



ACCESSIBILITY TIPS FOR HEALTHCARE PROVIDERS AND FACILITIES

Compiled by the Florida Disability and Health Program
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1/5 of Americans have a disability

- The term “disability” means, with respect to an individual,
 - A physical or mental impairment that substantially limits one or more major life activities;
 - A record of such an impairment;
 - Or being regarded as having such an impairment
- Major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
- Disabilities include physical, sensory, cognitive, or mental impairments.
- Barriers that prevent access to health care can be physical/architectural, communicative, attitudinal, and social/economical.
- Increasing access to health care for people with disabilities can help decrease the nation’s healthcare costs, increase customer base, and improve their health.
- Adding accessibility features to new construction or modifying existing buildings is typically not expensive.
- Federal tax credits and deductions can help offset the expenses of adding or improving accessibility in private businesses.
- Healthcare providers can make changes beyond the ADA’s requirements in order to create universally usable environments.
- Universal access benefits more than just people with disabilities including parents with strollers, young children, the elderly, pregnant women, obese people, and sick patients.
- Accessibility improvements can also add value to property, create a collaborative environment, increase staff productivity, and make a comfortable space.

Communication Tips

- Use a normal volume and tone when speaking to persons with disabilities
- Use People first language when speaking about an individual with a disability
 - Emphasizes the person first, NOT the disability
 - Example: Person who uses a wheelchair
- Avoid Inappropriate Descriptors: “handicapped,” “retarded,” “crippled,” “special,” or “wheelchair bound”
- Always offer help but wait for acceptance
- Don’t be afraid to ask questions
- Don’t pet or distract service dogs

Physical disabilities

- Get on eye level with a person in a wheelchair
- Respect personal space, including wheelchairs
- Provide normal access to exam areas
- Provide assistance for a complete exam

Visual disabilities

- Introduce yourself when approaching
- Announce when you leave the room
- Describe the office and exam rooms
- Verbally explain procedures beforehand
- Provide auditory educational materials

Hearing disabilities

- Speak directly to the person and do not cover your mouth
- Tap the person’s shoulder or wave your hand to get their attention
- Hire certified American Sign Language interpreters and do not rely on family members as interpreters
- Be aware of Phone Relay Services
- Provide written educational materials

Cognitive or Intellectual disabilities

- Be patient, flexible, and supportive
- Provide information in plain language
- Work within a patient’s attention span
- Allow more time for appointments or schedule several appointments
- Treat an adult as adults

Compliance with Disability Law

Compliance with Disability Law

- It is important that health care facilities are accessible to persons with disabilities because they are among the most frequent consumers of medical services, but are less likely to receive routine preventative care because of barriers.
- Accessible preventive care can help identify health problems before they become chronic or life-threatening.
- Medical care providers are required to provide individuals with disabilities
 - Full and equal access to their health care services and facilities
 - Reasonable modifications to policies, practices, and procedures when necessary to make health care services fully available, unless the modifications would fundamentally alter the nature of the services

Rehabilitation Act of 1973

- Section 504 of the Rehabilitation Act prohibits any program or activity that receives federal financial assistance from excluding or discriminating against persons with disabilities.
- Federal financial assistance includes Medicare and Medicaid reimbursements.
- Most health care facilities must be accessible or make accommodations for persons with disabilities.

The Americans with Disabilities Act of 1990

- The ADA is a federal civil rights law that prohibits discrimination against, or segregation of, people with disabilities in every day activities, including medical services.
- Private hospitals or medical offices are considered places of public accommodation and covered by Title III of the ADA.
- Public hospitals and clinics operated by state or local governments are public entities and covered by Title II of the ADA.
- The ADA Standards for Accessible Design set the minimum requirements for enforceable accessibility standards that require facilities to be readily accessible to and usable by persons with disabilities.
- The ADA Standards provide technical dimensions for the design of specific features that health care practitioners, contractors, and architects must comply with.
- State, regional, and national building codes are also beginning to adopt the ADA standards.
- Existing facilities are required to remove barriers where such removal is readily achievable, easily accomplished, and able to be carried out without much difficulty or expense.
- If it is not, then services must be made available through readily achievable alternative methods.
- The ADA regulations are mandatory and complaints of non-compliance can be filed with owners, managers, and the U.S. Department of Justice.

Staff Training

- Adequate and ongoing training of medical practitioners and staff is necessary to ensure access.
- Make sure staff know how to operate and maintain all medical equipment.
- Staff needs to know which rooms are accessible for people with disabilities.
- Proper training of staff for transfers and lifts will prevent injury
- Staff should ask patient's if they need assistance and be encouraged to ask questions because every patient and disability is different.
- Staff should avoid making assumptions and allow time for history taking and thorough examination.
- Provide privacy when assisting patients in filling out personal medical history and other documentation



Accessible Entry

Parking

- Vertical Signage should be 5 feet high
- Surface should be level and paved - no sand, dirt or gravel
- Try this if your parking lot is unpaved:
Only pave the area where the accessible parking is
- Every parking space should be 5 feet wide
- Car parking should have a 5 foot (60 inches) wide access aisle
- Van parking should have an 8 foot (96 inches) wide access aisle to accommodate a wheelchair lift

Total # of Parking Spaces in Parking Facility	Minimum # of Required Accessible Parking Spaces
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1 to 25	1
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26 to 50	2
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51 to 75	3
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76 to 100	4
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Ramp

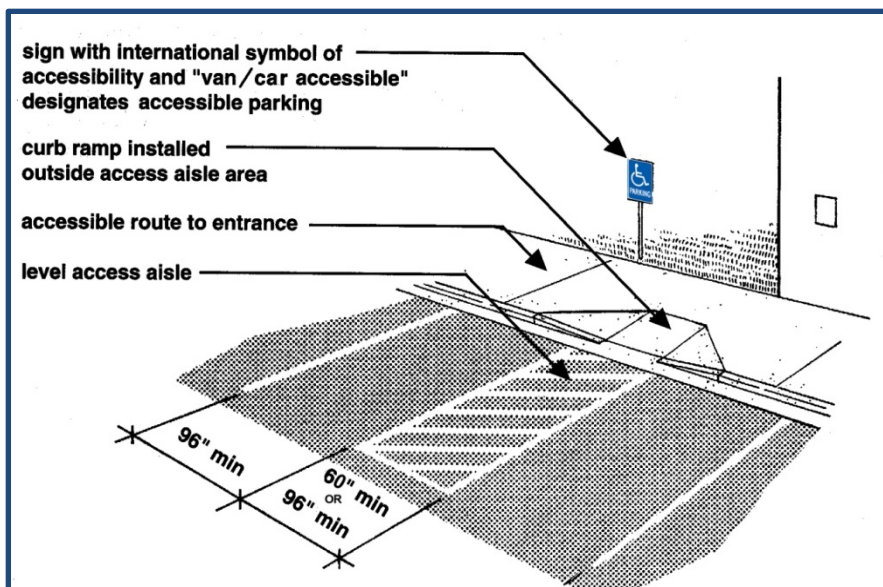
- Running slope should not be steeper than 1:12
 - For every inch of rise, there needs to be one foot of length
- Handrails
- Ramp should be outside of the access aisle

Path of Travel

- Should be at least 36 inches wide
- Curb cuts should be available to provide wheelchair access to the entrance
- Must be level and flat with a slope of less than 2%
- Try this:
Measure with a level to find the percent slope
- Firm, stable, and slip resistant - grass, concrete, or wood

Entrance

- Should be at least 32 inches wide
- Try this:
Can you walk in with your hands on your hips and elbows out without making contact with the doorway? If not, widen the doorway.
- Lever handles on entrance door that do not require simultaneous hand and finger movements such as pinching or twisting
- Try this:
Make sure door is operable with your non-dominant hand and a closed fist or loose grip
- Another option is an automatic door
- Accessible emergency egress with flashing lights for people with hearing disabilities



Access to Goods and Services

Doors

- Non-automatic doors should require no more than 5 pounds of force to open
- Lever handles
- 18 inches minimum of pull space on the wall by the side of the door

•Try this:

Can you open the door with your pinky? If not, the door can be adjusted to open more easily. If the door is too heavy then loosen the door closer with an Allen wrench.

Hallways

- Should be at least 36 inches wide for a person to pass through using a wheelchair
- All pathways should be free of obstacles

•Try this:

Walk through your halls with your hands on your hips and elbows out. If you don't make contact with your elbows, it should be wide enough.

- All rooms should have accessible signage on the wall by the latch side of the door with large print, high contrast, and Braille

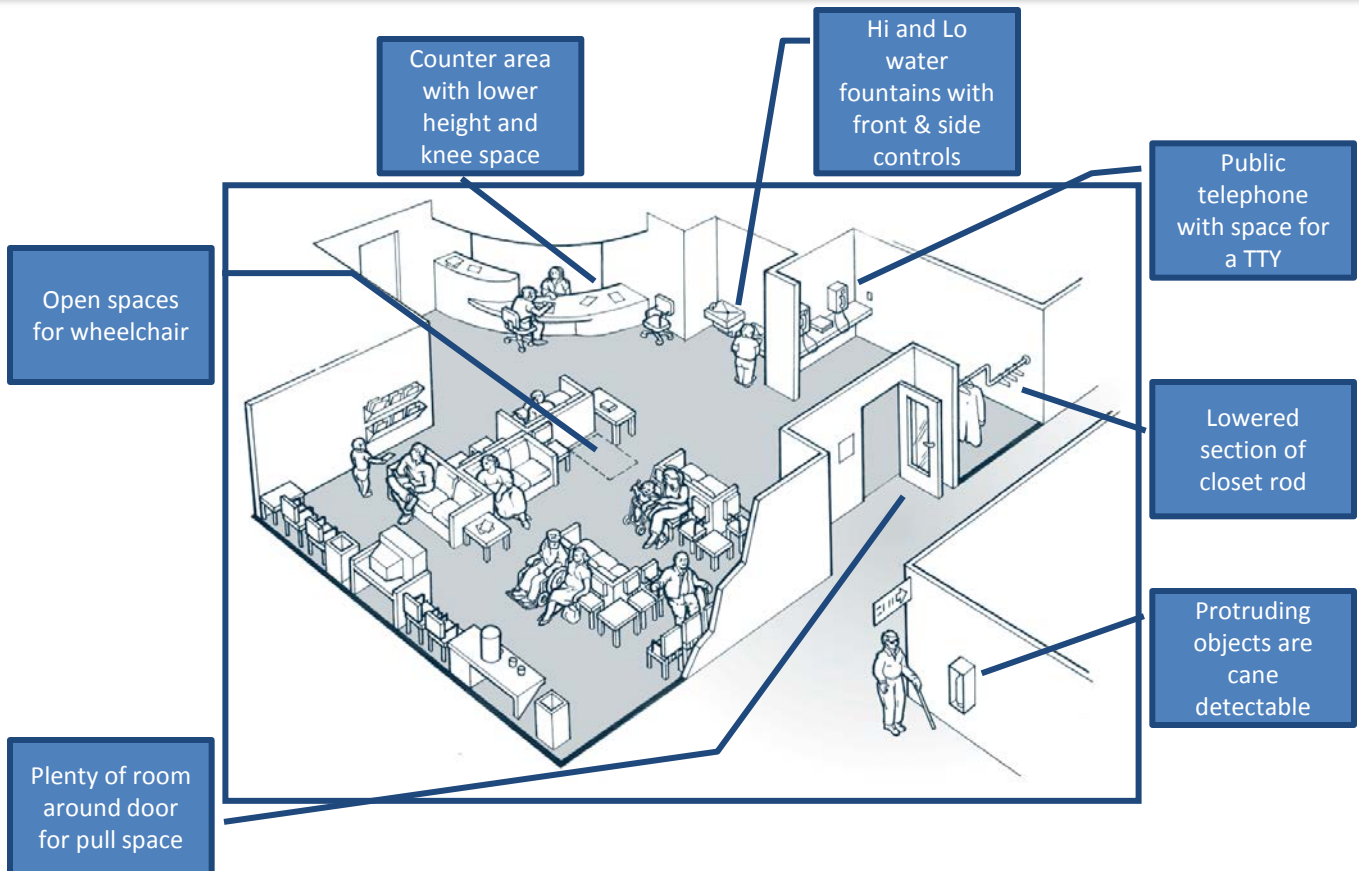
- Counters should be no more than 34 inches in height

•Try this if you have higher counters:

Have a bell and clipboard available. Walk out from behind the counter to talk and maintain privacy.

- Elevators should have Braille and audible indicators

- Stairs should have handrails



Usability of Restrooms

Accessible Restroom

- Remember that not every restroom and/or stall has to be accessible, but it is important to have at least one accessible restroom and stall
- Braille signage mounted on the outside wall
- Entrance of at least 36 inches wide
- Lever handles on doors
- Maximum door pull weight of 5 lbs.
- Sink should have 29 inches of clearance underneath for knee space
- Plumbing should be insulated or covered to avoid leg burns
- Low or full length mirrors
- Low, easy to reach paper towel and sink dispensers
- Make sure trash receptacle does not obstruct clear floor space
- All faucets should be levers, push, touch or electronically controlled

Accessible Stall

- A 5 foot turning space

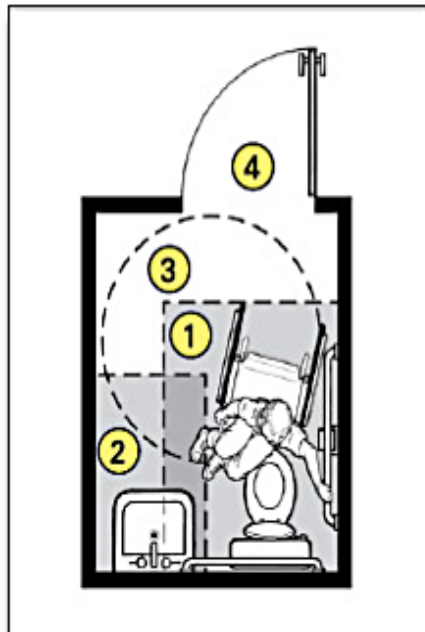
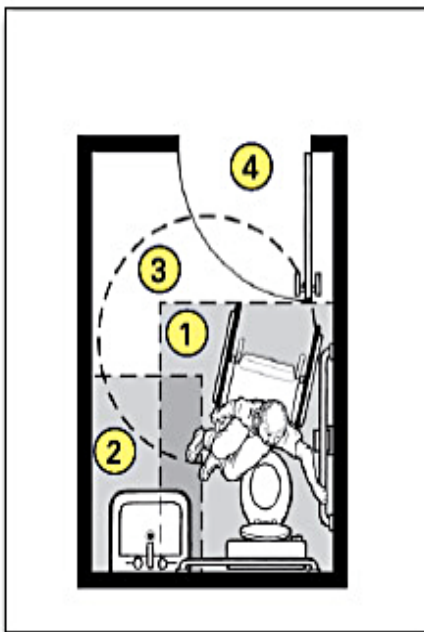
•Try this:

Spread your arms out in the stall and turn around. If you aren't touching anything, it should be wide enough.

- Grab bars behind and on wall adjacent to toilet
- Flush control should be hand operated or automatic and located on the open side of the toilet
- Door with spring hinges to close itself and easy to use locking mechanisms

•Try this:

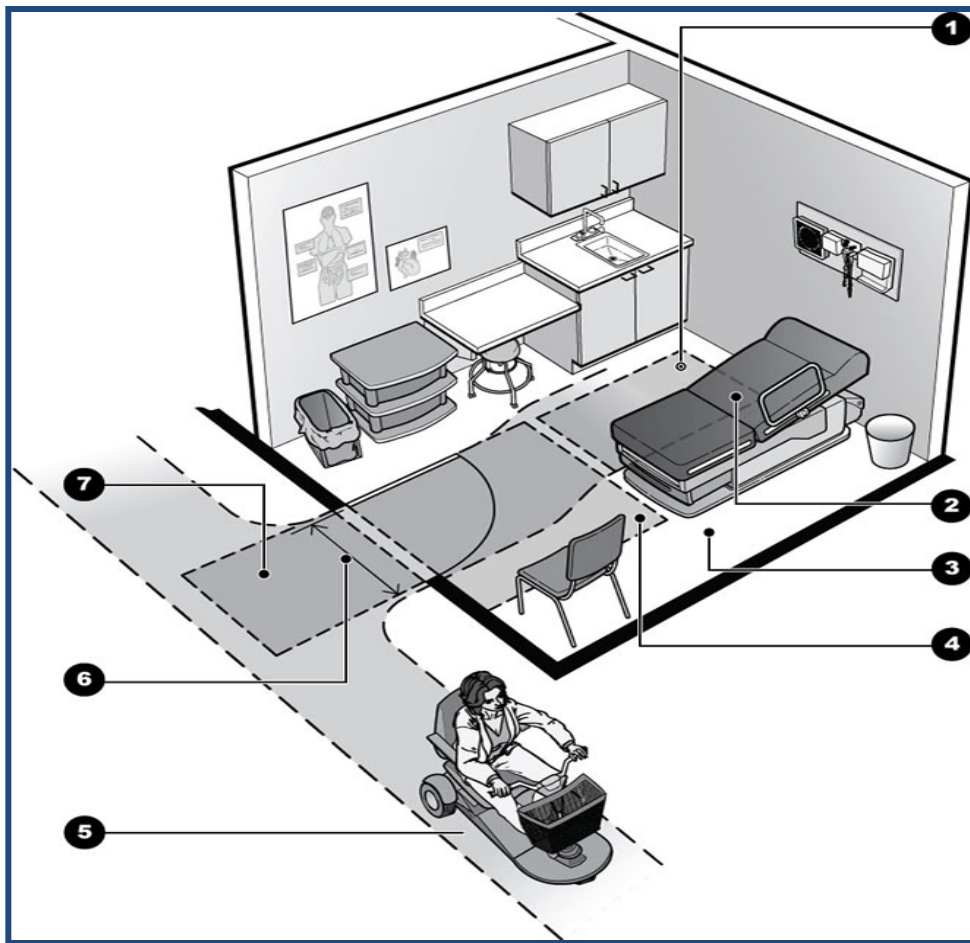
Make sure lock is operable with one closed fist



- 1) 48-inch minimum by 66-inch minimum clear floor space for toilet
- 2) 48-inch minimum by 30-inch minimum clear floor space for lavatory
- 3) 60-inch minimum turning space door swing
- 4) Door swing

The image shows a single-user toilet room where the door swing does not overlap with the dark area that designates clear floor space for the toilet and lavatory. The door swing can overlap the turn space indicated by the circle.

Features of an Accessible Examination Room



The number of exam rooms with accessible equipment depends on the size of the practice, patient population, and other factors. For example, one accessible exam room is enough in a small doctor's practice, but more are necessary in a large clinic.

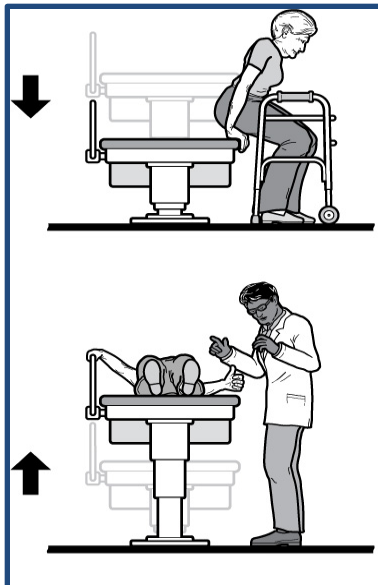
1. A clear floor space, 30" X 48" minimum, adjacent to the exam table and adjoining accessible route make it possible to do a side transfer.
2. Adjustable height accessible exam table lowers to 19" for transfers.
3. Providing space between table and wall allows staff to assist with patient transfers and positioning. When additional space is provided, transfers may be made from both sides.
4. Amount of floor space needed beside and at end of exam table will vary depending on method of patient transfer and lift equipment size.
5. Accessible route connects to other accessible public and common use spaces.
6. Accessible entry door has 32" minimum clear opening width with door open 90 degrees.
7. Maneuvering clearances are needed at the door to the room.

Note: Additional clear floor space can be provided by moving or relocating chairs, trash cans, carts, and other items.

Accessible Medical Equipment

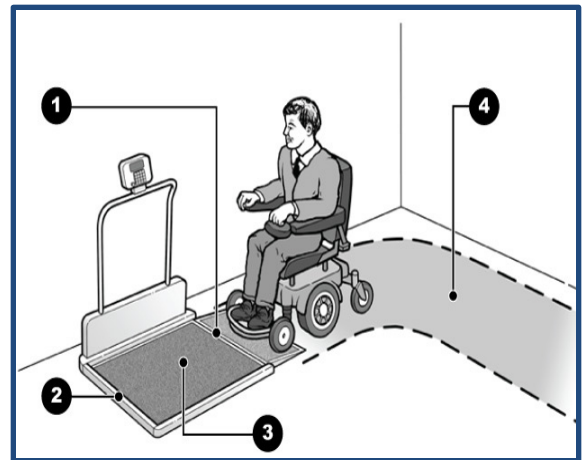
Exam Tables

- A patient with a disability must be examined the same way another patient would be, whether it is lying down or sitting in a chair.
- An accessible exam table or chair should have the following:
 - Ability to lower the height 17-19 inches from the floor
 - Rails, straps, cushions, wedges, or rolled up towels to stabilize and support a person during transfer and the examination
- The price for height adjustable exam tables ranges from \$1500 to \$5000.
- Additional accessible features and accessories including pillows, foam wedges, tilt, adjustability, removable armrests, headrests, footrests, and folding can make the exam easier for the patient and doctor.
- Other options include an accessible stretcher or gurney, patient lift, or trained staff available to assist the patient with a transfer.
- Height adjustable exam tables are the best option because they provide better security for the patient and prevent injuries in health care providers caused by transferring patients.



Scales

- A person's weight is important medical information used for diagnostics and treatment.
- Individuals with mobility disabilities are often not weighed because the provider does not have a scale that can accommodate a wheelchair or walker.
- Providers should have a wheelchair accessible scale with a large platform and high weight capacity.
- The wheelchair accessible scales can also make the elderly feel more comfortable and stable.
- Patients can be weighed with their walker or sitting in a chair.
- A basic balance scale costs around \$600-900 while the digital scales are more expensive.
- These items are a good investments because they are long lasting with little turnover and benefit many different patients.
- Other options include a scale integrated into a patient lift, hospital bed, or exam table.



1. Sloped surface provides access to scale platform – no level changes at floor or platform
2. Edge protection at drop off
3. Large platform to accommodate different wheelchair sizes
4. Provide maneuvering space to pull onto and off scale

Resources for Health Care Providers

Comprehensive Guides and Courses on Disability Issues

Removing Barriers: Tips and Strategies to Promote Accessible Communication

<http://www.fpg.unc.edu/~ncodh/pdfs/rbtipsandstrategies.pdf>

Removing Barriers to Health Care: A Guide for Health Professionals

<http://www.fpg.unc.edu/~ncodh/pdfs/rbhealthcare.pdf>

Access to Medical Care for Individuals with Mobility Disabilities

http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm#part2

A Family Physician's Practical Guide to Culturally Competent Care

<https://www.thinkculturalhealth.hhs.gov/>

Improving Health Care for Persons Who Have Developmental Disabilities

<http://www.disabilityhealth.org/>

Medical Offices and the ADA

http://www.dredf.org/ADA/medical_offices.shtml

Pre-service Health Training for Primary Care Providers of Women's Health Care

<http://womenshealth.phtmodules.net/default.aspx>

Depression and Disability: A Practical Guide

<http://www.fpg.unc.edu/~ncodh/pdfs/depression.pdf>

Sexual Health Network: Disability and Illness

<http://www.sexualhealth.com/channel/view/disability-illness/>

Legal Issues and the ADA

Disability Rights Education and Defense Fund (DREDF)

<http://www.dredf.org/>

Disability Rights Advocates (DRA)

<http://dralegal.org/>

National Association of the Deaf (NAD) Law Center

<http://nad.org/issues/health-care/providers/questions-and-answers>

Information Portals

Communications Information Access Center

<http://www.cart-info.org/>

National Women's Health Information Center – Women with Disabilities

<http://womenshealth.gov/search/cgi-bin/query-meta.exe?input-form=simple-womenshealth&v%3Asources=womenshealth-bundle&v%3Aproject=womenshealth&query=women+with+disabilities&search=Search>

Medline Plus: Disabilities

<http://www.nlm.nih.gov/medlineplus/disabilities.html>

Registry of Interpreters for the Deaf (RID)

<http://www.rid.org>

Removing Barriers Resources

<http://www.fpg.unc.edu/~ncodh/removingbarriers/removingbarriersresources.cfm>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://mentalhealth.samhsa.gov/>

Additional Training Programs and Materials

Program Development Associates (PDA)

<http://www.disabilitytraining.com/>

Through the Looking Glass (Parents and Children with Disabilities)

<http://www.lookingglass.org/home>

World Institute on Disability (WID)

<http://www.wid.org>

Information Source: World Institute on Disability-

<http://wid.org/publications/downloads/Access%20to%20Medical%20Care%20Curriculum%20%28PDF%20format%29.pdf>