POLICY: HHS Health Clinics-Gynecology shall have a policy and protocol for providing care for clients with disabilities.

PROTOCOL:

Description:
The Americans with Disabilities Act (ADA) defines a person with a disability as, “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”

The U.S. Department of Justice further defines physical disability as, any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems; neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hematologic and lymphatic, skin, and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Indications:
Some of the challenges faced by people with disabilities include:

- Physical barriers, such as architectural barriers and lack of adequate transportation and support services to keep appointments, run errands, or receive medical care;
- Financial restraints; and
- Lack of reliable health information and services that address their needs.

This protocol provides general guidelines and recommendations to help staff ensure equal use of our facilities and services by all patients. It also encourages them to go beyond the minimum
requirements set by law in making services universally usable to the greatest extent possible because, in so doing, services and facilities will be enhanced for all.

**Procedure:**

**GENERAL GUIDELINES**

Not all barriers to health care are physical ones. Often, interactions between health care providers and people with disabilities can be awkward and frustrating. Observing some basic rules of disability etiquette will yield greater results and more positive interactions between health care professionals and patients with disabilities, in general:

- Treat all persons with respect. Call a person by his or her first name only when you are extending this familiarity to everyone present.
- Offer assistance to a person with a disability but wait until your offer is accepted before you help. Listen to any instructions the person offers about the best way to assist her/him.
- When talking with someone who has a disability, speak directly to that person rather than through a companion who may be with her/him.
- Be considerate of the extra time it may take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.

**People with Mobility Disabilities**

- Any aid or equipment a person may use, such as a wheelchair, guide cane, walker, crutch or assistance animal is part of that person’s personal space. Do not push, pull or otherwise physically interact with an individual’s body or equipment unless requested to do so. If it is necessary to move a person’s mobility device, never do so without first obtaining permission.
- Always ask before you move a person in a wheelchair, not only out of courtesy, but also to prevent disturbing the person’s balance.
- If a person transfers from a wheelchair to an examining table, toilet, etc., be sure not to move the chair beyond easy reach. If the person uses some other aid, such as crutches or a walker, make sure they remain accessible to the patient.
- Always make sure the wheelchair is locked before helping a person transfer.
- When conversing at length with a person in a wheelchair, sit or place yourself at that person’s eye level but do not kneel.
- Don’t patronize people who use wheelchairs by patting them on the head.

**People with Vision Disabilities**

- To get the attention of a person who has a hearing disability, tap the person on the shoulder or wave your hand.
Look directly at the person and speak clearly, slowly and expressively to establish if the
person can read your lips. Not all persons with hearing impairments can lip read. Those
who can also rely on facial expressions and other body language to help in understanding.
Show consideration by placing yourself near the light source and keeping your hands
away from your mouth when speaking.
Shouting won’t help. Written notes and client education materials will help.

People with Speech Disabilities
Take the time necessary to assure clear understanding. Use simpler words and add
gestures while you talk. Use precise language and try to employ words that relate to
things you both can see. You may need to write down information or draw a simple
picture.
Be prepared to give the person the same information more than once in different ways.

THE DISABLED CLIENT VISIT
Making the appointment:
Staff members making appointments should let the GYN staff know when a disabled
client is scheduled for a clinic visit so that the appropriate arrangements can be made for
those with special needs.
Request for an interpreter should be made if needed. Hearing impaired patients will be
asked to be accompanied by an interpreter. Visually impaired patients will be asked to be
accompanied by someone who can read all necessary information to the patient.
Depending on the disability, more time should be allotted for the visit than is usually
customary.

At the time of the appointment:
The registration process should be expedited. Though the client with a disability should
have been asked if she/he is in need of any type of assistance at the time the appointment
was made, it should be asked again in a confidential setting. This assistance could include
but not be limited to:
- Disrobing, using the bathroom, positioning for exam/procedures (physical
disability).
- Being guided through the clinic (blindness or low vision).
- Arranging for an interpreter (deafness or limited hearing).
- If assistance is needed, the number of staff to be involved should be determined.
  The patient should be asked to guide the staff in assisting her/him.
- The layout of the clinic should be explained to the client (sight impaired, hearing
  impaired, patient with assisted device, etc).
The medical assistant should accompany the patient to the counseling area, bathroom,
examination, and/or any other place a patient needs to go (with the interpreter if any).
The medical assistant should then inform the clinician that the patient is ready for care.

Informed consent:
Physical disabilities: if possible, assist the patient in signing the consent; if not able to
sign, verbal consent may be documented if two witnesses are present. One witness should
be a staff person. The other witness can be another staff person or a family member or friend.

- Blindness or limited vision: to ensure the informed consent process for medical care, procedures, and contraceptive methods is followed, the Medical Assistant/Provider shall verbally give all appropriate information and document such activity in the medical record. The patient will be asked to sign, and assisted to sign, the standard consent forms which should be witnessed by a staff person.

- Learning/cognitive disabilities: a staff member shall explain the consent to the client and assess the client’s level of understanding by asking for a return explanation. Using closed-ended questions (“yes/no” questions) is an incorrect approach when needing to assess level of understanding. The client must be asked questions that enable the staff member to determine the client understands instructions and concepts. The client should not sign the consent if understanding cannot be demonstrated. It may be necessary for the client’s legal guardian to appear and sign the consent.

- Deafness or limited hearing: Most likely the client will be able to read and sign the informed consent materials. An interpreter should be available to answer questions and exchange other information as needed. Arrangements for an interpreter should be discussed on the telephone at the time the appointment is made.

Client Education/Follow-up:

Notes:
Sign language interpreter contact: Partners in Communication 800-975-8150 (San Francisco)

References:
2. www.cfhc.org/assets/documents/SamplesFile/Protocols/ProtDisability-20050531