

Disability considerations during the COVID-19 outbreak

COVID-19

www.who.int/ emergencies/ diseases/novelcoronavirus-2019

NCDs and mental health

www.who.int/ncds www.who.int/mental_ health

Disability

www.who.int/healthtopics/disability On 30 January 2020, the World Health Organization (WHO) declared the outbreak of a novel coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern (PHEIC), due to the speed and scale of transmission.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak.¹ Certain populations, such as those with disability, may be impacted more significantly by COVID-19. This impact can be mitigated if appropriate actions and protective measures are taken by key stakeholders.

1 <u>https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19</u>

Why are additional considerations needed for people with disability during the COVID-19 outbreak?

Actions need to be taken to ensure that people with disability can always access the health-care services, water and sanitation services and public health information they require, including during the COVID-19 outbreak.

People with disability may be at greater risk of contracting COVID-19 because of:

- Barriers to implementing basic hygiene measures, such as handwashing (e.g. handbasins, sinks or water pumps may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly);
- Difficulty in enacting social distancing because of additional support needs or because they are institutionalized;
- The need to touch things to obtain information from the environment or for physical support;
- Barriers to accessing public health information.

People with disability may be at greater risk of developing severe disease if they become infected because of:

- The pre-existing health condition underlying the disability; and
- Barriers to accessing health care.

People with disability may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on.

The barriers experienced by people with disability can be reduced if key stakeholders take appropriate action.

Considerations for actors

Actions for people with disability and their household

Reduce your potential exposure to COVID-19

Everyone with disability and their household should follow the WHO guidance on basic protection measures during the COVID-19 outbreak, such as hand hygiene, respiratory etiquette and physical distancing.² If you have any difficulty following these basic protection measures (for example, you are not able to access a handbasin/sink/water pump to wash your hands regularly), work with your family, friends and caregivers to identify adaptations. In addition

- Practice physical distancing of at least one meter from others.
- Avoid crowded environments to the maximum extent possible and minimize physical contact with other people. Consider making necessary visits to the supermarket or pharmacy, outside of peak time periods. Take advantage of special opening hours of stores for people with disability where these are offered.
- Make purchases online or over the telephone or request assistance from family, friends, or caregivers to avoid needing to access crowded environments.
- Consider buying in bulk items you need such as food, cleaning supplies, medication or medical supplies to reduce the frequency with which you need to access public places.
- Work from home if possible, especially if you typically work in a busy or crowded environment.
- Ensure that assistive products, if used, are disinfected frequently; these include wheelchairs, walking canes, walkers, transfer boards, white canes, or any other product that is frequently handled and used in public spaces.

Put a plan in place to ensure continuation of the care and support you need

- If you rely on caregivers, consider increasing the pool of those you can call upon, in preparation of one or more becoming unwell or needing to self-isolate.

- If you organize caregivers through an agency, find out what contingency measures they have in place to compensate for a potential workforce shortage. You may want to talk to family and friends about what additional support they can provide, and the scenarios in which you may need to call upon them.
- Identify relevant organizations in your community that you can access if you need help.

Prepare your household for the instance you should contract COVID-19

- Make sure those in your household, including the friends and family you trust, know of any important information they would need should you become unwell.³ This may include information about your health insurance, your medication, and the care needs of any of your dependants (children, elderly parents or pets).
- Follow local advice regarding calling health care professionals or health care hotlines.
- Make sure everybody in your household knows what they should do should you contract COVID-19 or require assistance.
- If they are not already connected, introduce people in your support network so that they can communicate effectively should you become unwell.
- Know the telephone number of relevant telehealth⁴ services and hotlines, should you have questions or require non-urgent medical assistance.

The mental and physical health of household members and caregivers

- Ensure all members of the household and caregivers enact the basic protection measures, such as hand wash, against contracting COVID-19.
- Follow the WHO guidance on mental health considerations and guidance on managing existing noncommunicable diseases during the COVID-19 outbreak.^{5,6}
- Encourage children with disability to continue playing, reading, learning, and connecting with friends using telephone calls, texts or social media.
- 3 <u>https://apps.who.int/iris/bitstream/handle/10665/330987/WHO-nCov-IPC_Masks-2020.1-eng.</u> pdf?sequence=1&isAllowed=y
- 4 Telehealth involves the use of telecommunications and virtual technology to deliver health care outside of traditional health-care facilities
- 5 <u>https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.</u> pdf?sfvrsn=6d3578af_2
- 6 https://www.who.int/who-documents-detail/covid-19-and-ncds



 If anyone in the household is suspected to have the virus, the person should be isolated, instructed to wear a mask, and must access testing as soon as possible.⁷ All surfaces need to be disinfected, and everyone in the household monitored for symptoms. If possible, anyone with an underlying health condition or reduced immunity needs to be moved to a separate location until the completion of isolation periods.

^{7 &}lt;u>https://apps.who.int/iris/bitstream/handle/10665/330987/WHO-nCov-IPC_Masks-2020.1-eng.</u> pdf?sequence=1&isAllowed=y

Actions for governments

Ensure public health information and communication is accessible

- Include captioning and sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media.
- Convert public materials into "Easy Read" format so that they are accessible for people with intellectual disability or cognitive impairment.
- Develop accessible written information products by using appropriate document formats, (such as "Word"), with structured headings, large print, braille versions and formats for people who are deafblind.
- Include captions for images used within documents or on social media.
 Use images that are inclusive and do not stigmatize disability.
- Work with disability organizations, including advocacy bodies and disability service providers to disseminate public health information.

Undertake targeted measures for people with disability and their support networks

Work with people with disability and their representative organizations to rapidly identify fiscal and administrative measures, such as:

- Financial compensation for families and caregivers who need to take time off work to care for loved ones. This could include paying, for a time-limited period, family members for support provided during normal working hours.
- Financial compensation for families and caregivers who are part of the casual and self-employed disability workforce, who may need to self-isolate, and where coming to work would place people with disability at greater risk of infection.
- Adoption of flexible, work-from-home policies, along with financial compensation for the technology required to do so.
- Financial measures (commonly within a broader-based economic stimulus package) that include people with disability, such as lump sum payments for qualifying individuals, tax relief, subsidization of items and/ or leniency and allowable deferral of common expenses.
- Appropriate action by schools and other educational facilities to ensure continued education for students with disability who may be required to study from home for longer periods.

 Provision of a hotline in multiple formats (e.g. telephone and email) for people with disability to communicate with the government, ask questions, and raise concerns.

Undertake targeted measures for disability service providers in the community⁸

Work with the disability service providers to identify actions for the continuation of services and priority access to protective equipment:

- Ensure that agencies providing disability caregivers have continuity plans for situations in which the number of available caregivers may be reduced.
- Work with disability service providers to reduce bureaucratic recruitment barriers while still maintaining protection measures, such as police checks for caregivers.
- Consider short-term financial support for disability services to ensure they remain financially sustainable if they experience a downturn in their operations.
- Provide a hotline for disability services to communicate with government and raise concerns.
- Prioritize disability caregiver agencies for access to no-cost personal protective equipment, including masks, aprons, gloves and hand sanitizers.
- Ensure that caregivers of people with disability have access to COVID-19 testing alongside other identified priority groups.

Increase attention given to people with disability living in potentially higher risk high-risk settings of developing the disease

Work with people with disability and their representative organizations to identify actions to protect people with disability who may be in high-risk situations:

- Ensure that agencies providing services to people with disability in institutional settings⁹ develop and implement service continuity plans.
- Identify people with disability in prisons, jails and correctional facilities, and work with relevant authorities to implement infection control measures and identify possible contingencies.

9 Institutional settings include prisons, psychiatric hospitals and care homes.

⁸ Disability service providers in the community may include agencies that provide caregiver services, specialized employment opportunities, or specialized therapies and consultation to people with disability.

- Ensure that people with disability who are homeless are provided with water, food, shelter and health care on an equal basis with others and are able to exercise basic protective measures against contracting COVID-19.
- Ensure that the needs of people with disability are considered in readiness and response operations for the COVID-19 outbreak in humanitarian settings, including those living in situations of forced displacement, in refugee or migrant camps, informal settlements and urban slums.

Ensure that emergency measures include the needs of people with disability

Work with people with disability and their representative organizations to ensure that emergency declarations based on the COVID-19 outbreak include their needs:

- Ensure that disability caregivers are considered as essential workers and exempted from curfews and other lockdown measures that may affect the continued provision of support services.
- Grant exemptions, so that people with disability who may experience significant distress with home confinement are permitted to leave their homes for short periods and in a safe way during curfews and other lockdown measures.
- Ensure that emergency measures do not discriminate on the basis of disability. Human rights protection mechanisms for people with disability placed in institutional settings should not be reduced as part of emergency measures.

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