Virginia Department of Emergency Management
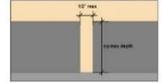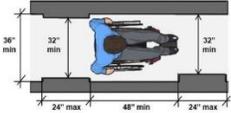
GUIDANCE FOR THE INCLUSION OF
INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS AND
HEALTH EQUITY CONSIDERATIONS IN COVID-19 TESTING SITE PLANNING
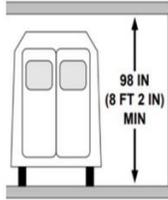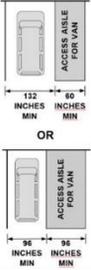**A CHECKLIST FOR STATE AND LOCAL AGENCIES**

The intent of this checklist is to provide guidance to state and local agencies in Virginia regarding the inclusion of consideration of individuals with access and functional needs (AFN) and health equity in the planning and implementation of testing sites during the COVID-19 pandemic. This includes individuals with disabilities, children, older adults, and populations having limited English proficiency, limited access to transportation, and/or limited access to financial resources to prepare for, respond to, and recover from an emergency. Many of these people are protected from discrimination under Federal and State civil rights laws. Compliance with these laws is not waived during states of emergency, and adherence to them is critical to successful emergency and disaster management. This tool may be used to guide the inclusion of these essential considerations for integrating this critical population into testing site activities.

PLANNING			
Action Steps	YES	NO	Resource
Have testing site coordinators determined the testing site location in partnership with an array of diverse community groups, including faith-based organizations and groups that serve and advocate for people from different cultures, races and ethnicities, limited English proficient individuals, and individuals with disabilities?			VDH Office of Health Equity; The Virginia Partners in Prayer & Prevention; ArcGIS maps via VDEM; local community leaders

Have testing site coordinators located the populations of individuals with access and functional needs in your area, and identified their specific needs?			https://www.orau.gov/sns/atrisktool/; ArcGIS maps via VDEM Further population identification should include consideration of individuals who do not have vehicles or utilize public/para transit or do not leave their home without supports; utilize paratransit/meals on wheels/senior programs/centers for independent living/home and community-based service providers/homeless shelters, to identify populations for enhanced testing outreach
Have testing site coordinators made provisions for the facilitation of testing and result reporting for individuals who do not have permanent addresses or who lack contact phone numbers?			
Have testing site coordinators trained or educated testing site personnel on their obligations under civil rights laws and on how to meet the needs of individuals with access and functional needs, including individuals with disabilities?			
Are testing site personnel prepared to welcome all who need their care, including lesbian, gay, bisexual and transgender persons, immigrants and migrants, individuals with psychiatric or developmental disabilities or dementia, homeless and institutionalized individuals, and persons of all faiths?			

When selecting a testing site, have testing site coordinators considered transportation options available to those who do not or cannot drive?			See "Access to Transportation" section below
Has testing entity provided the following information to VDH to include on the website testing information, for each site: languages available, accessibility (i.e., for those with: mobility disabilities, and those who don't drive; blind, visually impaired; autism, deaf, hard of hearing, and deafblind)			
Does the site have clear masks/face shields for use by/with persons who lip read so they will be able to see the lips of the person who will be speaking to them?			
Have testing site coordinators designed the testing site environment to be ADA compliant?			https://www.ada.gov/pcatoolkit/chap7emergencymgmt.htm https://adata.org/factsheet/accessibility-drive-thru-medical-sites A physical facility for mobile testing may be needed if wait lines become too long. Need to consider physical disability access via path of travel, surfaces, wheelchair accessible restrooms, protection from the elements, personal and client safety and security. Before final selection, a visit should be made to the location to ensure that the facility meets Americans with Disability (ADA) accessibility standards. The ADA requires delivery of services in a way that ensures that all people have an equal opportunity to achieve the full benefit

			of the goods, programs, services and activities offered, in the most integrated setting appropriate (Title II or III)
Have testing site coordinators designed the testing site to allow for walk-up services?			**Walk-Up Services at Drive-Thru Sites** • Walk-up services may be needed for those unable to arrive by vehicle • Ensure accessible route connecting all elements of testing – Check-in – Testing area – Paperwork/instruction area – Check-out **Basic Characteristic of Accessible Routes** • Walking surfaces should be free from gaps greater than ½ inch • Vertical changes in level cannot be greater than ¼ inch. • Vertical changes in level up to ½ inch should be beveled at 1:2. If walk-up site: plan for lines - with chairs for sitting in line for example, potentially providing water if waiting times get long. Plan for varying weather conditions, including rain, cold, sun, and warmth. Provide shelter while waiting. (i.e. isolated areas in schools or normal polling locations may be ideal).
Have testing site coordinators designed the testing site to be accessible for participants who utilize wheelchairs and other durable medical equipment for mobility who might need to exit the vehicle for access, or where staff might need to enter vehicle?			**Basic Characteristic of Accessible Routes** • Pathways should be 36 inches wide except at doors and for short distances, when it can be narrower (32 inches). 36" min 32" min 32" min 24" max 48" min 24" max Pathway surfaces should be navigable in width and surface smoothness

Have testing site coordinators designed the testing site to allow for the use of accessible vehicles (including those that utilize motorized ramps and lifts)?			

COMMUNICATION			
Action Steps	**YES**	**NO**	
Have you prepared emergency **messaging** that is short and simple, culturally appropriate, in languages prevalent in your area and in multiple formats, such as audio, large print, captioning?			
Is your **website** accessible to people with disabilities? Does it have taglines for people whose primary language is not English, directing them to information in a language they can understand? Is the content accessible to screen readers? Are videos captioned?			Section508.gov https://www.w3.org/WAI/cognitive/
Have you established methods of communication that include addressing the needs for **messaging in multiple formats** to account for the access and functional needs of individuals with disabilities, with limited English proficiency, from diverse cultural backgrounds, with cognitive			Section508.gov https://www.w3.org/WAI/cognitive/

limitations, and who do not use traditional media?			
Do testing site personnel have ready access to **interpreters** for persons with limited English proficiency and for persons who are deaf or hard of hearing?			Linguabee: Free ASL-English VRI services for testing sites Communication Accessibility During a State of Emergency document (includes procurement information) COVID-19: Deaf and Hard of Hearing Communication Access Recommendations for the Hospital: https://www.nad.org/covid19-communication-access-recs-for-hospital/
Do testing site personnel have ready access to **communication tools** which can assist in communicating with persons with limited English proficiency and for persons who are deaf or hard of hearing until an interpreter can be obtained?			National ADA center fact sheet https://adata.org/factsheet/accessibility-drive-thru-medical-sites Emergency Communication 4 All; Picture Communication Aid https://drive.google.com/file/d/1JcbgvrtCLPLdt9uccgFX2uhh0Lg4ybj6/view and the Spanish version https://drive.google.com/file/d/1iT771jsnitBAlEoT1WvC11UXyK5SfVEn/view VDDHH Deaf and hard of hearing visor card - coronavirus (also appropriate for LEP communication) https://www.vddhh.org/downloads/COVID19_VDDHHcommcard3a.png VDDHH Deaf and hard of hearing communication card - Coronavirus (also appropriate for LEP communication)

https://www.vddhh.org/downloads/COVID-19%20Visual%20Communication%20Tool%20VDDHH.pdf

Patientprovidercommunication.org communication tools
https://www.patientprovidercommunication.org/communication-tools.htm

Communication during actual testing: Addressing effective equal access communication during testing: American Sign Language (ASL)/ Video Remote Interpreting support, using pictograms, plain language, Limited English proficiency, low literacy, plain language, posting clear signage. Also medical professionals should be made aware that many people who are hard of hearing utilize lip/speech reading, which is hindered by the use of face masks. MANY people aged 65 and older are hard of hearing, and most do not know sign language.

Advanced Communication:
Effective communication access to publicize event and on-site needs: All sites will need access to ASL Interpreters and video remote interpreting (VRI) capability for visual and spoken languages. Also prepare for people who are DeafBlind and need Close Vision or Tactile interpretation (these individuals may not be able to utilize VRI and may require onsite interpreting services). All visual signage will need a verbal alternative and all verbal information will need a visual alternative. Consider using graphics-based communications methods, plain language, Limited English proficiency, low literacy. Some persons may have or display the Visor Alert Card or a wallet version stating, "I Am Deaf"; train staff to respond appropriately and have

			access to alternate signage, pen and paper or portable dry erase board and markers available. Signage outside of buildings for drive by or mobile testing needs to be visible from street and in multiple languages for the area you are serving.
Does testing staff know how to interact effectively with a person who is blind or visually impaired?			Staff need to be mindful that the person cannot see what is being done, so staff should explain the process in advance and keep the person informed every step of the process before staff actually do it. Persons who are blind or visually impaired (VI) are generally very astute to any conversation or sounds, they are not necessarily deaf and hard of hearing, so do not raise your voice volume. The National ADA Center recommends: • State your name and title clearly and repeat this introduction if there are multiple personnel involved so that the patient can identify who is talking to them. Verbally describe each step of the procedure, using specific directional words like "left" and "right," instead of "here" and "there". • Provide written materials in high-contrast large print, Unified English Braille, and as text-only files that can be emailed to the person. • If written materials are laminated or plastic, use low-glare coating whenever possible. • Offer to read documents aloud to the person. • Offer to handwrite for the person to fill out a form, etc. (or allow a companion to assist)

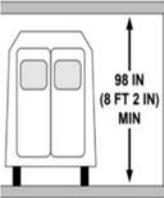|			
Does testing staff know how to interact effectively with a person who may have special sensitivities due to disability or medical condition?			Persons may be anxious about a stranger approaching to swab inside of their mouth; a personal support aid or a familiar family member or friend might be able to successfully do the swab for staff with instruction. Do not turn anyone away who has a special sensitivity need (i.e., autism, elderly with dementia, child, brain injury).
IMPLEMENTATION			
Do testing site personnel know that they should not separate people from their sources of support, such as dependent service personnel (DSPs), service animals, durable medical equipment, or caregivers?			Social distancing guidelines may be reasonably modified in order to allow for accommodations for persons with disabilities
Are testing information materials provided at the site accessible?			Are any instruction cards in large print and contrasting color of font to paper for reading?
Are procedures in place to address unaccompanied minors who request testing?			
How will the testing site be staffed?			Consider what testing assets are appropriate for each community testing site: National Guard, contractors, volunteer organizations, health department staff are all options which must be intentionally chosen to fit the needs of each community
How will test results be provided to patients?			Post-testing Communication: Effective communication post testing - We cannot assume individuals have access to computers/email, multimodal communication options on how the person prefers to receive information need to be offered at time of intake. Many older and other access and functional needs populations have little or no

		access to internet. With libraries and community centers closed, they will have even less access. Older adults are not all connected and using email. Can test results be delivered in languages other than English? How are we protecting patient confidentiality? How will results be delivered to patients who have no permanent address or phone number, or who are homeless?

Access to Transportation to/from Testing Sites with Physician Prescreening

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html

PLANNING			
Action Steps	YES	NO	Resource
Has the person contacted their physician, and physician advised to get tested?			If no, contact physician. If yes, go to testing site.
Does the person have Medicaid? If yes, does the person needing the test have anyone who can transport them to the testing site?			If greater than 10 miles one way from the persons home to the testing site, will COV reimburse mileage? IF yes, what is process for Fee for Service or each managed care organization?
Does the person have access to any public transportation or para transit?			If yes, take public or para transportation (if policy allows) to site and walk up/roll up to site.

Can the person safely and independently take a taxi, or some form of paid transportation (i.e. Uber, Lyft)?			If yes, then is there a process for reimbursement?
Does person have access to any volunteer transportation? Friend? Faith based organization?			
Do transportation companies or providers with large vehicles transport persons so they will have 6 feet of social distancing in the vehicle (i.e., 1 person on a 15 passenger vehicle with the driver)?			
If the person who has access and functional needs has a private citizen bring them to the testing site, how can they be reimbursed for legitimate mileage?			
COMMUNICATION			
Action Steps	YES	NO	
Did you advertise transportation access in same location you advertised the testing event?			
Did you reach out to para transit and transit company to coordinate efforts for transportation to/from testing?			
Have staff been trained on directing traffic with pedestrian involvement?			

IMPLEMENTATION			
Do you have spaces for higher and large w/chair vehicles to park if using a tent for drive thru?			Wheelchair Access at Drive-Thru Testing Sites • Minimum clearance for wheelchair-accessible vans is 8 feet, 2 inches high 98 IN (8 FT 2 IN) MIN
Transportation companies or individuals who transport suspected positive case should be given print out of the CDC page re: disinfecting non-emergency transport vehicles			If suspected Positive, use PPE (gloves, mask and gown); Clean vehicle after transport per CDC Guidelines: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html
Does the person have Medicaid? If yes, does the person needing the test have anyone who can transport them to the testing site?			
Does the person have access to any public transportation or para transit?			If yes, take public transportation to site (if policy allows) and walk up/roll up to site.
Can the person take a taxi?			If yes, then is there a process for reimbursement?
Does person have access to any volunteer transportation? Friend? Faith based organization?			

The following resources provide general information regarding integration of individuals with access and functional needs, as well as information specifically regarding shelter settings. These resources may or may not assist in standing up COVID-19 testing sites, but can provide awareness of AFN issues during emergencies.

- Civil rights laws that protect individuals with access and functional needs: Regulations Enforced by OCR;
- Providing access to limited English proficient (LEP) persons: LEP access;
- Principles of community engagement: Community engagement;
- Defining, locating and reaching at-risk populations in an emergency: Locating at-risk populations;
- Identifying, planning for, and protecting older adults: Older adults;
- Integration of functional needs support services in a general population shelter: Functional needs support;
- Integration of culturally diverse communities: Culturally diverse communities;
- Cultural competence curriculum for preparedness and response: Cultural competence;
- Meeting the needs of Latino communities: Latino communities;
- Assisting individuals with disabilities at state/local levels: Individuals with disabilities;
- Guidance on Integrating People with Access and Functional Needs into Disaster
- Preparedness Planning for States and Local Governments: Access and Functional Needs;
- The National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities: Diversity preparedness by Drexel University;

References:
- https://www.justice.gov/crt/file/885396/download
- http://adapresentations.org/healthcare/webinar.php?id=13, illustrations above used with permission from the ADA National Network