### Disability Etiquette Checklist

**For Health Care Providers**

#### Building confidence in positive interactions

### People with Communication Needs

**Blind and Low Vision**

- Identify yourself and others when entering the room, and let the person know when you are leaving the room.
- Offer a tour of your facility to a person if they are new. Be willing to assist a person with navigation if asked. Offer your arm (do not take the person’s arm) if they ask to be guided.
- If the person has a guide dog, walk on the side opposite the dog. As you are walking, describe the setting and note stairs, furniture, and doorways. Calmly alert them of there are obstacles. “There is an open filing cabinet on your right.”
- Narrate events as they happen during the appointment and give verbal cues of what is going to happen before each step of a procedure.
- Keep walkways free of obstructions. Keep doors either all the way closed or all the way open.
- Inform people about furniture or structural changes.
- If asked, be willing to read information or assist with completing and signing paperwork.
- Use image descriptions on web pages.

---

**Disability Etiquette Checklist**

729 S. Tejon St.
Colorado Springs, CO 80903

719-471-8181
Video Phone for the Deaf 719-358-2513

A Non-Profit Organization
the-ic.org
### People with Communication Needs

**DI/Deaf and Hard of Hearing**
- Ask them, “What is your preferred communication mode?”
- Face the person directly when speaking to them and don’t block your lips.
- Be open to using alternative communication methods that a person requests, such as writing or assistive listening devices. Don’t assume that all D/deaf or hard of hearing people use sign language or read lips.
- If they use an American Sign Language (ASL) interpreter, speak directly to person rather than interpreter.
- Do not yell, over enunciate, eat, or chew gum when talking.
- Use a customary tone of voice unless otherwise requested and speak slowly and clearly.
- Gently tap on the person’s shoulder or wave to get their attention.

**Speech Disabilities**
- Determine how they communicate. “How do you say yes and no?”
- Ask if they want to write, use a communication board, or a speech generating device. If not, do they want someone else to help them communicate? “Can you show me how you use this device?”
- Involve a caregiver if the patient wants them there. Speak directly to the patient.
- Be patient and allow time for delay in responses.
- Be aware that a person may appear to be drunk, sick, or have a medical emergency when in fact they may have a disability that affects muscle control, causing slurred speech. Investigate before acting on a first impression.

### People with Physical and Structural Needs

**Chemical Sensitivities**
- Ask if they have any chemical sensitivities, including reactions to various drugs you may need to administer.
- Don’t use intentionally scented products, including perfume, cologne, aftershave, essential oils, candles, or scented moisturizers.
- Avoid placing the person in rooms with recent pesticide sprays, strong scented products like disinfectants, cleaners, scented candles or room fresheners, new paint or carpet, or other recent remodeling.
- Use an air filter or open a window as needed.
- Be aware that it may be beneficial for a person with multiple chemical sensitivity to take their own medical supplies and equipment with them, including oxygen mask and tubing, medications, food and water, bedding, clothing, and soap. Allow the person to wear a mask or respirator if needed.
- As much as possible, use products that say things like “no perfumes, dyes, or additives” or “fragrance free, hypo-allergenic.”
- Post on flyers, brochures, websites, and appointment forms that your facility is fragrance-free and ask participants to avoid wearing scented products.

**Mobility Disabilities**
- Accessible parking, entrances, restrooms, and exam equipment should be made available for individuals who need them. Ensure they are not used by those without the approval to do so.
- Place necessary items within the person’s reach as much as possible.
- Ensure that there is adequate room for wheelchairs or other assistive devices in waiting rooms and exam rooms.
- Treat the assistive device as a part of that person’s body; do not lean on, over, or move equipment without permission.
- Understand that wheelchairs are not tragedies; rather, they are means of freedom.
- Interact with short statured people or wheelchair users at eye level when appropriate; act naturally and follow the person’s cues.
People with Cognitive, Emotional, and Sensory Needs

**Autism Spectrum and Sensory Disabilities**
- Be aware that eye contact may be distracting or uncomfortable to autistic people. Do not insist on eye contact.
- Understand that large groups, high noise levels, or harsh lighting may overstimulate some people. Dim the lights, shut doors, and reduce background noise if possible.
- Respect self-soothing strategies, such as stimming.
- Keep in mind that sudden changes in routine can be upsetting; be as consistent as possible and communicate changes as soon as possible.
- Allow for longer processing time when conveying information or asking questions. Be open to using alternative forms of communication, such as text-based communication or American Sign Language (ASL) interpreters if requested.

**Brain Injuries**
- Use familiar routines and concrete examples: “Take medications at break-fast time, bedtime.”
- Be aware of the person’s fatigue, exhaustion and overload – slow the stream of information.
- Take extra time if needed to give summaries and ask for confirmation of understanding – “Can we make a list to refresh our memory if we need to?”
- Simplify choices and do not expect multitasking.
- Focus on successes and positively reinforce.
- Help your patient create an action plan for managing medications or symptoms. “When I experience this____, I will do this ____.”

**IDD (Intellectual and Developmental Disabilities)**
- When talking, adjust your vocabulary and pace to meet the person’s talking pace and comprehension.
- Interact with them as an equal and avoid discounting what they have to say.
- Use clear and concrete words rather than abstract concepts. Break complex ideas down into parts. Images and pictograms can be helpful.
- Remember that the person is an adult and, unless you are informed otherwise, can make their own decisions.
- It can be difficult for people with developmental disabilities to make quick decisions; allow them to take their time.

**Mental Health Conditions**
- Take mental health symptoms as seriously as you would any other medical condition. Do not dismiss a person who asks for help.
- Use trauma-informed approaches if needed, including these:
  - Allow patients to use coping tools (i.e., blankets, music, stuffed animals)
  - Let patients take breaks during procedures.
  - Ask for permission before touching an individual.
  - Explain steps and procedures from beginning to end.
- If a person becomes panicked or aggressive, remain calm and validate their experience. Reduce noise and stressors if possible. Invite them to come to a safe and private area. Bring in extra support if needed.