

A. Interacting with People with Disabilities

General Tips

- Focus on the person, not on the disability.
- Offer people with a disability the same dignity, consideration, respect, and rights you expect for yourself.
- Do not be afraid to make a mistake. Relax.
- Do not patronize people by patting them on the head or shoulder.
- Address people with disabilities by their first names only when extending the same familiarity to all others present.
- Do not assume that a person with a disability needs assistance. Ask before acting. If you offer assistance, wait until the offer is accepted. Then wait for or ask for instructions. Respect the person's right to indicate the kind of help needed. Do not be offended if your help is not accepted. Many people do not need help. Insisting on helping a person is the same as taking control away from them.
- If the person with a disability is accompanied by a friend or family member, look at and speak directly to the person with the disability rather than to or through the other person.
- If service counters are too high for some users, such as people of short stature and people using wheelchairs, step around counters to provide service. Keep a clipboard or other portable writing surface handy for people unable to reach the counter when signing documents.
- Know the location of accessible routes including parking spaces, rest rooms, drinking fountains, dressing rooms, and telephones.

Watch for and remove these common barriers:

- Vehicles blocking ramps
- Housekeeping and cleaning carts blocking hallways and rest rooms
- Potted plants, benches, trash cans and other items blocking access to ramps, railings and elevator call buttons
- Parking personnel using an accessible parking space as waiting areas

Language Issues

- Avoid referring to people by their disability i.e., “an epileptic.” A person is not a condition. Rather, they are “people with epilepsy” or “people with disabilities.”
- People are not “bound” or “confined” to wheelchairs. Wheelchairs are used to increase mobility and enhance freedom. It is more accurate to say, “wheelchair user” or “person who uses a wheelchair.”



Examples of Preferred Terms Regarding People With Disabilities

Acceptable - Neutral

(Always subject to change and continuing debate)

Unacceptable - Offensive

He had polio. She has multiple sclerosis.	He was afflicted with, stricken with, suffers from , victim of polio, multiple sclerosis, etc.
He has arthritis. She has cerebral palsy.	He is arthritic . She is cerebral palsied , spastic .
A person who has had a disability since birth...A congenital disability	Birth defect
A person who uses a wheelchair. A wheelchair user.	Confined to a wheelchair / wheelchair bound
She has a disability.	She is crippled .
A person who has a speech disability. A person who is hard of hearing. A person who is deaf.	Dumb, deaf mute, dummy (implies an intellectual disability occurs with a hearing loss or a speech disability).
A person who has a spinal curvature	A hunchback or a humpback
He has a mental illness. He has an emotional disability. He has a psychiatric disability.	He is chronically mentally ill , a nut , crazy , idiot , imbecile , moron
People of short stature.	Midgets , dwarfs
A person who has a speech disability.	Mute
A person without a disability as compared to a person with a disability.	Normal person , whole person , healthy person , able-bodied person as compared to a disabled person.
She lives with a disability.	Overcame her disability
A person who has a developmental disability or intellectual disability.	Retard , retardate , mentally retarded , feeble-minded , idiot ...
Use only when a person is actually ill.	Sick



Acceptable - Neutral

(Always subject to change and continuing debate)

Unacceptable - Offensive

Use only when a person is actively being seen or treated by a health care provider	Stroke patient , multiple sclerosis patient
Seizure	Fit
Older people with disabilities	Frail
Person with environmental sensitivities	Bubble Person

Other words to avoid because they are negative, reinforce stereotypes and evoke pity include:

Abnormal
Burden
Disfigured
Invalid
Lame

Maimed
Misshapen
Spaz
Unfortunate



B. People with Physical Disabilities

- If shaking hands is appropriate, do so. People with limited hand use or who use prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.
 - When pushing people using a wheelchair, let them know that you are ready to push. Be aware of the distance between the chair and other people to avoid clipping their heels. Avoid sudden turns or speed changes and carefully watch for changes in levels and pavement cracks and potholes. When moving up or down steps, steep ramps, or curbs, ask wheelchair users how they would like to proceed.
 - When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so the two of you are at the same eye level.
 - Ask for permission before moving someone's cane, crutches, walker, or wheelchair.
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C. People with Significant Allergies

- Eliminate use of mechanical dispensers or fragrance delivery systems, which may be attached to walls or ceilings, or may be part of the building's ventilation system. These devices are used for the spreading of air fresheners, deodorizers, disinfectants, scents or scented products. Fragrance emission devices / systems and perfume and deodorizer 'stick-ons' are commonly used in restrooms and vehicles.
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D. People with Cognitive, Intellectual or Psychiatric Disabilities

- Offer information in a clear, concise, concrete, and simple manner. Sometimes added forms of visual communication such as gestures, facial expressions, pictures, diagrams or demonstrations are helpful.
 - If you are not being understood, adjust your method of communicating. For example, demonstrate how to use a key card to open the door. When necessary, repeat information using different words or a different form of communication. Allow time for the information to be fully understood.
 - Use common words and short simple sentences. Try to limit one idea per sentence.
 - A slow response or lack of response does not necessarily mean the person is not aware of you or what you said. Allow time for people to process your words, respond slowly or in their own way.
 - Make sure the person understands your message.
 - When offering help, wait until your offer is accepted before doing anything.
 - Do not assume all people can read well or read at all. Use simple pictures or drawings to show instructions. Treat and interact with the person who has an intellectual disability as an adult.
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E. People with Hearing Disabilities

- Ask people how they prefer to communicate.
- To get the attention of a person, lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Not all people can lip-read. For those who do, be sensitive to their needs by positioning yourself facing them and the light source. Keep your hands and food away from your mouth when speaking. Avoid chewing gum and smoking while speaking.
- Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will not help.
- Slow your speaking rate if you tend to be a rapid speaker.
- Make sure you have good light on your face.
- Do not run your words together.
- Avoid complex and long sentences.
- Pause between sentences to make sure you are understood.
- If you are giving specific information such as time, place, addresses or phone numbers, it is good practice to have it repeated back to you.
- If you cannot understand what is said, ask people to repeat it or write it down. Do not act as if you understand unless you do.
- If the person cannot lip read, try writing notes. Never assume that writing notes will be an effective way to communicate with all people who are deaf. Some may not be strong in written English, since ASL (American Sign Language) is their primary language, which is very different from English as a language.
- If a person who is deaf is using an interpreter, always speak directly to the person, not the interpreter.
- If you cannot make yourself understood try writing notes or drawing pictures.



F. People with Speech Disabilities

- Do not raise your voice. People with speech disabilities can hear you.
- Give individuals your full attention and take time to listen carefully.
- Always repeat what the person tells you to confirm that you understood.
- Ask questions one at a time.
- Give individuals extra time to respond.
- Pay attention to pointing, gestures, nods, sounds, eye gaze and eye blinks.
- Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
- If you still cannot communicate, try using paper and pen or ask them to spell the message. Do not guess.
- Asking them to:
 - “Show me how you say YES.”
 - “Show me how you say NO.”
 - “Show me how you point.”

Yes – 1 blink
No – 2 blinks
Help –3 blinks
- Teach people to indicate these phrases:
 - “I don't know”
 - “Please repeat”
 - “I don't understand
- For phone calls try using the Speech-to-Speech Relay Service by calling 711, a form of Relay Services that provide Communications Assistants (CAs) for people with speech disabilities. This includes those who use speech generating devices and who have difficulty being understood on the phone. CAs have strong language recognition skills and are trained individuals familiar with many different speech patterns. The CA makes the call and repeats the words exactly.
- Give people time to answer you and consider using open-ended questions.



G. People with Visual Disabilities

- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them, so they will not be talking to empty space.
- Speak directly facing the person. Your voice will orient the person. Your natural speaking tone is sufficient.
- When giving directions, be specific and describe obstacles in the path of travel. Clock clues may be helpful, such as "the desk is at 6 o'clock." Avoid pointing or using vague terms like "that way."
- Directions should be given for the way they are facing. For example, "the restroom stall is about 7 steps in front of you."
- When serving as a guide, ask, "Would you like to take my left (or right) arm?" The movements of your arm will let them know what to expect. Never grab or pull people.
- When leading a person through a narrow space such as an aisle, put your arm they are holding on to behind your back as a signal that they should walk directly behind you. Give verbal instructions as well, such as "we will be walking through a narrow row of chairs."
- When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.
- Before going up or down steps, come to a complete stop. Tell people the direction of the stairs (up or down) and the approximate number of steps. If a handrail is available, tell them where it is.
- When showing a person to a chair, place their hand on the back of the chair. They usually will not need any more help in being seated.
- If a person is using a service animal, the animal's attention should not be sidetracked. It is important not to pet or speak to the animal.
- When offering information in alternative formats (Braille, large print, disks, audio) ask people what format works best for them.
- When to help in signing a document; ask if they want you to show them the location of the signature line.

H. Quick Tips to Avoid HIPAA Privacy Breaches

- Avoid discussing patient information with office staff where others can hear.
- Never use the speakerphone to check voice mails near the waiting room.
- Do not use patient sign-in sheets that displays social security numbers, birth dates or reason for visit.
- File a patient's chart away right after each visit to avoid other patients seeing them.
- Do not ask people with disabilities sensitive questions in the waiting room.