

COVID-19: COMMUNICATION AND MESSAGING CONSIDERATIONS

A PRACTICAL GUIDE TO EFFECTIVE COMMUNICATING WITH THE DISABILITY COMMUNITY

NO ONE LEFT BEHIND

During these extraordinary times, we need strategies that recognise the experience of people living with disabilities so we can accommodate their access and functional needs and ensure no one is left behind. Some people in our community are not in a position to follow health service instructions let alone respond appropriately.

This document provides you with a guide to assist with effective communication, especially with:

- those who are Deaf and cannot lip-read when you are wearing masks,
- those with Learning/Intellectual disabilities, autistic people, and
- those with anxiety or other socio-psychological conditions.

WHAT WE NEED YOU TO DO

- Identify any team members who know NZ Sign Language and/or have experience in working with members of the disability community. Alternatively, designate a team member per shift who will spend time engaging with disabled people who present themselves.
- Establish a separate location/entrance/pathway where you can spend more time communicating clearly, explaining the process and making sure people are clear on what will happen, what is expected of them and what the next steps will be.
- Reflect on how important this way of communicating is as it is not what disabled people usually experience.
 - Make it empowering
 - Make it from a trusted source
 - Make it self-directed
 - Make it solution-orientated

IMPORTANT PRINCIPLES

GENERAL

- People with impairments are the experts on their own needs and preferences.
If in doubt about how to behave or speak in a given situation, simply ask the person concerned.
- Always respect the person's dignity, individuality and desire for self-determination.
If you think help may be required in a given situation, do not attempt to assist without asking first.
- Be aware that disabled people also identify from many diverse backgrounds
They need to be respected as they identify themselves i.e. Māori or LGBTQI or both, as these aspects of their identity are as important to them as their disability needs
- Ask if people have a Health Passport
This may give you some ideas about what people need in terms of communication and accessibility.
- Always identify yourself by giving your name and position.
- Tell the patient what you are about to do before beginning treatment.

- Face and speak directly to the person rather than to an assistant who may also be present.
- Do not put the person on a pedestal or talk to them in patronising terms, as if performing normal, everyday activities were exceptional.
- Be aware that for many life in isolation mode is the norm.
Right now there is frustration and resentment that ‘no one cares’ normally because you are disabled or unwell and there is no support anyway.
- Understand they are upset that disabled, at-risk and older people are being talked about as disposable
- They are understandably afraid of a widespread outbreak.
It is highly likely that many, if not most, of the hospitalisations and deaths will come from the disability community. In the 2018 census it can be calculated that over 92,000 disabled people reported poor health – 60,000 under 65 years of age.
- Remember Support Workers are part of the essential services workforce

PHYSICAL

- Don't be hesitant to ask if a person needs assistance
It is better to ask than assume. Be mindful that not everyone will require help.
- Hot Ice Travel is available for people with accessible transport requirements
Hot Ice Travel offers subsidised transport to and from hospital and health services owner-operator is Dean, and bookings can be made via info@hoticetravel.co.nz or ph/text 027 478 5950, please include the name destination, and pick up address of the person for whom the transport is required, along with a contact phone number.
- Ask if the person needs help
Listen to their requests - which could be no thank you – and follow their instructions.
- Be aware that people with mobility impairments often have respiratory issues as well
- If a person uses a mobility aide e.g. walking frame or wheelchair:
 - These can provide a surface where pathogens settle. It is recommended that the equipment is cleaned regularly.
 - If a person is staying in hospital, the staff should manage the hygiene of any equipment.
 - If a person is staying in hospital and has a mobility aid, do not remove this from their bed side. This is for their mobility and their independence.

INTELLECTUAL/LEARNING DISABILITY

- Speak clearly and concisely in plain everyday English.
- Talk to adults and young persons with learning/ intellectual disability in an age appropriate way. They are not children.
- Easy Read documents are listed at the [end of this document](#).
- Use pictures and video if it helps to get messages across.
- Or show them the equipment you are going to use.
 - People need to know what is happening to them, and why – especially if it is something that will cause distress, like invasive testing or isolation/ protective equipment.
- Be patient and give people time to process information or to communicate.
- Be observant of body language.
This may be a key as to when people are feeling distressed or want to communicate. Ask the person first if they are ok.

UNDERSTAND THAT PEOPLE COMMUNICATE IN DIFFERENT WAYS

- People may need their support person to interpret their communication for you – so don't separate them from their support (unless this is what they have chosen for themselves).
- If a person does need their support person to interpret their communication for you, don't then only communicate with the support person instead of the person. Continue to communicate directly with the disabled person.
- Give people choices and the control over what happens to them. Make the choices clear – with not too many options.
- Be aware that people with learning disabilities are 1.5 times more likely to be treated for chronic respiratory disease.

SENSORY – BLIND OR LOW VISION

- If there are forms to be completed by a blind or vision impaired patient
Ask the patient who can fill out the form on their behalf.
- When providing written material to patients with little or no vision
Offer to read the information to the patient yourself
- Touch the person lightly on the arm or address them by name to get their attention when you wish to start a conversation.
- Some people with low vision may need the lighting or window shades adjusted to control glare; ask if this is necessary and what you can do to help.
- Ask the person if s/he would like to be oriented to the room in which the consultation is taking place.
 - If so, tell the person about any obstacles the room contains.
- Let the person know if you are leaving the room, so that he or she does not continue to talk after you have gone.
- Do not point when giving directions; use descriptive words, such as “in front of you, to your left or right”) instead of vague language, such as “over there”).
- Feel free to use visual words such as “look”, “watch” and “see”. Expressions such as these are commonly used by people who have little or no eye-sight.
- Always ask permission before attempting to interact with someone's guide dog. Never attempt to feed a guide dog in any situation.
- Be aware that touching surfaces is necessary for the person to navigate their environment safely.

SENSORY - DEAF OR HARD OF HEARING

- Make and maintain eye-contact during your communication
- Wearing a face mask makes it difficult to lip-read or to read facial clues.
Instead consider standing more than 2m away and remove your mask by speaking clearly to talk otherwise use other communication strategies.
- Make sure your face can be seen in clear light – if it is dark move to a brighter place
- State your topic clearly then talk concisely.

HARD OF HEARING

- Write on paper with a pen (or type a note on your phone)
- Position yourselves to eliminate any background noise

DEAF

- NZSL Interpreters can be accessed via a device and either zoom or skype.

To make an appointment, please email NZSLinterpreter@ccdhb.org.nz or call/text 027 426 3235 with the information below and the coordinator will contact you with the next steps:

- When is your appointment? Date? Time?
- Where is your appointment? Name of address?
- Is it urgent?
- Do you want a male or female interpreter?

Alternatively you can still use NZ Video Interpreting Service www.nzvis.co.nz

- Write on paper with a pen (or type a note on your phone).
- Be aware of Deaf English users
Use diagrams and pictures to show what you want to say, keep your message short and simple.
- Introduce yourself and your role.
State the subject first then talk about it.
- Avoid assumptions as Deaf people do not acquire information in the same way that hearing people do.
- Use visual communication strategies
Point, raise your eyebrows to ask a question, show the emotion of your message visually with your facial expressions

INDIVIDUALS WITH AUTISM

- Avoid people having to wait around too long.
Verbally explain to the person a clear predictable expectation for wait times, or provide this information visually.
- Reduce sensory stimulation if possible.
Environmental factors such as bright lights or excessive noise might cause an individual with autism to become anxious, or even fearful.
Ask and/or observe whether the person is comfortable in the environment.
- Many individuals with autism will benefit from a person to assist them to alleviate anxiety, this can be a family member or a staff person.
- It is important to listen to and include Support Workers/Caregivers
You need to understand how people react in different situations, what provides comfort or causes distress for example.
At the same time it is important not to allow Support Workers/Caregivers to take over
- The person may have a device for augmentative and alternative communication
Try to be flexible in supporting an individual to communicate for themselves
- You need to advise a person how you are going to treat them, and if you are going to touch them.
Some people may struggle with a physical examination as they may be very sensitive to touch. Be guided by the patient or whanau. Allow for processing time with questions.
- People often experience different feelings in a health situation, therefore they may need longer to respond to questions.
- Keep questions factual - they may struggle to rank pain on a scale of 1 to 10 for example.
- Some people have access and functional needs relating to communication, so Easy Read documents are often useful.
- Be careful with your choice of words as people may take it literally
For example, if you say 'it will hurt for a minute' – after 60 seconds they will expect to be pain free.
Keep your language clear and avoid idioms, irony, etc.
- Explain what you will do.
Make your requests direct and if necessary establish rules to be followed.

- Do not rely on body language, facial expressions or gestures to communicate.
- Ask for the information you need as it may not be forthcoming

CHRONIC CONDITIONS

EFFECTS TO BE AWARE OF

- disruption of access to exercise, physical treatments and essential equipment
- having appointments and treatments stalled
- people taking medication unsupervised
- having to travel further or to a different location for treatment and appointments
- having to do significantly more work required in daily life
 - eg cooking every meal, not possible for many people resulting in eating less or unhealthy
 - cleaning or bad living conditions,
 - more work required eg sanitising grocery packages before putting them away,
 - doing laundry and shower after supermarket is exhausting,
 - difficulties getting groceries and essential items including medication

WHAT THIS MAY RESULT IN

- Greater anxiety, stress and loneliness in lockdown
- Stress exacerbates autoimmune conditions so health is worse too

Adding to that

- Many chronic illnesses have similar symptoms to COVID-19 causing anxiety

As well

- The mental health and well-being tips are not accessible or achievable for a lot of people
- Frustration that people are being directed to healthcare and mental health services that were dismissive or unhelpful pre-lockdown

A LIVING DOCUMENT

This document is intended for the COVID-19 response only. It will be a 'live' document which means we will continue to revise and update the information over time. Feedback and suggestions are welcome
disability@ccdhb.org.nz

RESOURCES

[Easy read factsheets from the Ministry of Health](#)

[Looking after how you are feeling while staying at home – 6 April 2020 \[DOCX, 5.3 MB\]](#)

[Looking after how you are feeling while staying at home – 6 April 2020 \[PDF, 1.9 MB\]](#)

[Looking after yourself when you are sick – 6 April 2020 \[DOCX, 2.8 MB\]](#)

[Looking after yourself when you are sick – 6 April 2020 \[PDF, 1.2 MB\]](#)

[Easy read Alert Level 4 explained \[DOCX, 14 MB\]](#)

[Easy read Alert Level 4 explained \[PDF, 4.9 MB\]](#)

SIMPLIFIED EASY READ FACTSHEETS

[Simplified easy read Alert Level 4 explained \[PDF, 2.6 MB\]](#)

[Simplified easy read Alert Level 4 explained \[DOCX, 8.5 MB\]](#)