# PACIFIC DISABILITY FORUM COVID-19 UPDATE

## Guideline on Pre-Condition to Inclusion

## Persons with Disabilities – COVID-19 Response

## INTRODUCTION

In light of the COVID-19 pandemic and its disproportionate impact on persons with disabilities, the Pacific Disability Forum (PDF) is urging authorities and partners to ensure inclusion of persons with disabilities, their families, carers and support persons in the COVID-19 response and recovery work to follow. Therefore, realising. Realising the pre-condition to inclusion of persons with disabilities is required to guarantee that they are not left behind in the COVID-19 response. The pre-condition to inclusion can be referred to as the pre-requisite for disability inclusion. If the pre-conditions are not realized, it will seriously undermine the inclusion of all persons with disabilities across the COVID-19 response and recovery actions.

There are six different themes which are pre-conditions for inclusion. These are **accessibility**, **assistive device**, **support services**, **social protection**, **community based inclusive development** (CBID) and **non-discrimination**. These measures/actions need to be in place first before inclusion for persons with disabilities can be achieved.

With social distancing being one of the major mechanisms in place to reduce the spread of the virus, there is a need to ensure that these pre-conditions are in place in health facilities and communities to minimise human contact. However, limiting human contact to those with high support needs will be a challenge.

This document serves to guide responders in the COVID-19 pandemic on how to ensure that the pre-conditions to inclusion are integrated within the COVID-19 response efforts, guaranteeing that all persons with disabilities benefit and access essential health services on an equal basis with others without discrimination. Integrating the pre-conditions into the COVID-19 response and recovery mechanisms will promote and ensure inclusion of persons with disabilities and guarantee that no one is left behind in such efforts.

## PRE-CONDITION FOR INCLUSION

### 1. Accessibility

Accessibility ensures access for persons with disabilities, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas[1]. It enables persons with disabilities to live independently and participate fully in all aspects of life and states and COVID-19 responders shall take appropriate measures to ensure that this is realised for all persons with disabilities.

Realising this, it is inevitable to recognise and put in place measures that will guarantee the following for all persons with disabilities:

  a) Access to the physical environment

b) Access to transportation
c) Access to information and communication
d) Access to Information Communication Technologies (ICT)
e) Access to facilities and services

### a. *Access to the Physical Environment*

In the COVID-19 response actions this means that measures are in place to ensure that persons with disabilities are able to enter, circulate or move around freely and use the facilities on an equal basis with others. Considering this, it is important to recognise the diversities of impairments of persons with disabilities.

### *Recommendations:*

1. Ensure that ramps with athe right gradient of 1:10 or a 30 degree inclined are retrofitted into health centre, hospital and quarantine hospital buildings. For persons who use a wheelchair for mobility requires a ramp to enter a building. Therefore, it is important to ensure that a ramp is built at the entrance of a health centre, hospital and quarantine hospital buildings to ensure that they are able to wheel into the building and access the services provided. Ramps will also benefit older persons, pregnant mothers and mothers with young children on strollers and younger children generally will ease  access to health centres and hospitals[1].

2. Ensure that handrails are in place at the entrance and around the walkways within the health centre, hospital and quarantine hospital buildings. Handrails placed on walkways and along the ramp at the entrance to the buildings will provide support to the following:
    ➢ Support persons who use a wheel chair for mobility to wheel up and down the ramp, ensuring that they do not fall back while wheeling up or rushed forward while wheeling down on their own.
    ➢ Sighted guide for blind persons on directions around the buildings
    ➢ Can be used as a support for older persons, pregnant mothers, mothers with young children on strollers and younger children generally, those that uses crutches, and others while walking around the building.

3. Ensure that you have lowered counters for persons who use wheelchairs for mobility – this ensure that when they are accessing a front desk and other services within the building they are able to see those behind the counters and vice versa.

4. Allocated parking for persons with disabilities – ensure that parking spots are allocated for persons with disabilities close to the entrance of a health centre, hospital and quarantine hospital buildings.

5. Ensure that tactile paths are in place in a health centre, hospital and quarantine hospital buildings – this is to guide blind persons and persons with low vision to differentiate the different areas within the buildings. This can be in the form of a raised tile[2] at the exit and entry to a door, in front of the triage area to identify significant directions to where the triage team is located etc.

6. Ensure colour-contrasting of environment for persons with low-vision – This is through the use of colour contrast to guide persons with low vision to differentiate the walls from the

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[1] http://www.internationaldisabilityalliance.org/sites/default/files/covid-19_response_considerations_for_people_with_disabilities_190320.pdf
[2] Tactile can be either line or dot type

floor and also to support them identify objects placed on walkways and in other parts of the building.

7. Provide lighting that is not too bright or too dim which can help people with low vision or people who use sign language to communicate. The environment inside health facilities must be conducive to the safety and dignity of all persons.

8. Ensure that clear signs are available in the buildings to indicate directions and labelling of different facilities and services within the building.

### b. Access to transportation

In the outbreak of the COVID-19 pandemic, access to transport to travel to health facilities is essential for all[1]. Hence, it is important to ensure that persons with disabilities are to reach health facilities on an equal basis with others.

### *Recommendations:*

1. Ensure that necessary laws that ensures non-discrimination of persons with disabilities by public service vehicles are enforced.

2. Public service vehicle drivers to avoid discriminating against persons with disabilities when providing services and recognising:

   ➢ Persons who use wheelchairs for mobility need their wheelchairs to be loaded in to the vehicle, hence, the need to ensure that there is ample space to facilitate this and drivers stopping when they are called or stopped by a person who use a wheelchair for mobility.

   ➢ Deaf persons, hard of hearing persons and persons with speech impairment may have difficulty in communicating with drivers, therefore, the need to keep a note book and pen in case they might need to write down what they need to say in a note book and vice versa[3].

   ➢ Blind persons and people with low vision may have difficulty in identifying notes and coins, hence the need to be honest about fare amounts and changes.

   ➢ People with psychosocial disabilities and persons with intellectual disabilities might need the driver to demonstrate patience and calmness when providing services to them as anger and furiousness may exacerbate their anxiety, fear and panic[8].

3. Ambulance and first responders' transport services need to ensure that their services are inclusive of persons with disabilities, hence, means to reach these services need to guarantee access to all.

4. Ambulance workers and first responders transport personnel need to recognise the diversities of persons with disabilities and carry out their work from a human rights approach that is gender sensitive, age appropriate and disability inclusive.

### c. Access to Information and Communication

Persons with disabilities are at higher risk of contracting COVID-19 due to the various attitudinal, communication and environmental barriers they face, in particular in accessing key information on COVID-19 precautions, preparedness and response actions. The lack of capacity and accessibility for persons with disabilities to receive information, understand and act on it, exacerbates their

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[3] http://www.internationaldisabilityalliance.org/sites/default/files/wfd_-_wasli_guidelines_sl_access_final_18march20.pdf

vulnerability to the outbreak[4]. Lack of access to education for persons with disabilities limits their capacity to understand and act on technical and complex medical information shared through various means.

### *Recommendations:*

1. Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats. Accessible formats could include easy read formats, soft copies in word format, braille, videos with captioning, pictures & flow charts and sign languages. When sharing pictures electronically apart from the caption describe the picture and its content using alternate text to ensure screen reading software users can also access the picture on an equal basis with anyone else[1].

2. Communication should be in plain language or easy to read language. Explain complex technical medical terms in simple conversational day to day language, in particular when communicating or sharing information with persons with intellectual disabilities[8].

3. Ensure that the information sharing platforms are available and accessible to persons with disabilities, e.g. ensure that information is shared through radio, television channels with captioning or sign languages, text messages, online and IEC materials. Mass media communication should include closed captioning, sign language, high contrast, large print information.

4. In hospitals or health centres ensure the provision of both audio and visual announcements when calling out names or numbers.

5. Ensure the availability of sign language interpreters at health centres and hospitals.

6. Ensuring the employment of a sign language interpreter who is suitably skilled or qualified in the undertaking of the interpreting and translating role and they are given the same health and safety protections as other health care workers when dealing with COVID-19.

7. Recommend that persons communicating with persons who are hard of hearing speak clearly[3].

8. When official statements are delivered by any Government official or Ministry of Health official, ensure that a sign language interpreter is present.

9. Ensure the availability of a guide interpreter for deaf blind persons.

10. When providing people with disabilities with forms, presentations, brochure, etc., provide a verbal briefing of the information, and provide a soft copy in word, power point (avoid using png or jpeg formats that sometimes cannot be read by screen reading software), and provide the materials in braille format if it can be produced readily and requested by blind persons who can read braille. Avoid sharing documents in pdf, png or jpeg formats as they sometimes cannot be read by screen reading software's.

### d. **Access to Information Communication Technology**

Information Communication Technology (ICT) plays a crucial role in ensuring information is accessible to all. This means that COVID-19 responders, health ministries and government stakeholders ensure that information and messages are available in the various ICT platforms such as radio, televisions, mobile phones, screen reading software, social media, Health Ministries and essential governments' websites.

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[4] https://www.who.int/docs/default-source/documents/disability/covid-19-disability-briefing.pdf?sfvrsn=fd77acb7_2&download=true

### Recommendations:

1. Ensure that audio or voice operated features are available in various online information sharing platforms.
2. When sharing pictures include a caption, and also describe the picture and any text on the picture using the alternate text function, to ensure that screen reading software can read the pictures.
3. Ensure that websites have colour-contrast features and different text size options available.
4. Electronic devices such as assistive technology would be ideal as such devices amplify sound.
5. Information from the media and social media sources should be captioned. Many hard of hearing persons require captions to access essential information given fast-changing developments related to the coronavirus.
6. Sign language interpreting of media messages must be provided given that many deaf persons and some hard of hearing persons rely on this means of communication[3].
7. Ensure provision of live captioning when sharing information via videos and television.
8. Where personal interaction is not possible, we urge providers to offer the option of text messaging versus verbal telephone contact, use of a relay service for hard of hearing persons, or use of video communications with the captioning feature enabled.[5]
9. Ensure that information shared through all ICT channels are available in Easy-to-read information or simple language.

### e. Access to Facilities and Services

In addition to ensuring that persons with disabilities are able to access the physical environment, and receive the needed information and communicate with responders, it is equally important that facilities and services provided within health centres, hospitals and quarantine buildings are inclusive of persons with disabilities[6].

### Recommendations:

1. Ensure that WASH facilities including toilets, are accessible to persons with disabilities – this can be done by ensuring that toilet seats are raised and that hand grabs are installed.
2. Ensure that sinks used for hand washing are not too high from the ground but are placed in a way that will guarantee persons who use wheelchairs for mobility are able to use it and wash their hands. This can also benefit, children and people with dwarfism.
3. Ensure that triage areas, fever clinics and pharmacies are inclusive of persons with disabilities by ensuring access to the physical environment, access to information and communication are inclusive of persons with disabilities.
4. Ensure that doctors, nurses and other first responders are gender sensitive, age appropriate and disability inclusive in their approach in implementing their roles.

## 2. Assistive Device

Assistive devices are devices that support the direct participation of persons with disabilities[7]. The different groups of persons with disabilities use different devices that suit their needs, for example:

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[5] https://www.youtube.com/watch?time_continue=32&v=EhYdpcaxkIM&feature=emb_logo

[6] http://www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12%20technical%20cards%20for%20accessible%20construction.pdf

[7] https://www.who.int/health-topics/assistive-technology#tab=tab_1

- Physical impairment – wheelchairs, crutches, walking cane, commode, walking frames, etc.
- Visual impairment – white cane, braille/talking watches, screen reader software, spectacles and magnifying glasses
- Hearing impairment – hearing aid, relay messaging
- Psychosocial disability – Mobile phone or electronic devices to communicate with their family members and circle of support. Other assistive devices are required should the person with a psychosocial disability have a multiple disability and or existing health condition[8].
- Intellectual disability – communication board, audio devices, iPad. Other devices are required should the person with a psychosocial disability have a multiple disability and or existing health condition[8].
- Deaf-blind – hearing aid, communication board

### Recommendations:

1. In times of emergencies, persons with disabilities equally need their assistive device as essential basic needs to be met, therefore, partners and the Health Response Services must ensure that provision of assistive devices for persons with disabilities includes those who are isolated in medical facilities are available at all times.

### 3. Support Services

Support services are an essential pre-condition for many persons with disabilities to ensure their active and meaningful participation in society, to preserve their dignity, autonomy and independence. Persons with disabilities may require a higher level and more diversified type of support.

Support for persons with disabilities is particularly relevant and needed in:

- Decision-making and exercising legal capacity.
- Communication through alternative modes, means and formats.
- Personal mobility and transportation.
- Performing daily activities and personal assistance.
- Living independently in the community.

**Examples of support services are:**

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|---|---|---|
| • Independent living<br>• Personal assistant services<br>• Support to decision making<br>• Youth, Community, Women and Faith based groups, networks and organisations | • Sign language interpreter<br>• Guide interpreter for deaf blind people<br>• Respite care services<br>• Family support groups<br>• Counselling and Suicide – Lifeline services | • Circle of support Peer support group<br>• Counselling and Social Workers Networks and Associations<br>• Psychosocial and Mental Health Support Networks and Associations |

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[8] https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

**Recommendations:**

1. In light of the current pandemic, persons with disabilities will need the following should they be identified to be tested and or isolated in medical facilities, be accompanied and supported during the containment and lock down period to access essential services.
   - Blind Person – sighted guide at all times
   - Person with physical impairment – Personal Assistant or carer
   - Deaf person – sign language interpreter
   - Person with psychosocial disability – carer or support person, peer support
   - Person with intellectual disability – carer or support person, circle of support
   - Deaf-blind person – guide interpreter

## 4. Social Protection

Social protection is an enabler and has a key role to play in supporting inclusion and participation of persons with disabilities[9]. In situation of emergencies and crisis, Social Protection can play a key role in supporting persons with disabilities to respond and recover from the shock and loss. This is particularly important where cash transfers to individuals and families is a mechanism used to support individuals and families recover from a crisis[10].

**Recommendations:**

1. People with disabilities and their families who were receiving disability support payments prior to the COVID-19 crisis must continue to receive this support. Reasonable accommodations may be needed to address issues such as inability to travel to banks or ATMs to withdraw funds.
2. Any new social protection schemes which aim to address the economic impacts of COVID-19 on households must also reach households of people with disabilities.

## 5. Community Based Inclusive Development (CBID)

CBID focus on ensuring effective inclusion and impact at community level and enable bottom up innovation and accountability. While CBID encompass some specific activities such as community awareness raising, resource mobilization and organization, it facilitates and enhances effectiveness and inclusiveness of last mile delivery of national sectoral policies.

In light of the pandemic, persons with disabilities who are dependent on their families and communities to access services, can be sidelined when the current situation reaches a level where the families are infected and need to be cared for.

**Recommendations:**

1. Promote and protect wellbeing of persons with disabilities, their families, carers and community.
2. Ensure representative organisation of persons with disabilities play a key role in awareness raising.

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[9] https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E
[10] https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_739587.pdf

3. Secure access to necessities and essential services.
4. For more recommendations on ensuring disability inclusive community actions in the COVID-19 response [click here](.).

### 6. Non – discrimination

The pre-condition that is particular important during this time of crisis is accessibility and support services, so all persons with disabilities can access the same information and services on an equal basis with others as well as supported should they be tested and be isolated. This does not qualify that the others are less important but all of these pre-conditions must be applied as and when needed.

### *Recommendations:*

1. Discrimination on the grounds of disability should be prohibited at all level, including legislation which apply to all public and private actors. It should include all forms of discrimination, especially in accessing services as well as including discrimination by association. It should include obligation to provide reasonable accommodation and recognising that the denial of reasonable accommodation amounts to discrimination.

2. During this COVID-19 pandemic, persons with disabilities must not be denied access to all essential services, including accessing all essential information and communication shared for the general public. It is crucial to respect and uphold the dignity of persons with disabilities when implementing COVID-19 actions.

**END**