

EXTRA MEASURES FOR THE VISUALLY IMPAIRED DURING THE *PANDEMIC*



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The acute respiratory syndrome, the COVID-19, has disrupted the society at an unprecedented scale since the outbreak in December 2019. In March 2020, the World Health Organization (WHO) declared COVID-19 to be a pandemic due to the speed and scale of transmission.

As the healthcare system is finally reorganising to mitigate the impact of the pandemic, WHO and public health authorities around the world are taking action to contain the outbreak as the public health has been endangered both nationally and internationally. The Government of India has declared the situation arising out of COVID-19 as a 'national disaster' and necessary guidelines have been issued under the National Disaster Management Act, 2005.

A certain population, such as those with disability, may be affected more significantly but simple actions and protective measures by the key stakeholders can make quite a difference.

PEOPLE WITH DISABILITY MAY BE AT GREATER RISK OF CONTRACTING COVID-19 BECAUSE OF:

- Barriers to accessing health care and public health information;
- The need to touch things to obtain information from the environment or for physical support;
- Barriers to implementing basic hygiene measures, such as hand-washing (e.g. hand basins or sinks 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 institutionalised;

WHO DO I WANT TO BE DURING COVID-19?		
FEAR ZONE	LEARNING ZONE	GROWTH ZONE
I grab food, toilet paper and medications that i dont need	I start to give up what I can't control	I think of others and see how to help them
I spread emotions related to fear and anger	I stop compulsively consuming what hurts me, from food to news	I live in the present and focus on the future and look for a way to adapt to new changes
I complain frequently	I identify my emotions	I make my talents available to those who need them
I forward all messages I recieve	I become aware of the situation and think how to act	I am empathetic with myself and with others
I get mad easily	I evaluate information before spreading somthing false	I keep a happy emotional state and spread hope, thank and appreciate others
	I recognize that we are all trying to do our best	I practice quietude, patience, relationships and creativity

- COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes;
- People with disability may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on.

APPROPRIATE ACTIONS TO BE TAKEN:

1. Reduce potential exposure to COVID-19 for the visually impaired community:

- Avoid crowded environments to the maximum extent possible and minimise physical contact with other people. Try to consider making necessary visits outside of peak time periods. Take advantage of special opening hours for people with disability where these are offered.
- If the visually impaired (VI) is not able to access a hand basin or sink to wash their hands regularly, they should work with their family, friends and caregivers to identify adaptations.
- Make purchases online or request assistance from family, friends, or caregivers to avoid accessing crowded environments.
- Consider gathering urgent items that the VI

may need, such as food, cleaning supplies, medication or medical supplies to reduce the frequency with which they need to access public places.

- Work from home if possible, especially if the VI typically works 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.
- #### 2. Put a plan in place to ensure continuation of the care and support that the visually impaired needs:
- If the VI relies on caregivers, consider increasing the pool of those one can call upon, in preparation of one or more becoming unwell or needing to self-isolate.
 - If the VI organises caregivers through an agency, find out what contingency measures they have in place to compensate for a potential workforce shortage.
 - Identify relevant organisations in the VI community that one can access if they need help.

- Make sure those in their household, including the friends and family that the VI trusts, know of any important information they would need should when VI becomes unwell. This may include information about the VI's health insurance, medication, and the care needs of any of their dependents (children, elderly parents).
- Make sure everybody in their household knows what they should do when the VI contracts COVID-19 or requires assistance.
- If they are not already connected, introduce people in their support network so that they can communicate effectively when the VI becomes unwell.
- The VI should know the telephone number of relevant telehealth services and hotlines, when they have questions or require non-urgent medical assistance.

Actions for Governments: Section 8 of the Rights of Persons with Disabilities Act, 2016 guarantees equal protection and safety for persons with disabilities in these situations. It also mandates Disaster Management Authorities at District/State/National levels to take measures to include persons with disabilities in disaster management activities and to keep them duly informed about these. These authorities are mandatorily required to involve the concerned State Commissioner for Persons with Disabilities during disaster management. All information about COVID 19, services offered and precautions to be taken should be available in simple and local language in accessible formats, i.e. in Braille and audible tapes for persons with visual impairment, video-graphic material with sub-titles. A 24X7 Helpline Number at the State Level should be set up exclusively for the Divyangjan with facilities of sign language interpretation and video calling.

**PEOPLE WITH DISABILITY
MAY BE AT GREATER RISK
OF CONTRACTING COVID-19
BECAUSE OF BARRIERS TO
ACCESSING HEALTH CARE AND
PUBLIC HEALTH INFORMATION**

3. Ensure public health information and communication is accessible:

- Include captioning and, where possible, 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 with structured headings, large print, braille versions and formats for people who are deaf blind.
- Include captions for images used within documents or on social media. Use images that are inclusive and do not stigmatise disability.
- Work with disability organisations, including advocacy bodies and disability service providers to disseminate public health information.

4. Undertake targeted measures for people with disability and their support networks:

- A financial compensation for families and caregivers who need to take time off work to care for loved ones should be given. This could include paying, for a limited time period, family members for support provided during normal working hours.
- A financial compensation for the 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 place people with disability at greater risk of infection.
- An adoption of flexible, work-from-home policies, along with financial compensation for the technology required to do so.
- A financial measures that include people with disability, such as lump sum payments for qualifying individuals, tax relief, subsidisation of items and/or leniency and allowable deferral of common expenses.

A 24X7 HELPLINE NUMBER AT THE STATE LEVEL SHOULD BE SET UP EXCLUSIVELY FOR THE DIVYANGJAN WITH FACILITIES OF SIGN LANGUAGE INTERPRETATION AND VIDEO CALLING

- An 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.
 - A 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 the concerns.
5. Undertake targeted measures for disability service providers:
- To ensure that agencies providing disability caregivers have continuity plans for situations in which the number of available caregivers may be reduced.
 - For employees with blindness and other severe disabilities in both public and private sector should be exempted from essential services work during the period as they can be easily catch infection.
 - To work with disability service providers to reduce bureaucratic recruitment barriers while still maintaining protection measures, such as police checks for caregivers.
 - To consider short-term financial support for disability services to ensure they remain financially sustainable if they experience a downturn in their operations.
 - To communicate frequently with people with disability and their support networks.
 - To provide a hotline for disability services to communicate with government and raise concerns.
 - To prioritise disability caregiver agencies

for access to no-cost personal protective equipment, including masks, aprons, gloves and hand sanitizers.

- To ensure that caregivers of people with disability have access to COVID-19 testing alongside other identified priority groups.
6. Actions for healthcare workers to ensure COVID-19 health care is accessible, affordable and inclusive for the disabled people:
- To work to ensure all clinics providing testing and services related to COVID-19 are completely accessible. Address physical barriers (such as uneven pathways, stairs, hard-to-reach spaces or hard-to-use equipment); attitudinal barriers (such as social stigma against disability and the denial of essential services); and financial barriers (such as high costs related to treatment or accessing the facility).
 - To ensure that information about the accessibility of COVID-19 health services is disseminated to people with disability and their caregivers.
 - To deliver information in understandable and diverse formats to suit different needs. Do not rely solely on either verbal or written information, and adopt ways to communicate that are understandable to people with intellectual, cognitive and psychosocial impairments.
 - To deliver home-based consultations for people with disability, including for their general health needs and, where appropriate, for COVID-19 related needs.
 - To develop and disseminate information to health workers so that they are aware of the potential health and social consequences of COVID-19 for people with disability.
 - To deliver sufficient support for people with disability with more complex needs, particularly if quarantined or isolated. When needed, coordinate care between health and social services, families, and caregivers.
 - To deliver telehealth for people with disability which provide telephone consultation,

text messaging and video conferencing for the delivery of health care for people with disability. This may be for their general health, and include rehabilitation needs and, where appropriate, COVID-19 related needs.

7. Reduce potential exposure to COVID-19 during provision of disability services:

- To provide training, and rapidly up-skill the disability care workforce regarding infection control.
- To ensure the disability caregivers and service providers have access to personal protective equipment including masks, gloves and hand sanitizers; consider increasing orders of these products.
- To deliver appropriate disability services through home-based consultation or through similar platforms as used in telehealth.

8. Provide sufficient support for people with disability who have complex needs:

- To identify people with disability with more complex needs, and work with them, their families, and community support agencies, to identify contingencies for when the number of caregivers is limited or there are none available at times and also identify the potential for increased violence, abuse and neglect against people with disability because of social isolation and disruption to daily routines.

9. Actions for the community: Basic protection measures to be adopted by the general public:

- The public needs to follow the guidance prepared by WHO on basic protection measures against COVID-19.
- The Resident Welfare Associations should be sensitised about the need of persons with disabilities so as to allow entry of maid, caregiver and other support providers to their residence after following due sanitising procedure.

The COVID-19 pandemic is going to stay for some time now and it is imperative that all HCWs learn to live with the virus. This is called,

CONVERT PUBLIC MATERIALS INTO "EASY READ" FORMAT SO THAT THEY ARE ACCESSIBLE FOR PEOPLE WITH INTELLECTUAL DISABILITY OR COGNITIVE IMPAIRMENT

in common parlance, a new normal. The new normal for general public is the concept of social distancing and use of masks at all times. For HCWs, the new normal is use of PPEs, sterilization/disinfection of all paraphernalia and telemedicine. Norms and guidelines are updated every day and it is the responsibility of the HCW to keep themselves abreast. Last but not the least, maintaining a state of heightened vigil on a constant basis and strict compliance with the rules will only ensure that the disruption due to the pandemic is mitigated, and health services resume to its full functioning at the earliest. While COVID 19 is impacting the entire population, persons with disabilities are more vulnerable to the disease due to their physical, sensory and cognitive limitations, thus additional protective measures must be taken.

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