



# Creating Disability-Friendly Dental Practices

## The Independence Center Research Report



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# INTRODUCTION

*This report is designed to be an accessibility guide for dental professionals who want to make their practices more inclusive to people with disabilities (PWD). The findings highlight best practices that are currently working, as well as barriers that need to be addressed. Many of the takeaways can be applied in other health care settings.*

The Independence Center (The IC) empowers people with disabilities to create independence and thrive. The disability community is the largest marginalized group in the United States. One in five persons within every age, race, gender, and sexuality report having a limitation that substantially impacts their daily activities.

Oral health is a pillar of a person's overall well-being, but many people with disabilities struggle to find the dental health care that they need. There are an estimated 78,707 people with disabilities in El Paso County, according to the 2013-2017 American Community Survey, and many have unmet dental health needs. In The IC's study discussed in this report, all 46 participants ranked their oral health as highly important to them, and yet over half said that they had not received dental health care in the preceding year.

The obstacles to obtaining accessible dental care include: transportation or parking issues; inaccessible exam equipment; narrow or small offices; insufficient insurance coverage; lack of affordability of out-of-pocket fees; absence of a support person; a shortage of dentists who accept Medicaid; denial of American Sign Language (ASL) interpreters; inaccessible paperwork; confusion about medical instructions; trauma triggers; and negative attitudes and ignorance about disability.

The IC works to make all forms of healthcare more accessible to people with disabilities, using community education and advocacy. This report seeks to paint a picture of what access — physical, mental, emotional and within all forms of communication — looks like at dentists' offices.

People with disabilities are the subject matter experts contributing to this report; their insights and perspectives provide the credible input into the best practices, accommodations and accessibility tools that are essential when seeking and receiving dental healthcare.

## What is Accessibility?

**Physical Access** refers to a person's ability to get to a dental facility, through the entrance, into the exam room, and onto the exam equipment without significant barriers. People who

rely on public transportation need nearby bus stops, and those who use mobility devices such as walkers, canes, or wheelchairs need accessible parking, ramps, wide doorways, accessible restrooms, waiting areas, and exam equipment.

Additionally, physical access includes scent- and fragrance-free policies, as well as policies that allow for service animals.

**Communication Access** refers to a person's ability to receive all the information needed to make health decisions. This encompasses print and auditory information before, during and after the appointment. People who are blind or low-vision need alternative formats for written communication, including large print or brailled written information, image descriptions, and audio email information in accessible formats. People who are deaf or hard of hearing need communication aids, including American Sign Language interpreters and text, assistive listening devices, and email or website options for making appointments.

**Mental and Emotional Access** refers to a person's ability to engage effectively with his or her care by being fully present and mentally processing or remembering information. People with mental and emotional disabilities (including learning disabilities, developmental disabilities, mental health conditions, and traumatic brain injuries) may need accommodations, or in some cases a support person, in order to feel grounded or emotionally supported during appointments. Accommodations can include allowing a patient to use coping tools, adjusting light and sound, employing trauma-informed approaches, assisting with organization and planning, and/or giving simplified information and instructions. (See Appendix A for a Medical Facility Accessibility Checklist.)

## Limitations of this Report

The findings in this report are based on personal self-disclosures and are not intended to be a comprehensive assessment of dental health care needs and barriers. This report does not attempt to generalize, formally analyze, or interpret participants' responses; rather, the original responses were summarized or directly quoted and organized around themes.

While this report speaks to the etiquette and accessibility needs within dental practices, it does not represent every disability-related need; nor does this report address all barriers that people with disabilities face when seeking dental health care. Additional work needs to be done to address the barriers related to affordability, insurance coverage, and availability of dental providers in rural areas. The IC staff utilized qualitative methods and drew from a small sample size of 46 people to gather information. As a result, this report does not attempt to generalize about the entire disability population; a larger survey investigating dental accessibility needs of Medicaid recipients in El Paso County would add an important perspective to the findings in this report.

# METHODS

The IC staff collected direct feedback from 46 people with disabilities in Colorado Springs, using an online survey and two focus groups. The intent was to gain an understanding of participants' real experiences with dental health care and their perspectives about best practices that would increase their access to the care they need.

Participants were recruited through The IC's support groups, classes and email networks, as well as four partner agencies. They shared their experiences receiving dental care in Colorado Springs, each representing one or more of the following disabilities:

- Anxiety
- Autism spectrum
- Blindness and low vision
- Deaf and hard of hearing
- Mobility disabilities
- Multiple chemical sensitivities
- Post-traumatic stress disorder

The IC staff collected survey responses between March 19 and June 17, 2019 and moderated the focus groups on May 30, 2019 at The IC. The two-hour-long focus groups followed consistent questions and guidelines. Participants were informed of the purpose of their focus group and reminded that their comments would be kept anonymous. All of the participants gave permission for their focus group session to be audio-recorded and signed a consent form indicating their voluntary participation in the focus group. Food and drinks were served at the focus groups; however, no other incentive was offered to individuals who participated.

The information was recorded in written notes and by transcribing the audio recordings into written text. The IC staff reviewed the information and categorized quotes into recurring themes.

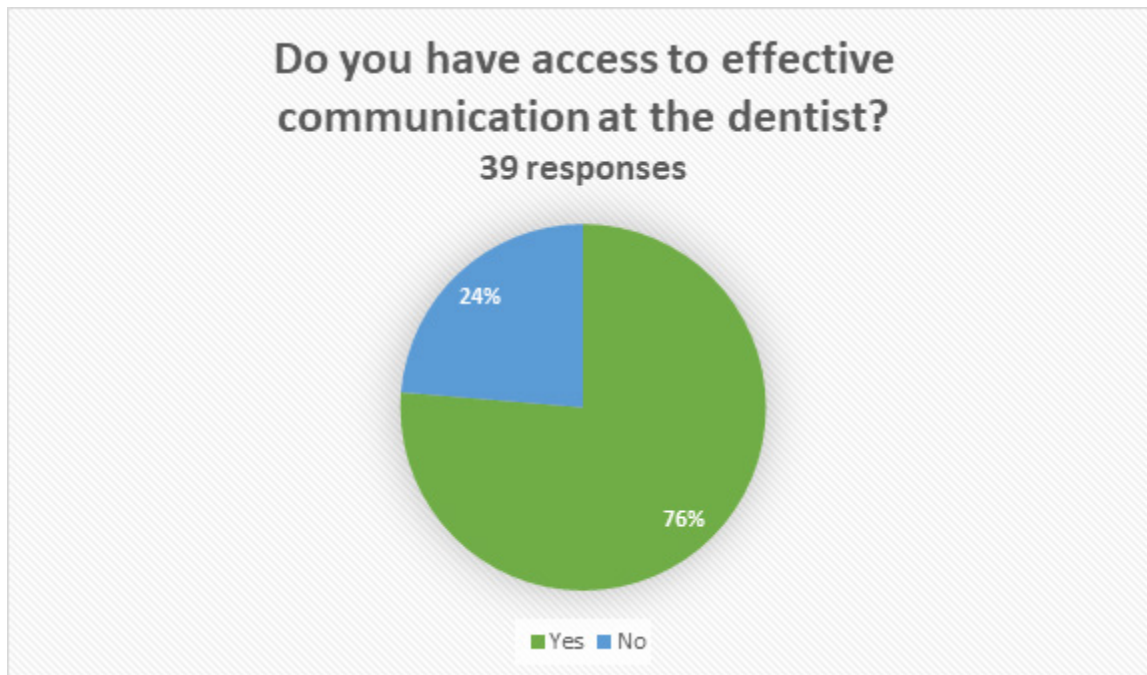
# THEMES

The findings in this report detail the needs, best practices, accommodations, and accessibility tools within the areas of Communication Access, Emotional and Mental Access, and Physical Access.



# Communication Access

Deaf people, people who are hard of hearing, blind people, and people with low vision all share a common reliance on assistance when giving and receiving information. When needed accommodations are lacking, these patients and their dentists miss vital information. About 24% of the 39 survey responders said that they did not have access to effective communication at their dentist's office, either because they did not have an American Sign Language (ASL) interpreter or because while their providers were wearing facial masks, they could not read their lips.



## The Essential Role of American Sign Language (ASL) Interpreters

Forty percent of the 39 survey responses indicated that deaf individuals are being denied access to American Sign Language (ASL) interpreters upon request for accommodation, their own interpreter, or are simply not going to the dentist at all because of lack of communication access.

Describing the experience of being without an ASL interpreter, participants shared that they feel frightened and disempowered. As one participant put it, "It's like you are an alien lying on a table, and they are dissecting you."

Others described the frustrating experiences of being excluded from information directly impacting them. One participant said, "When they called people's name in the waiting room, I

am not sure if you are asking for me because I am deaf. Sometimes they call out my name and I don't realize it's my turn."

ASL interpreters play an essential role in facilitating a complete communication process. In lieu of providing an ASL interpreter, participants shared that dentists would ask their assistants to repeat words, or that they would use a pen and pad to communicate. While these strategies can provide minimal coverage in communication, they do not create an adequate communication experience for individuals who may have limited English proficiency. Important details may be missed or misunderstood, leaving both patients and providers without the medical information that they need.

## Facial Masks with Clear Windows

When dental professionals wear standard masks while speaking, their hard-of-hearing or deaf patients who rely on lip reading can't understand what they say.

- "I am a lip reader, and dentists tend to talk with their masks on. When they speak to me about my teeth, they look at the monitor. I have no idea what he is saying."
- "They wear masks talking to other [hygienists]. I know they discussed about my teeth or about me to other [hygienists]. It's hard not being able to know what is happening."

A new accessible tool that participants highlighted can help solve this problem: a facial mask with a clear window that, when worn, allows people to see the speaker's lips (see page 18).

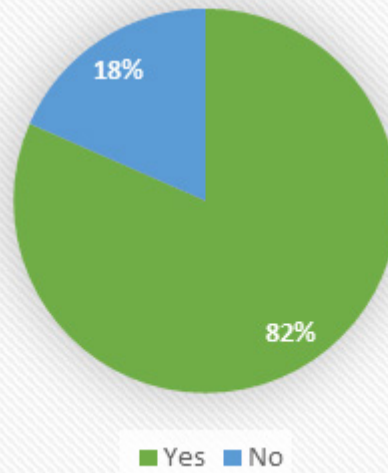
## Assistance with Paperwork and Making Appointments

Survey responses indicated that about 18% of the participants needed better accessibility during the appointment-making process.



## Is the appointment-making process accessible to you?

39 responses



Participants shared tools that help them access the information that they need when making appointments. Deaf and hard-of-hearing people benefit from text and email notification options.

Seeing paperwork is one of the most difficult issues at the dentist's office for many blind people or people with low vision. Blind people may need someone to read paperwork aloud to them, and may need assistance with filling out the paperwork. One blind participant shared that seeing the paperwork is his biggest struggle. "This is why we need support before appointments."

Many individuals who have low vision need written materials presented in large print and high-contrast colors in order to visually access them. Some participants reported that **yellow backgrounds and black letters** provide the best contrast. One participant who has low vision shared, "I need color contrast and large print so that I can see the letters. Yellow lets you see it a lot better. Yellow background with large print, black letters is better than white on black."

## Verbal Narration and Explanation

Individuals who are blind or have low vision rely heavily on auditory cues to know what is going on around them, and may need assistance with navigating dental exam rooms and waiting areas. One blind participant said, "I'm always bumping into stuff. Getting my way around the office is a challenge."

In addition to support with navigation, verbal narration from dentists and hygienists is crucial. As one blind participant said, “I need to be hearing at all times” in order to understand what will happen during the appointment and mentally map where things are.

- “I always have to hear, ‘Here we go.’ For me as a blind person, ‘Here we go’ is an indicator that something is about to happen, a cue that I will feel something. It helps me understand what is going on.”
- “He’ll instruct me, ‘Arm out, make a fist. 1, 2, 3...’”

Participants shared that it’s vital for dentists to alert their patients when they are about to begin painful procedures such as drilling or using needles. When dentists name the instrument that they are about to use — for example, saying “Drill ready, or scraper ready” — then patients who are unable to see can still know exactly what to expect.

Verbally narrating the actions and steps of the procedure benefits people with multiple kinds of disabilities. For many patients, gaps of time in between their providers touching their bodies creates anxiety because they don’t know when the physical interaction will resume. Consistent cues help the process feel less like a “start-stop-start-stop” ordeal.

Patients who are unable to hear need to be able to see these cues visually, either by sign language or lip reading. One participant said, “With my hearing problem, it’s hard to know what is going on, and then they randomly do something – I want to clench myself.” As patients may not know common dental routines, clearly explaining procedures and equipment is an important communication practice for anyone, but especially for blind people and people with other kinds of disabilities.

- “When [my hygienist] told me when she was going to do something, cleaning, rinsing. That was what was most helpful.”
- “My dentist was very explanatory about what the fluorides do. They talked me through the procedures and told me what they are putting in my mouth.”
- “They were good about explaining what they are doing and why, and warning about discomfort and pain ahead of time and trying to cause the minimum amount of pain.”
- “The dentist always let me know when he was going to start to drill.”

A positive relationship between patient and provider is developed through communication. Effective communication builds trust in every step of a patient’s experience before, during, and after the procedure. When patients know that a dentist cares about them, they feel comfortable expressing themselves, and that empowers the patient to be active in seeking health care and contributing to the decisions in their own care. Ensuring that patients and caregivers know about all possible treatments and fully understand all aspects of procedures prevents confusion.

# Mental and Emotional Access

For people with and without disabilities, going through dental procedures is anxiety-provoking. Providing mental and emotionally accessible care benefits all people, and especially people with mental and emotional disabilities. Participants described effective approaches that their dentists use to make dental appointments mentally and emotionally accessible. These best practices include adjusting light and sound, allowing coping tools, and using trauma-informed approaches.

## Light and Sound Adjustments for People with Sensory Sensitivities

People who are sensitive to light and sound can experience mental overload or overstimulation during dental appointments. Participants shared a variety of solutions that work for them to resolve this issue. While individual preferences differ depending on the person and his or her disability, some common adjustments include wearing facial masks to cover the light, or wearing ear plugs to reduce the sound of drills. Sunglasses also work for some people, although they don't block out the light completely and may interfere with hearing aids or cochlear implants. One participant who is hard of hearing shared that when her hygienist moves the lamp, it allows her to rely on her sight.

"We rely on our eyes to know what is going on because we can't hear well. It can be scary when the light at the dentist is so bright that I can't see and also can't hear. So they moved the lamp a little so the dentist could still see what was going on with my mouth but so I could see."

## Allowance of Coping Tools

Participants lit up when they started talking about coping tools that comfort them and keep them grounded during their dental visits. For some it was listening to music; for some, it was holding stuffed animals. Others mentioned having trusted caregivers or friends stay in the room with them.

- "Let me listen to some music. I do that all the time. I would tense up because I was still getting over the trauma, so I was still a little wary of just listening to the tools being operated."
- "I use stuffed dogs as emotional support. The doctor said that if I need support like for needles that the dog is welcome to come. I would use that...I take the dog's paw and I squeeze when they use needles."
- I grab the dog by the paw and hold on tight. Whoever is with me can say,

“Just hold on tight. Hold onto the paw as tight as you can.”

The beauty in coping tools is that nearly anything can be used. One participant who is on the autism spectrum mentioned that items with contrasts in textures can be very grounding, such as stress balls that have a smooth body and a seam that a person may run fingers over.

“A lot of railings have a smooth round top and the bump on the bottom. I use railings to ground myself at doctors’ offices. You can run your hand along it to feel the texture. Getting that texture is very grounding. I can associate the feeling with being comfortable at doctors’ offices.”

Participants shared that they used their coping tools as communication aids. One blind participant shared that he and his dentist use his stuffed dog to communicate. For example, his dentist will nudge him with the dog’s paw to tell him when to use suction.

- “My dentist uses the dog’s paw to tell me to open big or close my mouth. If I can’t get the mouth open wide enough, use the dog’s paw to open my mouth. With the help of the dog, that may help the dentist, too. I couldn’t hear over the music what the dentist was saying, unless the dog would be there to do the tap.”
- “Whoever is advocating for me can take the dog’s front paw when he says, ‘Here we go.’ They can tap me on the side with the paw when the dentist is done.”

## Trauma-Informed Care

Dental offices and procedures can be full of triggers for someone with a history of physical, medical, and/or sexual trauma. Triggers may bring back powerful memories and emotions that can cause a person to tense, panic or have an exaggerated startle response. One participant who went through dental trauma at her previous dentist shared that when she first went to her current dentist, she was terrified by needles. “I would bite down hard on anyone who had their hands on my mouth.”

Dentists should watch for signs that a person may be triggered and be prepared to respond in a way that creates an emotionally safe space. The following are some helpful responses that participants shared.

**Help a patient calm down.** Keep an eye on the patient’s breathing, and if their breathing becomes shallow or interrupted, introduce deep breathing. Breathe with the patient until his or her breathing becomes normal again. Take breaks from procedures when the patient needs to do so. Arrange for stop signals, such as holding a hand or finger up.

“They have to be very gentle because I would be triggered. They had to not be too rough with my mouth. The first few times my jaw would snap shut when they hit a sensitive area, and they had to stay clear of my mouth until I could calm down. I would just react without thinking. They would try to calm me down and redirect that behavior to something else more positive. When it came to the needles, they introduced the deep breathing. That has helped.”

**Ask a patient if he or she is ready for treatment to begin, and then gently direct the patient,** moving parts of his or her body that are comfortable. One participant shared that while she was recovering from her past dental trauma, her new dentist took small steps with her until she was comfortable enough to let them work in her mouth. She said, “All I had to do was slightly move my body. They would guide my head to get me to open my mouth more and shut more when they needed me to adjust.”

**As much as possible, give patients control over their experience.** Allow patients to hold and handle the suction instrument and other equipment before beginning treatment or involve them directly in the treatment process. One participant shared that his dentist let him run the suction and hold onto the suction during his cleaning. “It gave me something to do. They said, ‘We’ll tell you when to suction. When I say suction, you pull the trigger.’”

**Have a blanket handy** to offer to patients each time treatment starts. If cross-contamination is an issue, let patients know ahead of time that they can bring blankets or other coping tools with them. One participant shared that music helped her work through anxiety during a cavity filling. “They allowed me to have music in my ears. It helped me focus on something else other than what was going on.”

**Offer encouragement.** Many people hesitate to disclose their fears to dental professionals because they are afraid of being judged or patronized. Giving frequent, supportive feedback lets patients know that they aren’t seen as burdens and encourages them that they can overcome their challenges.

When dental providers are willing to take a little extra time to do these things, their patience can go a long way toward building trust. Participants shared that when they felt safe and comfortable with a dentist, their trauma responses started to decrease during procedures. Simple, consistent actions can make a difference not only in a person’s oral health, but also in their whole healing.

“Old habits die hard at first...but now, I don’t feel the need to bite or tense as much. I really didn’t need my headphones in my ears like I thought I did. I felt like I could relax and trust them because they never mistreated me. They made me feel safe. I now feel comfortable enough where I finally got over my trauma enough to have one ear open.”

## A Disability Support Specialist Staffed at Dental Offices

Some people with disabilities need a caregiver or a support person who can provide emotional support and assistance when they go to the dentist, and many do not have access to one. One participant said, “I need someone to go to [the dentist], but I don’t have anyone. I need someone to help me with the paperwork, and I need someone to be with me when they do the cleaning.”

Participants recommended that dental offices employ a disability specialist who can provide support to patients, dental professionals and office staff with accommodation needs. This person should have experience and knowledge in working with people with disabilities, and ASL proficiency would be preferred. His or her role would involve assisting patients with paperwork, helping patients navigate the office, sitting with patients during their appointments, and providing qualified ASL support.

“We need someone who is hired in the dentist office to help you with it if you can’t get an advocate. Someone who specialized in disability. Someone who has worked with people with disabilities and helps with paperwork in the dental office. One that will make copies of your cards and will escort you back there instead of the hygienist having to do it, and sit with you back there if needed.”

## Physical Access

Participants shared that they experience physical barriers to accessing their dentist’s office, often in parking areas, waiting rooms and exam rooms.

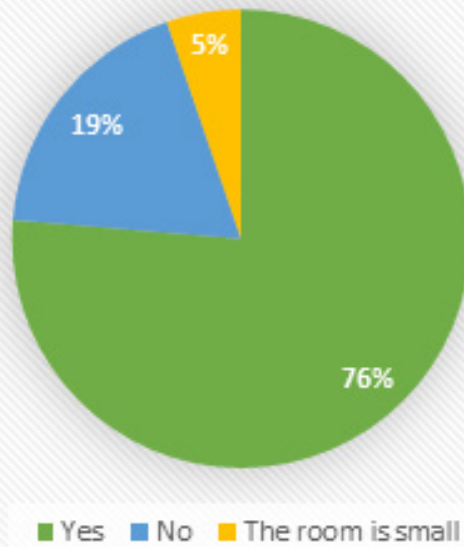
- “The parking is located downtown and only has meters. There is not an accessible entrance for wheelchairs or walkers.”
- “There are limited transportation options available for persons with disabilities needing an accessible vehicle.”

Close to a quarter of the survey respondents said that their provider’s dental exam room was not accessible to them.



## Is the dental procedure room accessible to you?

39 reponses

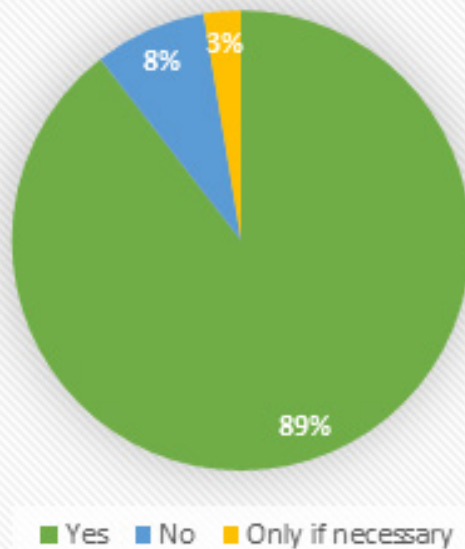


Participants said that exam areas are only large enough to fit the person receiving services and do not accommodate personal medical equipment. One participant shared, “I go [to the dentist], but it’s a huge effort. I go without my oxygen tank while I'm in the chair because there's nowhere to put the tank. When my oxygen numbers are low, I get more anxious. I hate it.”

## Alternatives to Transferring

For many people using wheelchairs, transferring from the wheelchair to the exam chair is prohibitively dangerous or difficult. There often is not enough room in the exam rooms to transfer while keeping the wheelchair close. For this reason, some participants shared that they prefer to have their dental exams done in their wheelchair.

## Do you have your dental work done in the dental chair? 39 responses



In cases when dental work is performed in a patient's wheelchair, supporting the person's head and neck is essential. If patients have a power chair that reclines, this is helpful. For patients who use manual wheelchairs, accessibility devices such as Versatilt are recommended. Versatilt devices allow patients to recline safely and comfortably in their manual wheelchairs during dental exams without the risk of hurting their spines.

Installing railings inside and outside buildings helps people balance and can also assist people with vision loss. One participant who has low vision stated that railings inside his dentist's building would help him. "I have tunnel vision, and this helps me with balance and with vision to help me feel out the periphery."

## Scent- and Fragrance-Free Areas

People with multiple chemical sensitivities (MCS) experience the invisible barrier of fragrance and scents on a daily basis. MCS is a medical condition characterized by adverse health effects from exposure to common chemicals and pollutants such as pesticides, new carpet and paint, cleaning supplies, perfume, scented laundry products and air fresheners. A person with MCS who is exposed may experience debilitating health effects including migraines, breathing difficulties, gastrointestinal pain, and anaphylaxis.

Participants with MCS shared that air fresheners in waiting rooms or fragrances worn by dental professionals and dental office staff prevent them from accessing their dental care. One participant said, “I can see only one dentist and one hygienist as other personnel may use fragrances. The people I see are aware of my chemical sensitivities and are careful to not use fragrances when I visit the office.”

Providers can make it safe and accessible for everyone to enter their dental practice by asking patients if they have chemical sensitivities, removing intentionally scented products, and adopting a scent- and fragrance-free policy.

## RECOMMENDATIONS

To build the foundation of a disability-friendly practice, dental professionals should cultivate a **person-centered culture** that makes disabled people feel respected and valued during procedures and other interactions. “We’re human, we just have various physical issues,” one participant said. “We’re no lesser, just different.” Participants shared that they got the most out of their appointments when dental professionals treated them as equals. They don’t want special treatment, just understanding and accommodations. As one participant said, “[My hygienist] didn’t treat me any different than any other patient. If I was acting up, she would let me know if I was misbehaving. She’d say, ‘I’m not going to work on you if you don’t behave.’” Additionally, person-centered providers recognize that people with disabilities are experts in their own experiences and needs, and listen to their input about what they need in order to access their dental health care. They are proactive in providing options to patients and involving them in their procedures.

The following are recommendations for increasing physical, mental and emotional, and communication access in dental practices:

1. **Establish policies for responding to accommodation requests.** It is best practice to offer accommodation options prior to a patient’s appointment, so that all people involved can plan ahead to arrange for what the patient needs during their appointment. (See Appendix B for an Accommodation Record for People with Disabilities.)
2. **Offer accessible equipment such as Versatilt** that allows patients to recline safely and comfortably in their wheelchairs during dental exams.
3. **Provide American Sign Language interpreters** to deaf patients upon request.



4. **Purchase facial masks with windows** (shown above) so that patients can read lips while providers are wearing the mask.
5. **Give verbal narrations** during exams and procedures, and cues when physically interacting with patients.
6. **Provide high-contrast and large-print materials.** It is best practice to provide a variety of backgrounds with large-print black lettering.
7. **Practice trauma-informed care** by using calming techniques, offering encouragement, and giving patients more control over their experiences during procedures.
8. **Allow patients to bring coping tools to their appointments** and incorporate the coping tools into procedures when appropriate.
9. **Train a disability support specialist** staffed position at dental practices and partner with disability organizations to provide support and empowerment for patients who have disabilities.
10. **Adjust light and sound for people with sensory sensitivities.**
11. **Develop a scent- and fragrance-free policy** that prohibits dental office staff from using or wearing intentionally scented products.
12. **Provide ongoing disability trainings for dental professionals and office staff.** Important topics include disability etiquette, responding to accommodations, ADA requirements, and American Sign Language.

## Medical Facility Accessibility “Quick Look” Checklist

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

### Disclaimer:

This worksheet is intended solely as informal guidance and should not be used to determine your legal rights or responsibilities under The Americans With Disabilities Act (ADA) or any other laws. The ‘built-environment’ elements in this worksheet are based on the *2010 ADA Standards for Accessible Design* but do NOT cover all the sections of the *Standards*. Completion of the worksheet and any associated report makes no assertion that a facility and its programs do or do not comply with ADA regulations.

Parking & Drop-Off Area	YES	NO
If parking is provided, are there accessible parking spaces (1 in 25), marked with vertical signs 8’ wide with an adjacent 5’ aisle?		
Of the accessible parking spaces, are there 1 out of 6, but no less than one, of the spaces designated as a “van” space? (Van spaces require an 8' access aisle and the word “van” on a vertical sign)		
Are the accessible parking spaces paved and relatively flat?		
<u>If provided</u> , is the drop-off area 5’ wide, 20’ long, and relatively flat?		

COMMENTS: \_\_\_\_\_

Exterior and Interior Walkways	YES	NO
Is the walkway to the accessible entrance paved, relatively flat, and free of abrupt edges or breaks in the surface?		
Are all curbs along the walkway ramped?		
Are stairs or steps along the walkways and interior hallways either ramped, or have alternative means of access (e.g. elevator)?		
Is the walkway/hallway a 36” minimum width and free of protrusions or overhanging obstacles?		
Is the opening door pressure for <u>ALL</u> interior doors 5 lbs. or less?		

COMMENTS: \_\_\_\_\_

Entrance	YES	NO
Does the entrance have a level landing, 32" wide-door opening, easy-to-operate door hardware, and threshold no higher than 1/2"?		

COMMENTS: \_\_\_\_\_

Restrooms	YES	NO
Is there an accessible restroom (proper signage on latch side of door, door pressure $\leq 5$ lbs., 17"-19" toilet height, grab bars, and accessible sink with wrapped pipes, if exposed)?		

COMMENTS: \_\_\_\_\_

Exam Rooms (if a medical facility)	YES	NO
Is there an accessible exam room (accessible hallway, door 32" wide, and turning space of 60")?		
Is there an exam table adjustable from 17" to 19"?		
Is there a wheelchair accessible scale?		
Are there lifts/support devices available for transfers?		

COMMENTS: \_\_\_\_\_

Signage	YES	NO
Are the signs for restrooms and permanent room numbers easily readable with raised letters and raised male/female/wheelchair images (if provided) and Braille?		
Are the signs located <u>on the walls</u> on the latch side of doors?		
Are the signs within 48" to 60" of the finished floor?		

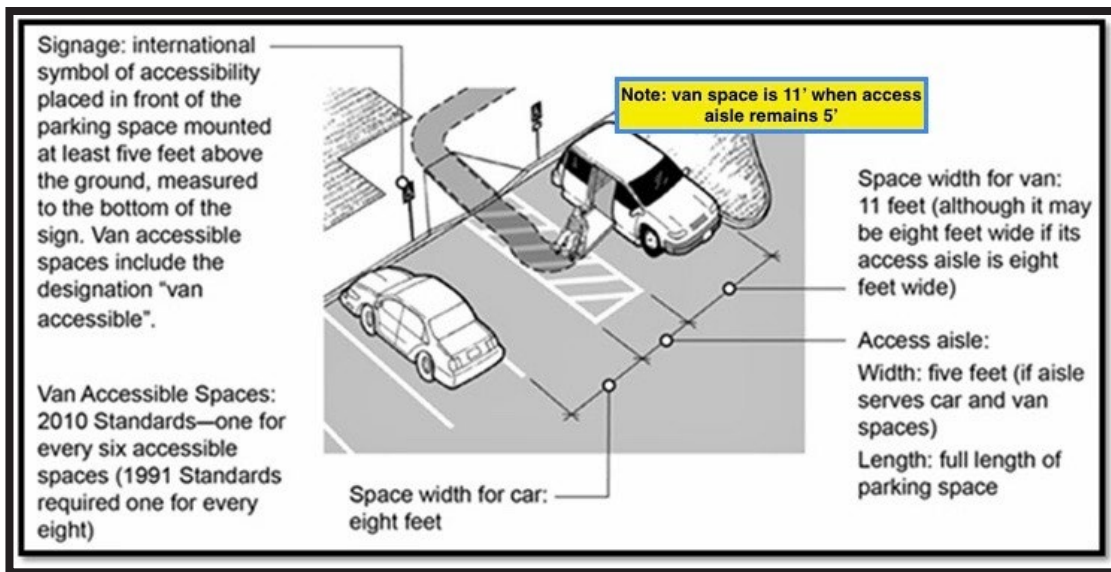
COMMENTS: \_\_\_\_\_



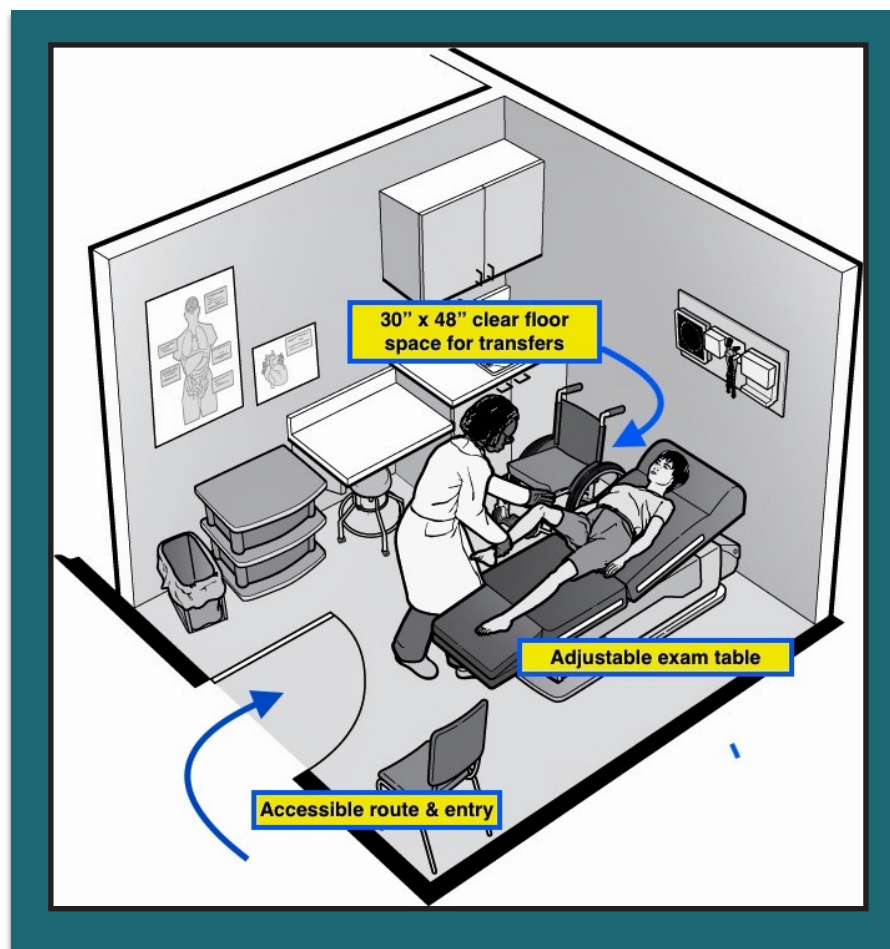
Communication for People Who are Deaf, Hard-of-Hearing, or Visually Impaired	YES	NO
Is there a policy in place to identify, document, and communicate accommodation requirements, such as scheduling extended appointment times, adjustable exam tables, and adequate time to make appointments?		
When required for effective communication, are American Sign Language interpreters (ASL) available?		
Are education materials & office instructions available in large print or alternate formats?		
Are other options utilized to address basic communication needs (e.g. written notes, assistive listening devices)?		
Is the website accessible (Section 508 compliant)?		

COMMENTS: \_\_\_\_\_

Other Considerations	YES	NO
Is the <u>service dog</u> policy posted for patients and understood by staff & patients?		
Are staff trained to serve people with all types of physical and mental disabilities? Are you including disability awareness tips in your training?		
Are staff competent with patient transfers to and from exam tables, scales, and exam equipment?		
Is public transportation available? Bus route # _____		
Is the route from the bus stop to the building entrance accessible?		
If no public transportation is available, other transportation options include: _____; _____; _____; _____		
Staff understand that ONLY a person with a qualifying disability (e.g. difficulty walking, uses portable oxygen, heart or lung disease) is eligible for disability parking plates or a parking placard. They recognize the penalties for misuse and false statements. See DR2219 - PWD Parking Privileges Application.		



COMMENTS: \_\_\_\_\_





Example of adjustable exam table & scale

## Accommodation Record for People with Disabilities

Collect the following information prior to a patient's appointment to make sure that they can fully access the care that they need during the appointment or follow-up. Ask the patient directly for this information, and work with personal assistants or caregivers when appropriate. Keep this document in the patient's file, and provide the patient with a copy.

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Disability \_\_\_\_\_

**Please describe how your disability impacts you during medical appointments.** (For example, I use a wheelchair and will need assistance to transfer to an exam table; I have anxiety and will need breaks during my exam; I have a chemical sensitivity and need a fragrance-free appointment/waiting area; I am Deaf and will need an interpreter; I have low vision and will need electronic copies of my paperwork.)

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# Accommodation Requests

*Please place an "x" next to accommodations you are requesting  
for your appointment and/or follow up:*

## Communication

### Making/Confirming appointments or exchanging information

Colorado Relay Service: \_\_\_\_

CART: \_\_\_\_

Hearing Loop: \_\_\_\_

ASL Interpreter: \_\_\_\_

Email: \_\_\_\_

Text Messages: \_\_\_\_

Other:

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### Accessing information typically provided in print or images

Large print: \_\_\_\_

Braille: \_\_\_\_

Email: \_\_\_\_

Electronic format (USB): \_\_\_\_

Electronic format (CD): \_\_\_\_

Audio format: \_\_\_\_

Image descriptions: \_\_\_\_

Other:

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## Accommodation Requests (Cont'd)

*Please place an "x" next to accommodations you are requesting for your appointment and/or follow up:*

### Medical Equipment

Height-adjustable exam table: \_\_\_\_

Wheelchair accessible weight scale: \_\_\_\_

Height-adjustable mammogram: \_\_\_\_

Lifting assistance: \_\_\_\_

Exam room space to maneuver my mobility device: \_\_\_\_

Other: \_\_\_\_\_

### Other Assistance or Modifications

Service Animal: \_\_\_\_

Lower light or noise in appointment/waiting area: \_\_\_\_

Fragrance-free appointment/waiting area: \_\_\_\_

Assistance with paperwork: \_\_\_\_

Simplified English: \_\_\_\_

Breaks during appointment: \_\_\_\_

Extended appointment time: \_\_\_\_

Coping tool during appointment (Please describe, i.e. wearing headphones, bringing a blanket or other comfort item):  
\_\_\_\_\_

Other: \_\_\_\_\_

*This Accommodation Record has been adapted from Western University of Health Sciences:  
"Accommodation Checklist for Seniors and People with Disabilities" 2018*



