

Vaccination Site Access and Functional Needs Guidance

Virginia's online registration tool provides an avenue for patients to communicate access and functional needs (AFN) and request accommodations prior to their appointment, which will help these individuals obtain their COVID-19 vaccines equitably upon arrival. That information needs to be communicated to site staff so that accommodations requests are satisfied.

[Vaccination sites should be evaluated for accessibility.](#)

AFN can include but is not limited to: limited mobility (i.e. use wheelchair, walker, or cane); blindness or low vision; difficulty hearing, communicating or understanding information; sensory sensitivities; limited English proficiency (LEP). It is important to:

- Recognize that people with disabilities are diverse. *Many disabilities are not visible or immediately clear.*
- Know that people with disabilities and health conditions may need assistance making an appointment and getting to the vaccination site. They may also need support during the onsite vaccination process.
- The person with a disability is the person most knowledgeable about accommodations that will provide them with effective access to information and services. Ask them what they need, and work with them to find a reasonable accommodation.

Making Vaccination Accessible

It is important that everyone is able to receive a vaccination when it is available. This means making sure nothing gets in the way of access. Participation will improve for everyone by paying attention to these details:

- **Physical ease of access:** Make sure the space is easy to get to and to move around inside for people with limited mobility and those who use wheelchairs, walkers, and other aids to get around. People who have low vision or are blind need a clear path of travel that is smooth and free of all barriers. Have someone at the door to ask people if they need any assistance or support during the vaccination process. Always ask if someone needs assistance; never assume that someone needs help and do not give help unless asked. Consider these guidelines from the ADA National Center if [drive-thru vaccination](#) is available.
- **Sensory ease of access:** Some people with disabilities, such as autism or people who have suffered a trauma (i.e., brain injury, accident or stroke) may be sensitive to lights, sounds, smells, or the physical touch that testing and vaccination requires. Limiting the time they must wait may be critical. A separate, more private space may be needed. Be patient and sensitive, taking into account each person's individual needs.
- **Cognitive ease of access:** Give clear information about what will happen during their experience and how it will be done. Explain all the steps. This information should be available in different formats and in [plain language](#); a visual storyboard can help to improve understanding. Give

people the time they need to understand the information. Know that you may need to wait a little longer for a response. Patience in all cases is the key; do not be pushy or assume you know someone's needs better than do.

- **Technological ease of access:** Make sure the registration materials are readable with a screen reader by someone who has low vision or is blind. Also ensure that individuals without access to the internet can still register, for instance via a toll free telephone number.
- **Language access:** Individuals with limited English proficiency or who are Deaf or hard of hearing may need to utilize [interpretation and translation services](#) (provided either virtually or onsite), and/or be provided translated versions of standard documents such as forms and informational handouts which are transcreated (translated in a culturally and linguistically appropriate way) into languages other than English.

Before and During an Appointment

- [Train staff](#) at vaccination events so they are better equipped to work with people with special needs. Training should include treating all people with equal respect and patience. Staff should be familiar with [inclusion principles for disaster operations](#).
- *Communicate directly with the person being served* in a way that shows respect and is appropriate for their age. Do not direct questions or directions to companions, but instead direct them to the person being given the vaccination. Instead of asking "Does he...?" ask, "Do you...?" This approach allows for the dignity and autonomy of the person being served.
- Some persons with disabilities may need assistance in one area and not in another; do not assume, ask. For example, a person with a visual impairment may not appear to have a disability until they asked to sign a document. They may disclose they have a visual impairment or are legally blind and cannot read without assistive technology. Ask, "What may I do to assist you?" Alternatively, offer, "If you need any assistance please feel free to ask."
- Ask the person with a disability if they need assistance or accommodation and what sort they may need.
- Allow extra time as needed for explaining the vaccination process as it happens so that the person being vaccinated understands what is happening; do not rush.
- Ask permission to assist or guide a person who is blind or has low vision; do not grab or pull them. Staff can also learn [sighted guide techniques](#) to assist someone as they walk from one place to another. Ensure a person with a visual impairment is escorted from one station to the next. An escort should offer their arm to the person with the visual disability for them to hold onto vs. the escort holding onto the person with a disability.
- Allow people to bring their service animals. Do not touch or distract the animals. Keep a 6-foot distance when possible. Do not separate the individual from their service animal.
- Do not move someone's mobility device or personal belongings and do not help someone without asking.
- Do not touch someone without asking permission.

- People with disabilities or special health needs may need a designated support person to assist them during the testing or vaccination process. Your site should let them stay together during their appointment. Do not assume that the designated support person speaks for the individual with access or functional needs, or is their decision-maker. Understand also that people have the right to bring service animals with them, and that the service animal should not be separated from the person that they serve.
- Those with reduced ability to walk may need places to rest. Provide clearly marked resting places to sit.
- Individuals with Upper Extremity Impairments may struggle to move clothing to receive the vaccination.

Effective Communication Practices

- Be prepared to communicate in different ways. Be aware that masks can make communication harder. Always ask someone how they prefer to communicate. [Effective communication](#) is a right under the Americans with Disabilities Act (ADA).
- Virtual or onsite interpreters should be provided for people who use ASL or a spoken language other than English. Identify the language spoken ([language identification tool](#)). **Communicate directly with a person, even if using an interpreter.** Unless the person's hearing is limited, be aware that talking loudly may be disrespectful or even harmful to those who have sensory sensitivity.
- Print standard questions, instructions, and descriptions of procedures in several formats, including large print or Braille, and languages other than English. Provide written materials in high-contrast large print (16-point font or larger) or in electronic format. There may be individuals who cannot read print and do not know braille. In such cases, a small device such as an iPad or iPhone with built in speech, or even an audio recorder may be used to listen to information, or a human reader may need to be available.
- Consider having clear masks available for staff to communicate with people who would benefit from reading lips or seeing a face more clearly. People who are deaf or whose hearing depends on lip reading may find it hard to understand health workers who wear non-transparent face coverings. Two FDA approved clear masks are available: [ClearMask](#), and [Safe N'Clear Communicator](#)
- Give clear instructions, both verbal and written, with step-by-step procedures. Read instructions aloud, if needed.
- Have a small dry erase board and markers for interactive conversations.
- A phone or tablet can be used to access communication apps.
- Have pictures available or demonstrate vaccine procedures using visual cues.
- Use a lot of verbal communication with people who are blind or who have low vision. Let them know when you are reaching toward them, what you are planning to do next, etc.

More information:

- [Communication while wearing masks](#)
- [Communicating with people with hearing loss \(PDF\)](#)
- [Understanding hearing loss: A guide for care facilities \(PDF\)](#)

More ways to improve access

- Some people may be unable to wear a mask due to their disability. This should not block them from being vaccinated. Consider how your clinic can provide for their needs. For example, they could be met in the parking lot or at the main entrance to receive a vaccination. People should not be turned away because of inability to wear a mask.
- Consider providing a phone number at each location that a person with a disability or special health need can call for help entering the building due to physical challenges, or because they cannot see or read the signs, or for any other reasons.
- For anyone, but especially people with disabilities and their caregivers, information about vaccinations, and what to expect during the process is critical. Provide this information in advance, in plain language and in a format that the person can understand.
- Transportation to and from testing and vaccination locations may be needed for people with disabilities and unique health needs.
 - If your health system offers accessible transportation, make this option clear for people who may visit your location, as well as the process for getting a ride.
 - Public transit and paratransit should be available to the vaccination site wherever possible
- Make sure wheelchair users can access both outdoor and indoor testing sites. Consider also where a person must park and the path they must walk to enter and exit the test or vaccination area, whether they arrive by car or on public transportation. A person that has problems getting around may need a place to sit and rest. Have chairs available that can be sanitized easily. Have wheelchairs available in case a person should suddenly have mobility issues.
- Ensure that services are culturally appropriate and follow best trauma-informed practices.

More resources

- [Protect Your Business, Remove Barriers: Access Tools – Minnesota Council on Disability](#)
- [Accessibility Checklists – Northwest ADA Center](#) Accessibility Checklists developed by the Northwest ADA Center. They include a general checklist and several "specialty topic" checklists.
- [A Guide to Interacting with People who have Disabilities – U.S. Department of Homeland Security \(PDF\)](#)
- [ADA Accessibility at Drive-Thru Medical Sites Disabilities and Unique Health Needs During the COVID-19 Pandemic](#)
- [Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs \(PDF\)](#)

Site Considerations

Parking

1. Make sure least one of every 25 parking spaces is accessible parking. These spaces should be clearly marked if people are to park and leave their vehicles to receive their vaccination. Spaces may be marked temporarily, if needed.
2. Accessible parking spaces must be 8 feet wide, with an access aisle that is also 8 feet wide. Access aisles must be marked “no parking.” Accessible parking spots must have a sign posted with the universal symbol of access. It must say “vehicle ID required” and say how much the fine is for parking illegally.
3. Wheelchairs may need to be provided for use during the vaccination visit, including from the car to the building and back. It may be necessary to monitor of the parking area in order to identify individuals that need assistance.

Entrance

1. Post clear signage to show the clinic entrance and the route from the parking lot to the door. At each site, locate and clearly indicate wheelchair accessible entrances. If accessible (ramped) entrance is in a location different from the main entrance, have signage with pictures to show where to go. Make sure accessible entrances are unlocked.
2. Accessible routes and sidewalks must have a curb cut or curb ramp that is at least 36 inches wide with a stable, smooth, and slip-resistant surface and a slope no greater than 1:20 (5%). A portable ramp is acceptable.
3. Clean and clear paths. In the winter, make sure paths are shoveled and salted.
4. A sign with the International Symbol of Accessibility should be on display to indicate the following:
 - Entrances, exits and accessible restrooms
 - Entrance to indicate where/how to request accommodations

Accommodations Area

1. Accessible waiting areas for those who are unable to stand in long lines and/or chairs (at least 6 feet apart)
2. Wheelchair(s) should be available for those needing this mobility assistance. [Wheelchairs should be sanitized after each use.](#)
3. People who use American Sign Language should be able to request interpreting services
4. Limited English Proficient Patients should be able to request language assistance from a spoken language interpreter

5. It may be warranted to provide a small auxiliary area (tent, side room, or curbside) to provide vaccination services to individuals who have sensory sensitivities that make it difficult for them to be in large crowds, handle loud spaces, or interact with strangers.

Greeters and Check-In

1. Greeters should be present at entrances to assist patients with access and functional needs. Greeters and check-in staff should provide a “warm hand-off” so that the individual’s accommodation needs are clear to the staff at subsequent stations.
2. The registration table or reception counter should be no more than 36 inches high, with a clear floor and leg space for a wheelchair and moveable chair to allow someone to sit if needed.
3. All required questions should be in written, large, high-contrast characters in plain English and/or understandable graphics. These should be laminated and displayed in highly visible areas.
4. Patient handouts should be bulleted.
5. Information about how to request accommodations should be in easy-to-read formats.
6. Clipboards with pen and paper, or white board with dry erase marker, should be available to communicate with Deaf/Hard of hearing patients. Be sure to sanitize items after use.
7. Allow a support person to join individuals who need assistance to meet ADA requirements

Signage

Use of signage is an important accessibility tool that may lessen the communication impact of masks.

1. Provide clear registration and directional signage in English and other spoken language (s) common in that locality. Signs should use plain language that is easy to understand.
2. Post readable signs with large font, high contrast colors, and a non-glare finish which are most easily accessed by people with visual impairment.
3. Signs should be used at the clinic to indicate the following:
 - a. Where lines start/end and where patients should stand. Include which direction pedestrian traffic flows. Alternatively, portable brightly colored line delineators may be used.
 - b. Location of waiting areas, including accessible waiting areas or areas designated for asking accessibility questions
 - c. Location of accessible bathrooms
 - d. Location of the clinic and wheelchair accessible entrance

Restrooms

1. If restrooms are provided, accessible restrooms should include an accessible toilet stall at least 78 inches deep and 60 inches wide; a toilet the height of 17 to 19 inches; and grab bars.
2. If portable restrooms are used or facility restrooms are inaccessible, an accessible portable restroom must be provided.

Waiting area post-vaccination

1. Provide designated “accessible” wheelchair seating in the post vaccine “waiting area”

Priorities for Physical Accessibility

Four priorities are listed in the Department of Justice ADA Title 111 regulations (www.ADAchecklist.org)*. Key accessibility guidelines from the first three priorities are listed below.

Priority 1 - Accessible Approach and Entrance: *An accessible route from site arrival points and an accessible entrance should be provided for everyone.*

1. Are the main entrance and exit areas accessible? If not, is there an alternative accessible entrance and exit?
2. Can accessible entrances/exits be used independently, during the same hours as the main entrance/exit?
3. Do all inaccessible main entrance/exits have signs indicating the location of the nearest accessible entrance?
4. Is there a sign at all accessible entrances with the International Symbol of Accessibility?

Priority 2 - Access to Goods and Services: *The layout of the building should allow people with disabilities to obtain goods and services and to participate in activities without assistance.*

1. Does the accessible entrance provide direct access to the main floor, lobby and elevator?
2. Are all public places on at least one accessible route?
3. Is the route stable, firm and slip resistant and at least 36 inches wide (to accommodate wheelchairs)?
4. Is there at least one space 36 inches wide by at least 48 inches long for a person in a wheelchair?

Priority 3 Access to Public Toilet Rooms: *When toilet rooms are open to public they should be accessible to people with disabilities.*

1. If toilets are available to public, is at least one gender neutral, toilet accessible?
2. Are there signs at inaccessible toilet rooms that give directions to accessible toilet rooms?
3. If not all toilets are accessible, is there a sign at the accessible toilet room with the International Symbol of Accessibility?

Vaccination site sponsors may want to consider designating a staff member to address AFN considerations on site. The following is a potential list of duties:

Access and Functional Needs (AFN) Coordinator, Community Vaccination Center: This role could be assigned to an existing staff member position such as Site Coordinator, or be developed as a standalone position.

Proposed responsibilities including but not limited to:

Ensure compliance with applicable laws (such as the ADA and Virginians with Disabilities Act, and the Civil Rights Act) to provide equal access to care and services including: physical accessibility of buildings and facilities; accessible equipment; effective communication; modification of policies, practices, and procedures.

Coordinate administration of requested accommodations (as indicated through pre-registration and registration forms and interactions) to ensure physical, communication, and programmatic access; work directly with individuals with disabilities and others with access and functional needs to coordinate Access and Functional Needs (AFN) Support Services and ensure mass care programs and services are accessible to each individual.

Authorize and administer use of remote and onsite interpreting services as needed (Vendor user pin code number authorization, documentation of vendor service usage, scheduling of any necessary onsite services, etc.) by person with limited English proficiency (including signed and spoken languages)

Conduct facility walk-throughs prior to opening and throughout operations to ensure accessibility. Recognize and address accessibility needs that arise during hours of operation such as but not limited to:

- Ensure that accessible entrances and exits are maintained and open for users (e.g., doors which are adjacent to accessibility ramps should be open for use when needed by a wheelchair user)
- Maintain accessibility commodities so they are readily available (e.g. 'communication accessibility' kit items, disability accessibility items such as wheelchairs etc.)
- Ensure support for people with disabilities during long wait times (such as providing chairs, wheelchairs, food, water, etc.) to sustain while waiting or moving through stations

Work directly with support staff and/or volunteers to ensure start-to-finish accessibility through warm-handoffs to staff familiar with the individual's accommodation needs

Ensure printed materials (including forms and handouts) are provided in accessible languages and language mode (versions available in languages other than English, large print, braille)

Report activities, resource and service needs, and accessibility issues to the facility or site manager.

Provide informational updates to the VEST as appropriate.

Knowledge, Skills, and Abilities:

1. Familiarity with relevant guidance and legislation, such as:
 - a. FEMA Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
 - b. ADA as it applies to emergency management, disaster response, and disaster recovery
 - c. Department of Justice ADA Checklist for Emergency Shelters
 - d. ADA Best Practices Tool Kit for State and Local Governments
 - e. Rehabilitation act of 1973, § 504
 - f. Stafford Act
 - g. Post-Katrina Emergency Management Reform Act
 - h. Executive Order 13347 Individuals with Disabilities in Emergency Preparedness
 - i. Executive Order 13166 Improving Access to Services for Persons with Limited English Proficiency
 - j. Title VI of the Civil Rights Act
 - k. Virginians with Disabilities Act
2. Knowledge of facility inspection (the ability to inspect a facility and complete a facility survey and a self-inspection worksheet/off premises liability checklist).
3. Knowledge of emergency management principles.
4. Ability to solve operational problems in a mass vaccination environment.
5. Knowledge of support and operational functions used in the type mass vaccination facility operated, to include, as a minimum: administration and record keeping; reporting systems; registration and records; and public health, medical health, and mental health services.
6. Knowledge of the full range of needs and services for access and functional needs populations

Experience:

1. Operational incident or equivalent exercise experience as a mass vaccination site worker.
2. Experience providing advocacy to individuals with disabilities and others with access and functional needs in emergency planning, response, and/or recovery.

ADA Coordinator certification preferred

References:

Department of Family Medicine MDisability: <https://medicine.umich.edu/dept/family-medicine/programs/mdisability>

Center for Disability Health and Wellness(link is external): [https://disabilityhealth.medicine.umich.edu/\(link is external\)](https://disabilityhealth.medicine.umich.edu/(link is external))

Services for Students with Disabilities(link is external): [https://ssd.umich.edu/\(link is external\)](https://ssd.umich.edu/(link is external))

**This checklist was produced by the New England ADA Center, a project of the Institute for Human Centered Design and a member of the ADA National Network For the full set of checklists, including the checklists for recreation facilities visit [www.ADAchecklist.org\(link is external\)](http://www.ADAchecklist.org(link is external)). Copyright 2016 ADA Checklist for Existing Materials. You can freely reproduce and distribute this content. Include proper attribution. But you must get permission before using this content as a fee-based product.*

Guidance adapted from:

<https://medicine.umich.edu/dept/family-medicine/programs/mdisability/addressing-healthcare-disparities/guidelines-accessible-covid-19-testing-vaccination-sites>

<https://www.health.state.mn.us/communities/equity/about/c19testing.html>