

Access & Functional Needs Considerations and Resources for Alternate Care Facilities

Ensuring considerations of people with disabilities and people with access and functional needs during the COVID-19 outbreak is of paramount concern. According to the Centers for Disease Control and Prevention, over 25% of the population has a disability, and by adding people with access and functional needs to this number, it is nearly half the population. Social distancing disruptions can also cause additional access needs beyond those experienced regularly.

One of the most crucial items to consider is continuity of operations or business continuity planning for functional services that support people with disabilities and other access and functional needs, including in the healthcare system. The services that ensure people can access life-saving care and effectively function when receiving disaster services, should be identified as critical functions and should be included in planning. **This includes how to provide community-based services in alternate settings, if necessary.**

Communication

Assure effective communication with individuals as they receive care in the alternate care facilities. Guidance and resources shared include:

- [Ensuring Language Access and Effective Communication during Response and Recovery: A Checklist for Emergency Responders](#) from U.S. Department of Health and Human Services
- [Effective Communication Recommendations](#) by the Colorado Cross Disability Coalition
- [Communication Access Recommendations](#) for Hospitals from National Association for the Deaf
- Hearing Loss Association of America [Coronavirus and Accessible Medical Settings](#)

Plan for communication supports or services (translation, interpreters or interpretation services, low-tech white boards, communication boards, ability to provide information in alternative formats - auditory, Braille, large print, etc.).

- Sample language service contractors: [Community Language Co-op](#) ; [Cesco](#) ; [Voiance](#) and [Corporate Translation Services](#)
- [Directory of services](#) from Colorado Commission for Deaf, Hard of Hearing, Deaf-Blind
- [Colorado Registry of Interpreters for the Deaf](#)
- Communicate with patients by using their personal communication device, if they have one. Plan with individuals for how to protect, maintain devices in a COVID-19 environment.

Ensure material is developed at an understandable literacy level for those with cognitive and/or intellectual and developmental disabilities. Include content that is useful and specific to people with limitations in hearing, vision, mobility, speech and cognition (thinking, understanding, learning, and remembering).

- Third grade reading level, and the use of pictures/pictograms is recommended. Several software programs, including Word and [www.rewordify.com link](http://www.rewordify.com), can assist with grade level identification and simplifying word choice.
 - [COVID-19 communication picture board](#)
- [Guidance on accessible print material](#).

Consider what material can be pre-developed in appropriate languages or formats.

- Adobe Acrobat "[Cheatsheets](#)" to create accessible PDFs:
- [Without Acrobat](#)
- [Free tool to convert existing PDFs to accessible format](#):

Maintaining Health

Tiers of the healthcare system must consider how to meet non-COVID-19 health and non-medical care needs that affect patients' functioning and effective reception of healthcare services during COVID-19. Medical staffing capacity is expected to be limited in various settings, so other strategies must be considered in planning.

Consider how to address personal assistance services in alternate care facilities. While visitation at healthcare facilities is often restricted, allowing the personal assistance services is a reasonable accommodation in many healthcare environments and often help provide access to care. How can healthcare providers best ensure that people with disabilities continue to receive disability support and services without interruption - including service animals and assistive devices - in COVID-19?

- Include individuals with disabilities, and/or their advocate, in all discussions throughout the accommodation process. Consideration must be given to their preferences.
- If ACF nursing staff capacity is limited, can nurse aids or other personal care assistants increase capacity to support certain tasks or major life activities (ADLs)?
- If staffing capacity impacts what accommodations are possible in alternate care facilities, ensure that these needs are being met in other tiers of the healthcare system.

Consider where services to address the following needs will be available across tiers of the healthcare system:

- Oxygen need/services
- Assistance with activities of daily living, including feeding
- Durable Medical Equipment or consumable medical supplies management (enteral feeding, IV infusion)
- Ambulation
- Pediatric care
- Behavioral Health crisis or management needs
- Medically Assisted Treatment (MAT) Services for substance use
- Dialysis needs/services
- Glucose management
- Pregnancy care
- Immunocompromised individuals that require isolation
- Other needs requiring direct care

[COVID Nursing Care Guidance from CU Anschutz Medical Center](#) - The Recommended Training tab includes

- Provider Self-Care During Crisis
- Caring for Those with Low Mobility
- Nursing Delegation - Disaster Care

Independence

Provide orientation to facilities for those with visual limitations

Provide information about accessible rest rooms, telephones, outside smoking areas and other important areas of the facility, including how to access services such as nurses, mental health, food and water, etc.

- Consider how to provide for special dietary needs

Encourage regular cleaning of DME, assistive technology and adaptive equipment, along with environmental and personal hygiene with EPA-registered disinfectants effective against coronaviruses

- [Guide to cleaning wheelchairs and other mobility equipment](#)

Colorado's program under the National Assistive Technology Technical Assistance Program is CU's Center for Inclusive Design and Engineering (CIDE, formerly Assistive Technology Partners). [CIDE](#) can provide support in finding needed Assistive Technology in local Colorado communities.

Safety, Services, Self Determination

Consider when remote service delivery to patients and staff at the alternate care facility is possible (i.e. Behavioral Health support) and how those services may need access to functional services (i.e. telephonic interpretation, VRI). Ensure plans for technology or collaboration with outside agencies takes these communication considerations into account.

Emergency processes and access to emergency supports must strive to avoid discrimination based on factors such as age, sex, gender, race, ethnicity, ability to pay, disability status, national origin, immigration status, sexual orientation, gender identity, religion, veteran status, or criminal history.

Transportation

Ensure transportation planning and resources to move patients between facilities in the tiers of healthcare.

- Ensure ADA accessible transportation is included in the plan

Consider how discharged patients without access to their own vehicle will return home or to other forms of shelter.

- [Non-emergent Medical Transportation](#) may be available for some individuals