



# North Carolina Emergency Management Guidance on considerations of people with disabilities and other access and functional needs for COVID-19

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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. This document is intended to assist and provide guidance for emergency planners, whether in emergency management, public health, or agencies and organizations that serve people with disabilities.

One of the most crucial items to consider is continuity of operations or business continuity planning for all agencies and organizations that serve people with disabilities. Under pandemic planning guidelines, agencies should plan for one-quarter to a third of their workforce being out of work (whether sick, caring for the sick, home due to school closures or in quarantine), identify their critical functions (what they need to continue to do) and cross-train staff. This includes how to provide community-based services in alternate settings, if necessary.

Below is guidance framed using the CMIST (Communication, Maintaining Health, Independence, Safety/Support/Self-determination and Transportation) model of identifying people with access and functional needs and others with disabilities. This is a framework currently used by many local and state emergency managers, as well as emergency health and human services planners.

## Communication

- Ensure equitable access to timely and accurate information in a variety of methods, such as press releases, press conferences, radio and social media. Include distribution to, and by, trusted leaders, houses of worship and community organizations that serve those with limited English proficiency.
- Ensure material is developed at an understandable literacy level for those with cognitive and/or intellectual and developmental disabilities. Simple language should be understandable at the third grade level (several software programs, including Word and [www.rewordify.com](http://www.rewordify.com), can assist with grade level identification and word simplification) and the use of pictures and pictograms is recommended. Include content that is useful and specific to people with limitations in hearing, vision, mobility, speech and cognition (thinking, understanding, learning, and remembering). Guidance on accessible print material is at [www.mass.gov/files/documents/2016/07/qi/accessible-print-materials.pdf](http://www.mass.gov/files/documents/2016/07/qi/accessible-print-materials.pdf).
- Provide contact information for requesting alternative formats (Braille, large print, etc.).
- Televised and other digital information released must be open or closed-captioned.
- Websites and other digital and electronic information must be accessible to people with vision, hearing, reading, speaking, learning and dexterity disabilities. There will need to be different versions for different people to ensure widest accessibility. All communications must utilize plain language to maximize understanding. This may include plain text documents along with PDFs, descriptions of images and easy-to-manuever websites.
- Ensure press conferences have qualified American Sign Language Interpreters – either licensed or certified - close to the speaker and always in the camera shot so they will be in view of the public.

- Ensure there is also timely and accurately translated material based on the population in your community. Recommended languages in North Carolina include Spanish, Arabic, Chinese (simplified), French, German, Swahili and Vietnamese.
- Encourage service provider communication with clients regarding frequency of services, limited or canceled services and possible alternatives, during this time (home-based visits, provider check-ins, group meetings, home-delivered meals, etc.).
- Plan for accessible communication alternatives in instances of quarantine.

## **Maintaining Health**

- Emphasize current guidelines of basic infection prevention practices, including hand hygiene, respiratory etiquette, staying home when sick, etc.
- Provide capabilities for people to get medication refills early. Suggest they request 90-day supplies if available. During disaster declarations in many states, pharmacists are permitted to make medically necessary exemptions, allowing to refill a prescription (as much as a 30-day supply) without a doctor's authorization.
- Consider Medicaid waivers for replacement of durable medical equipment (DME) if necessary.
- Encourage regular cleaning of DME, assistive technology and adaptive equipment, along with environmental and personal hygiene with EPA-registered disinfectants effective against coronaviruses
- Encourage well-stocked emergency preparedness kits for in-home to include activities of daily living supplies, food, water and medications for an extended period.
- Ensure that people with disabilities continue to receive disability support and services without interruption, which includes never separating people with disabilities from their service animals and assistive devices.
- Ensure children with disabilities and others with access and functional needs have minimal separations from their families or caregivers and that contingency plans have been developed/implemented with regard to supervision and care should their parent/guardian/caregiver be ill. Separations from caregivers should be avoided, if possible.

## **Independence**

- All disability service providers must assure continuity of operations - this includes in-home, transportation and community-based needs of people with disabilities.
- Identify services to assist in providing home delivered meals/food/medication/supplies – this may include home delivery services by ride share companies, meals on wheels, medication by mail and others. Be aware of services that rely on volunteers, which may be in shorter supply during an outbreak.

## **Services, Safety, Support and Self-determination**

- Develop alternate plans for home visits for service providers that minimize face-to-face care interactions (utilize phone check-ins, video chat check-ins, use of neighbors for welfare checks).
- Work in collaboration with service providers who serve people in the community with disabilities on a frequent basis: paratransit, meals on wheels, home health and visiting nurses, oxygen delivery and others.

- Consider alternate options for children receiving free and reduced priced lunch (in the event of school closures), as well as people who utilize community feeding sites and programs.
- Children with disabilities must continue to receive the aids and services included on their Individual Education Plan and 504 Plan, including throughout COVID-19 related school closures where virtual classrooms are in use.
- People with disabilities, including individuals who require assistance with managing hygiene, must not be discriminated against due to stigma or any other reason.
- Identify capabilities to access, in-person and virtually, mental and behavioral health services.

## **Transportation**

- Ensure paratransit and other current transportation options for doctor's appointments and other appointments, such as dialysis and infusion therapy remain viable.
- Ensure continuity of transportation for maintaining employment.
- Ensure current transportation options for youth to access school remain viable.
- Ensure continuity of transportation for those who go to senior and other congregate centers.