

COVID-19 and people with disabilities in Canada

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Overview

COVID-19 is a respiratory illness that is known to spread from person to person. The virus is most commonly contracted from an infected person through coughing or sneezing, close contact such as touching or shaking hands, or touching an object with the virus on it and then touching your mouth, nose or eyes before washing your hands. Items and surfaces a person with COVID-19 has touched can carry the virus on them, so it is always important to wash your hands and clean frequently touched items and surfaces.

COVID-19 causes a respiratory (lungs) type infection that is mild in most of the population (approximately 80%) but can be more severe in

those who are older adults or those with chronic underlying conditions. Having a disability alone may not put you at higher risk for getting COVID-19 or having severe illness if you do get COVID-19. However, some people with disabilities might be at a higher risk of infection or severe illness because of their age, underlying medical conditions or their disability which could put them at greater risk of being exposed and acquiring the infection.

The known underlying health conditions that put one at greater risk for COVID-19 includes diabetes, hypertension, asthma, chronic lung disease, severe heart conditions, chronic kidney disease, obesity or a weakened immune system. Some of the other factors that may make a person with a disability more at risk of acquiring COVID-19 or progressing to more severe COVID-19 infection, other than age and underlying chronic conditions, include:

1. The nature of some disabilities may put individuals at a higher risk of infection. For example, people who have difficulties washing their own hands, blind or low-vision Canadians who must physically touch objects for support or to obtain information, and those with trouble understanding and/or following public health guidance on physical distancing may be at higher risk.
2. Individuals with disabilities living in long-term residential facilities, group homes, prisons, foster homes or assisted living may face a higher risk of contracting COVID-19 due to proximity to others in communal living and the need to come in contact with people living outside their accommodation.
3. Individuals with disabilities interacting with multiple care providers/supports and friends have an increased risk of contracting COVID-19 due to increased exposure.
4. Visitor and support person restrictions in hospitals, long-term care homes, congregate and individual dwellings helps reduce virus transmission, but can put persons with disabilities who require assistance communicating their symptoms and personal care choices at risk. It is important to consider that social isolation may impact people with disabilities' physical, social, mental and emotional health and well-being.

5. Persons with disabilities may face barriers to accessing COVID-19 public communications and response services and programs, particularly where intersecting vulnerabilities are present, e.g. economic, social, rural/remote communities, language, race, age and gender. There may be a need for assistance to navigate community supports and frequent communications with new information. Information will need to be communicated in a variety of ways and be made available through a variety of mediums.
6. Treatment of unrelated health conditions may put a person with disabilities at risk if the health care system is overloaded by COVID-19. This could present barriers to health services for persons with disabilities, and would be felt acutely by persons with multiple disabilities.
7. The loss of important services and supports provided through community programming, employment, access to therapies and school can also be detrimental to a persons' overall health and well-being and lead to regression in positive development for some persons with disabilities.

It is very important that those who work and live with those with disabilities are aware of the considerations needed during COVID-19. Adapting and being creative and proactive at this time is essential to ensure the voices of those with disabilities are heard and responded to. And as usual, if a person with a disability or their support persons/friends have any questions or concerns regarding any health issues, their primary healthcare providers should be consulted.

Protecting people with disabilities from COVID-19

If you are a person with a disability or care for/support or are friends with someone who has a disability, there are things you can do to protect yourself/them from COVID-19, these include:

- Stay home and only go outside your home for necessary activities like doctor appointments or getting groceries.
- Ask family, a neighbour or friend to help with essential errands (e.g., picking up prescriptions, buying groceries).
- When you do go outside the home make sure you practise [physical distancing](#) with those who are not in your private circle, as much as possible.
- [Wash your hands](#) or support hand washing for the person with disabilities. This should be done after touching frequently touched surfaces and prior to meals. [Alcohol-based hand sanitizer](#) can be used instead of water and soap when available.
- Make sure you (or those who engage others on your behalf) or your care/support persons do not interact with others who are sick. Ask your direct support/care providers/friends and family, or have others ask on your behalf, if they are experiencing any [symptoms of COVID-19](#) or if they have been in contact with someone who has COVID-19. For those who are the care/supports or family members, check that you have no symptoms prior to any interaction with the person with a disability. Signs and symptoms of COVID-19 may include:
 - Fever (temperature of 38.0°C or greater), or
 - Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), or
 - Any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, fatigue, general feeling of discomfort, or headache
- Immediately notify or have others notify your family/care providers/friends if you or the persons you are caring for/supporting becomes ill. If the person with the disability remains within their home environment, please see:
 - [How to care for someone with COVID-19 at home](#)
- Continually look for ways to protect, listen, support, adapt, and accommodate. Everyone's situation is unique and needs to be reviewed and considered on an individual basis.

The healthcare system and COVID-19

Special considerations, adaptations and accommodations should be considered and provided for people with disabilities within the healthcare and public health systems.

This includes ensuring that restrictions account for people with disabilities' needs and allow essential support staff, sighted guides, interpreters and/or family members to be with them in these places. It also includes altering any signage being used in healthcare systems about COVID-19 or information about where to go to receive necessary medical attention, to ensure they are accessible to all persons.

This applies to acute care hospitals, long-term care homes, congregated residential settings, medical clinics, other medical or paramedical appointments, grocery stores, pharmacies, other stores, family homes and individual residences. Persons with disabilities have the right to have their supportive care person (whether family, friend or paid staff) with them in public and especially so within the healthcare system.

COVID-19 assessment centres

Many provincial and territorial public health departments have worked with local public health and hospitals to establish designated COVID-19 assessment centres. It is important that these centres are accessible and accommodating to those with disabilities. This includes accessibility, which means ensuring that those who can come into the centre have access to the facility (e.g. ramps, accessible parking, etc.). This also includes accommodations for individuals with disabilities who may be afraid, anxious and/or have a cognitive/intellectual disability. A plan for accommodation should be in place. This may include skipping the lineup, having a private room for those with disabilities, noise and light sensitivity considerations,

alternatives to the nasopharyngeal swab (NP swabs) and assessments at or in the car or other vehicle (e.g., mini-bus, van). The plan should also include information that ensures essential care/support/sighted guide/interpreter/friends can remain with a person during their time at the assessment centre and that information is provided in a functionally, multi-lingual and culturally appropriate way. Alternative specimen collection should be considered for those who cannot provide NP swabs. Alternatives for NP swabs may include throat swabs. Have supportive/care or friends help communicate with the person with a disability what will happen during the sample collection. If it is thought that the person may resist sample collection, work with their support/care person/friend or family member to ensure and advise on the best way on how to obtain the sample.

Follow-up on COVID-19 test results

Ensure that test results are communicated to the person with the disability, and that these results are communicated in a functionally, multi-lingual, plain-language and culturally appropriate way. Ensure that those who may need to communicate the results to the person with disabilities have access to the results. Ensure that next steps are communicated, as necessary and appropriate, to all essential persons who are involved in the care and support, respecting confidentiality.

Special considerations

Healthcare workers with disabilities

If a healthcare worker (HCW) has a disability and has decided to continue to work, they should be made aware of all their work options, and available supports including financial and mental health resources. HCWs should discuss workplace accommodation with their supervisors and Occupational Health if needed.

Essential care/communication/support/sighted guides/interpreters/friends and/or family as essential supports

Policies and procedures for hospitals, long-term care homes, COVID-19 Assessment Centres, clinics, family practice, other medical facilities and any organization that provide healthcare and supportive services to those with disabilities should provide permission in their directives on the accompaniment of essential supports at all stages of care within the healthcare environment.

Infection prevention and control measures and personal protective equipment

- a. **Long-term care homes (LTCHs) for people with disabilities:** The Public Health Agency of Canada has developed [Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes](#). This guidance document outlines the infection prevention and control guidelines and recommendations for long-term care homes and can be adapted to long-term care homes and group living environments accommodating people with disabilities.
- b. **Congregated residential settings (group homes), shared homes and private homes for people with disabilities:** The Public Health Agency of Canada has developed [Infection Prevention and Control for COVID-19: Interim Guidance for Home Care Settings](#). This guidance document outlines the infection prevention and control guidelines and recommendations for Home Care and can be adapted to supportive care and other supports for those working in the homes of people with disabilities.
- c. **Personal protective equipment (PPE):** Organizations that are servicing individuals who provide health and supportive care to

people with disabilities must ensure that those who work with this community have access to and training in the necessary appropriate PPE needed when working. All staff must be trained and monitored for compliance with putting on and wearing a mask for the duration of their time with the individual and discarding it afterward. This includes items like gloves or eye protection/face shield, where warranted. Appropriate PPE needed should follow institution/local/provincial-territorial requirements. Adaptive measures for masks are discussed below.

- d. **Masks and the hard-of-hearing:** If the person who is hard-of-hearing and their communication partner do not have symptoms of COVID-19, an alternative measure can be used so that masks do not need be worn. The communication partner can wear a clear face shield which covers to below the chin. In these situations, the longer the shield the better. The same should be done with a person who is hard-of-hearing, if tolerated. If the person is COVID-19 positive, they should remain in their room and limit the number of care/support/friends and family in the room. In this case it would be important for both the resident and their support to wear masks and alternative solutions considered, including masks with a transparent section to enable visualization of the mouth.
- e. **Masks for those with cognitive/intellectual disabilities:** If the person with a cognitive/intellectual disability are not able to wear a mask, regardless of COVID-19 status, then those providing care/support to them should wear masks and face shields and perform physical distancing as much as reasonably possible, recognizing this may not be feasible. Details on the best infection and prevention control measures are available in the links provided above. As per the infection prevention and control recommendations listed above, if the person is COVID-19 positive, they should remain in their rooms, eat meals in their room, limit care/support/friends and family in the room and perform physical distancing, as much as possible.
- f. **Cleaning and disinfection:** Ongoing cleaning and disinfection should be performed as per the guidelines outlined in the

infection prevention and control guidance documents listed above, with particular attention to high touch areas/surfaces such as entrance doors reserved for persons with disabilities, handrails of ramps or staircases, accessibility knobs for doors reserved for people with reduced mobility and frequently touched surfaces.

- g. **All preparedness and response plans must be inclusive, include a gender perspective and be accessible for risk-related situations:** Plans should be inclusive of and accessible to women and gender diverse women, men and all gender diverse persons with disabilities. Programs to support persons with disabilities should include a gender perspective and recognize their various intersecting characteristics, including socioeconomic status, race/ethnicity, rural/remote communities, etc., which may impact a people's ability to protect themselves and access services. Gender related considerations may include, for example, a person's work and family responsibilities, approaches for undertaking activities of daily living, and social networks. Identify the potential for increased violence, abuse and neglect against people with disabilities, children and women in particular, due to social isolation, economic insecurity, and disruption to daily routines; and support the mitigation of these risks, for example, providing information regarding services and supports in your area. These resources can be found at: [Find family violence prevention services in your area](#).

Educational materials

All organizations that serve and support persons with disabilities need to ensure their information is provided to meet the needs of the individuals they serve. Information should be made available in a diverse range of accessible formats, and using multi-lingual, culturally and functionally appropriate language and format.

Mental health

The COVID-19 pandemic may generate feelings of fear, stress and worry. Demonstrating solidarity and community support is important for all, and may be critical for persons with psychosocial disabilities. When isolating residents, restricting visitors, and cancelling group activities, consider the potential impact this would have on people with disabilities' physical, social, mental and emotional health and well-being. Recommend accessing resources and supports, such as the [Wellness Together Canada: Mental Health and Substance Use Support](#) portal. Ensure other options exist, such as, one-to-one activities including, personal supports to engage in interesting and meaningful activities in isolation and the use of technology to interface with family, friends and others. The link here provides additional information on [mental health in the context of COVID-19](#). People with disabilities may be at a greater risk of isolation and loneliness and alternative solutions should be considered to ensure that engagement and meaningful interactions can remain. Some recommended ways to care for your/their physical and mental wellbeing include:

- Stay informed but take breaks from social media and from watching, reading, or listening to news stories.
- Practise [physical distancing](#) but stay connected. Communicate to caregivers, support workers, friends or family about your feelings and concerns through conversations, emails, phone calls, texts, video chats or other platforms. Ensure access to convert existing forms of communication to accessible formats where necessary. If an individual cannot communicate their need for feeling connected, ensure those who can interpret for them are available to be their voice.
- Practise mindfulness. Take deep breaths, stretch or meditate.
- Try to eat [healthy meals](#), do your exercises or start exercising, and get plenty of sleep.
- Consider how to present/inform on changes that may occur in one's daily routine. For caregivers/support staff, family or friends of those with cognitive/intellectual disabilities, develop visual

schedules so individuals can know that daily routines may be different and what to expect.

- Focus on the positive aspects of your/their life and things you/they can control. Make time for your/their favourite activities.
- Be kind and compassionate to yourself/them and others. Show compassion and empathy to those with disabilities who may not understand what is going on.
- Continue taking your/their usual prescribed medications. If you/they have any health concerns, contact your/their primary health care provider.

COVID-19 disability advisory group (CDAG)

The CDAG purpose is to advise the Minister of Employment, Workforce Development and Disability Inclusion, the Honourable Carla Qualtrough, on the real-time lived experiences of persons with disabilities during this crisis on disability-specific issues, challenges and systemic gaps and on strategies, measures and steps to be taken. The Government of Canada is committed to ensuring that it considers, respects and incorporates the interests and needs of persons with disabilities into its decision-making and pandemic response.

Persons with disabilities face unique and heightened challenges and vulnerabilities in a time of pandemic, including equality of access to health care and supports, access to information and communications, mental health and social isolation and employment and income supports. Additional vigilance is also required to protect the human rights of persons with disabilities during these times. This necessitates a disability inclusive approach to Government decision-making and action.

For further information on the CDAG and membership please visit: [Backgrounder : COVID-19 Disability Advisory Group](#).

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