emergent support. The hospital-issued orange parking permits must be displayed at all times to avoid being ticketed by either the City of Ottawa Bylaw officer or the QCH parking Bylaw Protection Services staff. Fees for use of these spots will be agreed upon by the user and VP of Finance and Corporate services.

8) **Signage**

Signage and rules must be obeyed at all times. The obstruction/blockage of fire hydrants, fire routes and the ambulance garage is strictly prohibited. Individual vehicles must be parked within the stall lines at all times as to not obstruct other vehicles. Vehicles may not park within the fire suppression painted lines. Vehicles may not be parked on any sidewalks, curbs, grassed area or any area that has not been specifically designed for parking. Failure to follow Parking Procedures or Policies may result in the issuing of a City of Ottawa parking infraction ticket or the cancellation of parking privileges. It may also be necessary to tow your vehicle.

9) **Parking identification cards**

ID cards for the use of parking are the property of the Queensway Carleton Hospital and as such, Protection Services reserves the right to inspect it at any time. ID cards and parking access is intended for that individual and may not be used to grant access to any other person(s). Protection Services Manager reserves the right to suspend or remove privileges from any individual who uses their parking ID card in an unauthorized manner.

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**10) Vehicle Collisions**

Protection Services **MUST** be notified promptly and immediately following any accident on the property. Depending on the severity of damages, The Ottawa Police Services may be notified.

**11) Refunds**

Refunds are only to be given in special circumstances and must be approved by the Protection Services Manager or Supervisor.

**12) Temporary Suspension of Parking Privileges**

Staff may request a temporary suspension of their parking privileges. Parking privileges may be suspended by completing 'The Parking and Photo Identification Form'. Note that a minimum of four (4) weeks must be requested.

**13) Snow removal**

The Hospital reserves the right to relocate vehicles to facilitate snow removal.

**E. PARKING ALLOCATIONS:**

• **Patients and Visitors:**

Will have many location options for parking at QCH. QCH has allocated spaces in all lots/area for Service Ontario Accessible Parking Permit holders.

- **Main Parking Lot**
- **Cancer Lot West and East**
- **Main Entrance Meters and Short Term Parking zone**
- **Emergency Meters and Emergency Drop-Off Zone**
- **Dialysis short term parking**

To park in the main lot and IGFCC lots, patients and visitors will obtain a parking slip with the date and time stamped. When patients and visitors plan to leave, payment can be made at any of four (4) parking payment machines located as follows:

- **1-IGFCC main entrance**
- **2-at the QCH hospital main entrance**
- **1-at the parking booth located in front of the main parking lot.**

All daily parking slips are good until midnight of the day of purchase. The rates for daily parking are posted at all pay stations and entrances to parking lots.

TOH patients that have purchased parking passes from TOH for care to be delivered at QCH may park in the Main Lot or IGFCC lots. They will pay TOH posted rates.

Patients and visitors who anticipate having multiple visits to QCH, have the option of purchasing multi-use or multi-day parking passes. QCH offers a 5-day, 10-day and 30-day pass that can be purchased through the Protection Services parking office. All of these passes will be valid for one (1) year from the date of purchase. All of these passes are able to be used multiple times in a 24hr period. All of these passes are transferable to family/visitors members. Passes cannot be applied retroactively to parking charges. These passes are offered at a discounted rate to the regular daily rate we charge. (See Appendix C for full rate chart).

**For all non-patient and visitor parking rates please see appendix C-1**

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- **Employees:**  
 Employees may park in the parking tower and TP2 parking areas. Under special circumstances, parking in the IG FCC or Main lot may be temporarily approved. Staff must always display their parking permit. Employees who are on payroll deduction are given access to the appropriate lots through their QCH ID badges. These ID badges are only to be used by the owner of the badge and must not be used to allow access to any others.
- **Physicians:**  
 Physicians may park in the west lot of IG FCC, the parking tower or the main lot when space permits. Physicians must display their parking permit at all times. Physicians have several parking payments available to them as outlined in appendix C-2
- **Scribes:** Scribes may park in the main lot and choose the option as an occasional driver where a charge will be charged directly to their credit card per visit (one charge per 24 hour cycle).
- **Midwives:** Midwives may choose the option as an occasional driver where a charge will be charged directly to their credit card per visit while parking in the main lot. (one charge per 24 hour cycle). Midwives must also pay a fee as negotiated and agreed upon by the VP of Finance and Corporate services for use of the Childbirth On-Call spots.
- **Students:**  
 The Queensway Carleton Hospital offers discounted rate to students. Students have the option to purchase a day pass for occasional use and park in the parking tower. Students can also purchase a monthly pass and are required to park in the parking tower or TP2 lots.
- **Volunteers:**  
 Volunteers are designated to the Main Lot for parking.
- **Contract and construction workers:**  
 Contract workers and construction workers will pay the required hospital daily fees unless special arrangements have been approved by the VP of Finance and Corporate Services.  
 Contract/construction workers will park in the designated spaces agreed upon under the contract and must display their parking permit at all times.
- **TOH Staff**  
 The Queensway Carleton Hospital has several joint programs with The Ottawa Hospital. As such, TOH has reserved 110 parking spots from the Parking Tower. (IG FCC-85 and HDSU-25). TOH staff must contact TOH parking authorities if they wish to park on the property. TOH parking authority will notify the QCH Protection Services Manager requesting access for said individual. It is important to note that QCH will not allow access to the facility without express approval from the TOH Parking Authority.
- **Dialysis patients and dialysis short term parking**  
 TOH Dialysis patients currently pay a reduced rate (\$40 per month) due to the frequency of visits. They are able to park in the main lot and parking Tower. In addition short term parking spots are located across from the north Dialysis entrance, which are reserved for dialysis drop off/pick up and operating room on-call nurses between midnight and 0700hr. Signage is appropriately visible and must be obeyed at all times.

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- **Volunteers Drivers**  
Volunteer drivers must be given special permission by the Protection Services Manager. A volunteer driver must have their information registered and approved by the Manager of Protection Services.
- **Special parking privileges**  
Employees who require priority parking due to disability must file a request and provide medical documentation to Occupational Health and Safety Services (OHSS). OHSS will then contact the Manager of Protection Service to grant temporary priority parking. Physicians and volunteers must discuss the need for the same priority parking privileges with their supervisor and the Manager of Protection Services.
- **Spousal Privileges**  
Spouses may request through the Protection Service Manager, to have access given on one (1) ID card. Spouses may use this card interchangeably on the condition that only one vehicle is on the property at one time. In the case that both vehicles are brought to the property, the secondary vehicle must pay the staff parking rate. As this is a courtesy offered by the hospital, the spouse must confirm their relationship.
- **Complimentary Passes**  
Complimentary passes are only distributed from the Protection Services Manager/Parking lead for special exceptions or to Department Management. Complimentary passes must be approved by the department Manager/Director/VP and the location and quantity is to be logged by Protection Services parking lead.
- **General**  
Parking authorization is granted to individuals to provide parking while on the property. Under no circumstances are parking privileges to be used as vehicle storage/holding. Use of the parking facilities is at the users own risk. The Hospital accepts no liability or responsibility for damages.

**F. RESPONSIBILITIES**

**Protection Services shall:**

- Conduct traffic/parking enforcement under their mandate as designated ByLaw Enforcement for the City of Ottawa on QCH property.
- Be respectful when engaging parking violations or assisting public with their parking needs
- Once a parking ticket is issued, Protection Services will hold the ticket for 48 hours prior to sending to Ottawa Parking Authority to allow any disputes to be heard and the circumstances reviewed.
- In time restricted areas, Protection Services will permit an additional 30 minute grace period for compliance.

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**G. DOCUMENTATION**

1. All Financial information on patients, employees, physicians, students and contract workers will be secured and kept confidential.
2. All parking access cards and passes will be documented and tracked to the issued individual.
3. To apply for, suspend or remove full time, part time, or casual parking privileges, the parking authorization form (appendix D) must be completed in full and delivered to the parking and identification office on level 1.
4. Any physician or contractor interested in parking privileges must complete a parking authorization form (for contractors or physicians only) (Appendix E) and present this to the parking and identification office located on level 1.

**REFERENCES**

- The Provincial Parking Directive from the Ministry of Health and Long Term Care dated Jan 18, 2016. (Appendix A).
- The Integrated Accessibility Standards under the Accessibility for Ontarians with Disabilities Act 2005, S.O. 2005, c. 11 Reg. 191/11. (Appendix B).

Appendix A



# Hospital Parking Directive

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Ministry of Health and Long-Term Care

May 2016

**1) Effective Date**

- a) This Directive is effective immediately.

**2) Purpose**

- a) The purpose of this Directive is to:
  - i) reduce the financial burden of hospital parking fees on patients and their visitors who frequently visit hospital;
  - ii) ensure that hospital parking fees and policies are effectively communicated;
  - iii) support transparency about hospital parking revenues and expenses, and about the use of hospital parking revenues;
  - iv) require hospitals to engage with patients and families when developing or updating their hospital parking fees and policies; and
  - v) ensure that hospitals receive and respond to patient and visitor feedback on parking fees and policies.

**3) Application and Scope**

- a) This Directive applies to all hospitals that receive funding from the Ministry of Health and Long-Term Care (Ministry) or a Local Health Integration Network (LHIN).

**4) Definitions**

- a) The following definitions apply for the purposes of this Directive:
  - i) *Chief Executive Officer (CEO)* means the chief executive officer of the health care organization, or anyone who holds a position equivalent to chief executive officer, regardless of title.
  - ii) *Daily maximum rate* means the maximum amount charged for parking in a parking facility over a 24-hour period, whether that amount is explicitly defined for the parking facility as a 'daily maximum rate' or is the maximum amount that a person using the parking facility would be required to pay for using it over a 24-hour period. If fees are charged only on entry and not on the length of time a vehicle is parked in the parking facility, then the daily maximum rate is three times the per-entry fee.
  - iii) *Hospital* means a hospital within the meaning of the *Public Hospitals Act* or the *Private Hospitals Act*.
  - iv) *Hospital foundation* means a related or non-related entity that primarily provides funds and/or other support to a hospital.
  - v) *In-and-out privileges* means the right of a person with a parking pass to exit and re-enter a parking facility without incurring any additional cost.



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- vi) *Parking facility* means a parking structure or parking lot that is regularly used by a significant number of patients and visitors who take a personal vehicle to the hospital.
- vii) *Parking pass* means a card, ticket or permit that gives a person access to a parking facility.
- viii) *Parking policy* means a written policy approved by a hospital's management and/or Board of Directors that governs the management, terms of use, and rates charged at a parking facility.
- ix) *Patient* means a person who has been admitted to, or registered at, a hospital.
- x) *Patient and Family Advisory Council* means an advisory body consisting of patients and family members or caregivers that a hospital consults with to address and improve the patient experience, or an equivalent body if a council has not been established.
- xi) *Visitor* means a person who is visiting a patient.

### 5) General Requirements

- a) Every hospital that owns or operates a parking facility, or controls the parking facility fees, and charges patients and visitors parking fees for the parking facility must meet the following general requirements.
- b) **Capping Daily Maximum Rates**
  - i) Hospitals must cap the parking facility's daily maximum rate at the amount in effect on January 18, 2016, regardless of the daily maximum rate amount.
  - ii) The parking facility's daily maximum rate must remain at or under this amount until March 31, 2019.
  - iii) After March 31, 2019, a hospital may increase the parking facility's daily maximum rate by a percentage that is no higher than any percentage increase in the Consumer Price Index (CPI) since April 1, 2019. A hospital can 'carry over' any unused daily maximum rate increases to future dates by choosing not to raise a daily maximum rate for a period of time and then raising the rate by a percentage up to, but not exceeding, the percentage change in CPI over that time.
- c) **Discounted Parking Passes**
  - i) Hospitals that charge a daily maximum rate for the parking facility that is more than \$10.00 must offer patients and their visitors discounted parking passes to the parking facility.
  - ii) Discounted parking passes must:
    - (1) be offered in 5-day, 10-day and 30-day versions;
    - (2) be priced to give a discount of at least 50% from the daily maximum rate, so that:

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- (a) The price of a 5-day parking pass is 50% or less than 5 times the daily maximum rate.
- (b) The price of a 10-day parking pass is 50% or less than 10 times the daily maximum rate.
- (c) The price of a 30-day parking pass is 50% or less than 30 times the daily maximum rate.
- (3) include unlimited in-and-out privileges over a 24-hour period starting from the first time in a calendar day the pass is used;
- (4) be transferrable between patients and their visitors and their vehicles;
- (5) be valid for consecutive or non-consecutive days, as the user of the pass chooses;
- (6) be valid for use in any part of the parking facility available to patients and their visitors; and
- (7) be valid for one calendar year from the date of purchase.
- iii) Discount passes meeting all of the above criteria must be offered to patients and their visitors by October 1, 2016.
- iv) If a parking facility has more than one daily maximum rate (for example, a weekday and a weekend rate) then the highest daily maximum rate will be used to determine whether this section applies and for calculating the minimum discount set out above.
- v) Hospitals may, at their discretion:
  - 1) take reasonable measures to prevent the use of passes by persons who are not patients or their visitors, including staff, vendors, and other persons, so long as these measure do not create an undue burden for patients and their visitors or violate the provisions of the Personal Health Information Protection Act, 2004;
  - 2) provide refunds for passes; and
  - 3) provide credits toward the price of a pass for parking fees that have already been paid.
- d) **Notice of Fees and Policies**
  - i) Hospitals must make parking policies and fees (including daily maximum rates) publicly available, both in print and online.
- e) **Accessibility of Discounts**
  - i) Hospitals must ensure that discounted parking passes or other concessions on parking fees are well-promoted, and that the methods for obtaining and using concessions are easy to understand, user-friendly, and easily accessible for persons with disabilities.

**f) Consultations with Patients and Families**

- i) Hospitals must consult with their Patient and Family Advisory Council and consider its feedback when setting or updating parking fees and developing or updating parking policies.

**g) Feedback Process**

- i) Hospitals must:
  - (1) in consultation with their Patient and Family Advisory Council, implement and communicate a readily accessible process by which individual patients and visitors can provide feedback on parking fees and policies; and
  - (2) provide a reasonable response to individual patient and visitor feedback on parking fees and policies within 30 days of receiving the feedback.

**h) Reporting**

- i) Hospitals must report annually to the public on revenues earned from hospital parking and how that revenue is used.

**i) Maintaining Ownership**

- i) Hospitals that owned a parking facility on January 18, 2016 must maintain ownership of the parking facility until March 31, 2019, and may not sell, lease, or otherwise dispose of its parking facility, or otherwise cede control over parking fees for the parking facility, unless the hospital has obtained express written permission from the Ministry.

**j) Information**

- i) Hospitals must provide the Ministry with information on parking revenues and expenses, parking facility usage, and patient and visitor feedback on parking for the time period between April 1, 2016 and September 30, 2017 and in the form and manner specified by the Ministry.
- ii) The Ministry will use this information to evaluate the impacts of this Directive.
- iii) If requested by the Ministry, a hospital must produce an independently audited report verifying parking revenues and expenses.

**6) Requirements for Hospitals that Do Not Charge Fees for Parking**

- a) Hospitals that owned or operated a parking facility and did not charge parking fees to patients and visitors on January 18, 2016 may implement parking fees, at their discretion, so long as:
  - i) the fees are no higher than local market rates; and
  - ii) the hospital has consulted with its Patient and Family Advisory Council before implementing the fees, as set out in Section 5(f) , titled "Consultations with Patients and Families".

- b) Any hospital that implements parking fees for patients and their visitors, when it previously did not charge fees, is immediately subject to the same requirements in this Directive as any other hospital that charges parking fees.

**7) Requirements for Hospitals that Do Not Own or Operate Parking Facilities and Do Not Control Parking Facility Fees**

**a) Parking Facilities Owned or Operated by a Hospital Foundation**

- i) Where a hospital's foundation owns or operates a parking facility and controls the parking facility's parking fees, the hospital must make best efforts to ensure that the foundation:
  - (1) caps daily maximum rates, as set out in Section 5(b), titled "Capping Daily Maximum Rates";
  - (2) if the daily maximum rate is more than \$10 per day, offers discounted parking passes for patients and their visitors, as set out in Section 5(c), titled "Discounted Parking Passes";
  - (3) if a parking fee has not previously been charged, sets any new fees no higher than local market rates, as set out in Section 6, titled "Requirements for Hospitals that Do Not Charge Fees for Parking";
  - (4) provides notice of fees and policies, as set out in Section 5(d), titled "Notice of Fees and Policies";
  - (5) ensures accessibility of discounts, as set out in Section 5(e), titled "Accessibility of Discounts";
  - (6) consults with the hospital's Patient and Family Advisory Council prior to setting or updating parking fees and developing or updating parking policies, as set out in Section 5(f), titled "Consultations with Patients and Families";
  - (7) reports annually to the public on revenues earned from hospital parking and how that revenue is used, as set out in Section 5(h), titled "Reporting";
  - (8) maintains ownership of the parking facility, as set out in Section 5(i), titled "Maintaining Ownership"; and
  - (9) provides the information set out in Section 5(j), titled "Information".
- ii) The hospital must have a feedback process and provide a reasonable response to patients and visitors on their feedback regarding parking fees and policies, as set out in Section 5(g), titled "Feedback Process".
- iii) If a hospital foundation that controls parking facility fees fails to take the actions set out in Sections 5(b), 5(c), or 6, as applicable, then the hospital must:

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- (1) offer to reimburse patients and visitors for parking fees paid in excess of fees they would have paid had the foundation taken the actions set out in those sections, as follows:
    - (a) Where no discount parking pass would have applied, the reimbursement amount is the difference between the fees paid and what the fees would have been if the daily maximum rate had been capped as set out in Section 5(b) or parking fees had been implemented as set out in Section 6, as applicable; and
    - (b) Where a discount parking pass would have applied, the reimbursement amount is the difference between the fees paid and what the price of a discount pass or passes would have been if a discount pass had been offered as set out in Section 5(c). The discount pass price is to be calculated as 50% of the daily maximum rate as if the daily maximum rate had been capped as set out in Section 5(b) or parking fees had been implemented as set out in Section 6, as applicable, and for the lowest-priced pass (5-day, 10-day, or 30-day pass) that would have been required to cover the number of days of parking for which reimbursement is being sought; and
  - (2) provide notice to patients and visitors of the reimbursement offer and ensure the accessibility of the reimbursement offer in a manner that is consistent with the terms of Sections 5(d) and 5(e) of the Directive.
- b) Parking Facilities Owned or Operated by 3rd Party with a Contract with Hospital**
- i) Where a hospital has a contract with a parking facility owner or operator who controls the parking facility's parking fees, the hospital must make best efforts to ensure the owner or operator:
    - (1) caps daily maximum rates, as set out in Section 5(b), titled "Capping Daily Maximum Rates";
    - (2) if the daily maximum rate is more than \$10 per day, offers discounted parking passes for patients and their visitors, as set out in Section 5(c), titled "Discounted Parking Passes";
    - (3) provides notice of fees and policies, as set out in Section 5(d), titled "Notice of Fees and Policies";
    - (4) ensures accessibility of discounts, as set out in Section 5(e), titled "Accessibility of Discounts"; and
    - (5) if a parking fee has not previously been charged, set any new fees no higher than local market rates, as set out in Section 6, titled "Requirements for Hospitals that Do Not Charge Fees for Parking".
  - ii) The hospital must have a feedback process and provide a reasonable response to patients and visitors on their feedback regarding parking fees and policies, as set out in Section 5(g), titled "Feedback Process".

**c) Parking Facilities Owned or Operated by 3<sup>rd</sup> Party Without Contract with Hospital**

- i) Where a hospital does not have a contract with a parking facility owner or operator who controls the parking facility's parking fees, the hospital must make reasonable efforts to ensure that the owner or operator:
  - (1) caps daily maximum rates, as set out in Section 5(b), titled "Capping Maximum Daily Rates";
  - (2) if the daily maximum rate is more than \$10 per day, offers discounted parking passes for patients and their visitors, as set out in Section 5(c), titled "Discounted Parking Passes"; and
  - (3) if a parking fee has not previously been charged, set any new fees no higher than local market rates, as set out in Section 6, titled "Requirements for Hospitals that Do Not Charge Fees for Parking".
- ii) The hospital must have a feedback process and provide a reasonable response to patients and visitors on their feedback regarding parking fees and policies, as set out in Section 5(g), titled "Feedback Process".

**8) Exemptions**

- a) Only the Ministry can grant an exemption from a requirement under this Directive.
- b) The Ministry will only grant an exemption if meeting the requirement would create an unreasonable financial, administrative, or operational burden for the hospital and the exemption is in the public interest.
- c) Hospitals can apply for an exemption from a requirement by submitting a written request that details the following:
  - i) the rationale for requesting the exemption;
  - ii) options considered for meeting the requirement or requirements, and an explanation as to why each option was rejected;
  - iii) a description of relevant consultations with the patient and family advisory council; and
  - iv) steps to be taken to mitigate any adverse impacts on patients and visitors who frequently visit the hospital.

**9) Attestations**

- a) Every hospital CEO must attest in writing to the hospital's LHIN that the hospital has met all relevant requirements in this Directive by no later than September 30, 2016, and by every September 30 thereafter.
- b) This attestation must be signed by the hospital's CEO.
- c) If the CEO is unable to attest that the requirements have been met, he or she must provide, by September 30 of the relevant year, a written explanation of any material

exceptions, as well as the steps that the hospital will take to meet the requirements, and the timeframe for doing so.

## 10) Responsibilities

- a) Hospitals are responsible for:
  - i) revising hospital parking fees and policies to meet the requirements set out in this Directive;
  - ii) ensuring that revised parking rates and policies comply with all relevant federal or provincial statute, directive or policy, including but not limited to the Personal Health Information Protection Act, 2004, the Excellent Care for All Act, 2010, and the Accessibility for Ontarians with Disabilities Act, 2005, and their Regulations;
  - iii) ensuring there is an appropriate records retention system for information that is required by the Ministry; and
  - iv) seeking direction from the Ministry when there are questions of application of the requirements.
- b) LHINs are responsible for:
  - i) ensuring that hospitals funded by the LHIN are held accountable for meeting the principles and requirements of the Directive;
  - ii) relaying information to hospitals on behalf of the Ministry, and relaying information to the Ministry on behalf of a hospital;
  - iii) receiving attestations from hospital CEOs, and forwarding them to the Ministry;
  - iv) receiving data from hospitals to support the Ministry's evaluation of the impact of the Directive;
  - v) providing additional support for the Ministry's evaluation, as required; and
  - vi) providing other support to hospitals as may be requested by the Ministry.
- c) The Ministry is responsible for:
  - i) providing clarification on the requirements in this Directive as required to support implementation by LHINs and hospitals;
  - ii) taking action in the case of non-compliance with the Directive;
  - iii) requesting information from hospitals to substantiate that the requirements of the Directive have been met; and
  - iv) approving or denying a hospital's request for an exemption from one or more of the requirements in this Directive.

## Appendix B

### **. 191/11: INTEGRATED ACCESSIBILITY STANDARDS**

under *Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11*

#### **Minimum number and type of accessible parking spaces**

**80.36 (1)** Off-street parking facilities must have a minimum number of parking spaces for the use of persons with disabilities, in accordance with the following requirements:

1. One parking space for the use of persons with disabilities, which meets the requirements of a Type A parking space, where there are 12 parking spaces or fewer.
2. Four per cent of the total number of parking spaces for the use of persons with disabilities, where there are between 13 and 100 parking spaces in accordance with the following ratio, rounding up to the nearest whole number:
  - i. Where an even number of parking spaces for the use of persons with disabilities are provided in accordance with the requirements of this paragraph, an equal number of parking spaces that meet the requirements of a Type A parking space and a Type B parking space must be provided.
  - ii. Where an odd number of parking spaces for the use of persons with disabilities are provided in accordance with the requirements of this paragraph, the number of parking spaces must be divided equally between parking spaces that meet the requirements of a Type A parking space and a Type B parking space, but the additional parking space, the odd-numbered space, may be a Type B parking space.
3. One parking space for the use of persons with disabilities and an additional three per cent of parking spaces for the use of persons with disabilities, where there are between 101 and 200 parking spaces must be parking spaces for the use of persons with disabilities, calculated in accordance with ratios set out in subparagraphs 2 i and ii, rounding up to the nearest whole number.
4. Two parking spaces for the use of persons with disabilities and an additional two per cent of parking spaces for the use of persons with disabilities, where there are between 201 and 1,000 parking spaces must be parking spaces for the use of persons with disabilities in accordance with the ratio in subparagraphs 2 i and ii, rounding up to the nearest whole number.
5. Eleven parking spaces for the use of persons with disabilities and an additional one per cent of parking spaces for the use of persons with disabilities, where more than 1,000 parking spaces are provided must be parking spaces for the use of persons with disabilities in accordance with the ratio in subparagraphs 2 i and ii, rounding up to the nearest whole number. O. Reg. 413/12, s. 6.

(2) If an obligated organization provides more than one off-street parking facility at a site, the obligated organization shall calculate the number and type of parking spaces for the use of persons with disabilities according to the number and type of parking spaces required for each off-street parking facility. O. Reg. 413/12, s. 6.



(3) In determining the location of parking spaces for the use of persons with disabilities that must be provided where there is more than one off-street parking facility at a site, an obligated organization may distribute them among the off-street parking facilities in a manner that provides substantially equivalent or greater accessibility in terms of distance from an accessible entrance or user convenience. O. Reg. 413/12, s. 6.

(4) For the purposes of subsection (3), the following factors may be considered in determining user convenience:

1. Protection from the weather.
2. Security.
3. Lighting.
4. Comparative maintenance. O. Reg. 413/12, s. 6.

### **Signage**

**80.37** Obligated organizations shall ensure that parking spaces for the use of persons with disabilities as required under section 80.36 are distinctly indicated by erecting an accessible permit parking sign in accordance with section 11 of Regulation 581 of the Revised Regulations of Ontario, 1990 (Accessible Parking for Persons with Disabilities) made under the *Highway Traffic Act*. O. Reg. 413/12, s. 6.

### **Exception**

**80.38 (1)** An exception to the required minimum number of parking spaces for the use of persons with disabilities is permitted where an obligated organization can demonstrate that it is not practicable to comply with the requirement because existing physical or site constraints prevent it from meeting the required ratio, such as where the minimum width for parking spaces for persons with disabilities or access aisles cannot be met because of existing pay and display parking meters, surrounding curb edges, walkways, landscaping or the need to maintain a minimum drive aisle width. O. Reg. 413/12, s. 6.

(2) Where an obligated organization claims an exception to the minimum number of parking spaces for the use of persons with disabilities, it shall provide as close to as many parking spaces for the use of persons with disabilities that meet the requirements of this Part, as would otherwise be required under subsection 80.36 (1) or (2), as the case may be, that can be accommodated by the existing site and,

- (a) where that number is an even number, the number of parking spaces must be divided equally between parking spaces that meet the requirements of a Type A parking space and a Type B parking space; and
- (b) where that number is an odd number, the number of parking spaces must be divided equally between parking spaces that meet the requirements of a Type A parking space and a Type B parking space, but the additional parking space, the odd-numbered space, may be a Type B parking space. O. Reg. 413/12, s. 6.



**QCH PATIENT AND VISITOR**

**PARKING RATES**

**EFFECTIVE June 01, 2016**

**SINGLE USE:**

0-15 min	Free
16-30 min	\$4.00
31-60 min	\$8.00
61-90 min	\$11.00
91-120 min	\$14.00
Daily maximum	\$14.00 (valid until midnight)

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**MULTI-USE PASSES:**

5 non-consecutive days pass	\$35.00*
10 non-consecutive days pass	\$70.00*
30 non-consecutive days pass	\$150.00*
TOH-QCH Inter-campus pass	\$97.50*
(Valid for 15 non-consecutive days between TOH and QCH)	

**\*All Multiuse passes have the following privileges:**

- Valid for 1 year
- Good for 24 hour period with in/out usage
- Can share between visiting family members
- Cannot be retroactively applied to previous parking charges
- Non-refundable

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Please see QCH parking policy [www.qch.on.ca](http://www.qch.on.ca) then select Visitor's Information

## Parking Policy Appendix D Queensway Carleton Hospital Photo Identification and Parking Authorization

Last Name (Please Print Clearly)	First Name	Employee Number												
Department Name		Position Title												
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Department telephone extention _____												
Parking Option <input type="checkbox"/> New <input type="checkbox"/> Change														
<input type="checkbox"/> Full-Time \$85.00 (Payroll Deduction) <input type="checkbox"/> Part-Time \$0.57\Hours Paid (Payroll Deduction) <input type="checkbox"/> Occasional Driver (\$5.00 Flat Rate)														
Payroll Deduction Authorization. I hereby authorize Queensway-Carleton Hospital to deduct the current parking rate from my pay commencing on														
Start Date _____ Signature _____														
Full time parking may only be suspended for a month at a time. NOTE: Parking facilities are provided at the vehicle owners risk and expense. The Hospital assumes no responsibility for damages. User acknowledges and agrees to all conditions by engaging the parking facilities.														
Payroll Suspension (Submit to Protection Services one week prior to suspension)														
Stop Parking _____ Signature _____														
Parking Permit Number #      Blue <input type="checkbox"/> Yellow <input type="checkbox"/>														
Temporary ID Issued #      Temporary ID Returned _____														
Protection/Parking Services														
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: right;">Date</td> </tr> <tr> <td>ID Issued</td> <td>_____</td> </tr> <tr> <td>Parking Added</td> <td>_____</td> </tr> <tr> <td>Parking Changed</td> <td>_____</td> </tr> <tr> <td>Parking Removed</td> <td>_____</td> </tr> <tr> <td></td> <td style="text-align: right;">Tag Returned _____</td> </tr> </table>				Date	ID Issued	_____	Parking Added	_____	Parking Changed	_____	Parking Removed	_____		Tag Returned _____
	Date													
ID Issued	_____													
Parking Added	_____													
Parking Changed	_____													
Parking Removed	_____													
	Tag Returned _____													
Completed by _____														
Human Resources Processed _____														
Date		Signature												
Notes														



## Parking Policy Appendix E

### Queensway Carleton Hospital Photo Identification (Physician/Contractor position only)

Last Name (Please Print Clearly)		First Name		Company	
Department			Position Title		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Telephone	Address	City	
Temporary ID Issued #		_____		Temporary ID Returned _____	
<b>Company Information</b>					
Type of Work		_____			
Company Address		_____			
Company Number		_____			
Immediate Supervisor		_____		Extent of Stay _____	
Completed by _____					
By signing, I hereby acknowledge the above information is true, any false information or failure to abide by the Queensway Carleton Hospital policies and procedure may result in loss of badge privileges. This badge is the property of the Queensway Carleton hospital and as such must comply with all corporate policies and procedures laid out in section #E-010. The ID must not be altered or defaced in any matter.					
_____ Signature			_____ Date		