

**GUIDELINES FOR
ACCESSIBLE COVID-19 TESTING & VACCINATION SITES**



The Americans with Disabilities Act (ADA) requires that all testing and vaccination sites be accessible to people with access, functional, and communication needs, whether events are funded publicly or privately. This checklist highlights some of the considerations and strategies to promote accessibility at all testing and vaccination sites and should be used in conjunction with the *Providing Access for Everyone: Accessibility for COVID-19 Vaccination Sites* provided to local health departments by DHHS.

Preparing to Open a Site	
<p>Public Messaging</p> <ol style="list-style-type: none"> 1. Messaging will need to outline what is expected of people attending the site (i.e. do they need to bring an ID, etc.). 2. Large, government run sites may scare away many underserved populations, like with shelters, so the messaging will have to emphasize that the intent is vaccination only (if IDs are required, they won't be run by LE, etc.) 	
<p>Provider/Contractor Responsibilities</p> <ol style="list-style-type: none"> 1. A provider or contractor is responsible for providing all equipment needed for video interpreter services and language interpretation lines/video chats. 2. If a site is not operated by a provider or contractor than DHHS will need to be contacted and included in the planning process to address communication accessibility needs. 	
Appointment Registration/Scheduling	
<p>Web-based Registration</p> <ol style="list-style-type: none"> 1. All web-based registration sites should ask clients to self-identify if they have any access, functional, communication, or language translation needs. 2. If a website does not have this capability then a phone-based appointment registration system should exist for clients to register and clarify any access, 	

functional, communication, or language translation needs before a physical appointment occurs.	
<p>Phone-based Registration</p> <ol style="list-style-type: none"> 1. Personnel answering phone-based appointment/registration lines should be familiar with how to handle calls received from individuals who may be hearing impaired. <u>Guidance for Handling Calls Using Relay Services</u> 2. Phone-based customer service representatives should ask clients to self-identify if they have any access, functional, communication, or language translation needs. 3. Representatives should note necessary accommodations in a client's file for use during any testing or vaccination appointments. 4. Any accommodation equipment or interpreters needed should be requested in advance and available the day of the clients visits. 	

Staff Training	
<p>Provide staff training to ensure respectful interactions with people with access, functional, and communication needs.</p> <ol style="list-style-type: none"> 1. Communicate directly with the person, with respect, in an age-appropriate manner. 2. Ask the persons what, if any, assistance/accommodation they require. 3. Allow extra time if necessary, for communication or full understanding; do not rush. 4. Ask permission to assist or guide a person who is blind or has low vision. 5. Allow service animals to accompany individuals and do not touch or distract service animals. Maintain a 6-foot distance when possible. 6. Do not move a mobility device or help without asking. 7. Do not touch an individual or move their personal belongings without asking. If a person appears to have a hearing loss, wave to get their attention. 	

Effective Communication	
Be prepared to communicate in different ways.	
<p>Keeping Vaccinations Straight</p> <p>During the second dose confusion may occur if vaccination sites have multiple types of vaccine on hand.</p> <ol style="list-style-type: none"> 1. If more than one type of vaccine exists on site a clear plan should be made to direct vehicles to the appropriate pod or vehicle lanes (i.e. having different car lanes for different brands or only one type of vaccine available at a particular site). 2. Public messaging could be used to advise consumers which sites are carrying which vaccine brands. 3. This is especially important when considering communication access (i.e. if someone with communication limitations shows up for their second visit, how will 	

<p>this be communicated to them to ensure they wind up in the right spot with the correct vaccine).</p>	
<p>Site Progression Communications</p> <ol style="list-style-type: none"> 1. Sites should have a way for staff throughout the vaccination process to notify the next station or other personnel (i.e. a special removable marker can be used on a vehicle windshield, with a specific code, to identify a person’s needs) if there is a vehicle that has individuals who may have difficulty understanding the instructions (limited English/need for a translator, communications access issues, etc.) just to ensure that all site personnel are aware of the need for additional communication support. 2. Sites must create a code system known only to site staff. <p><u>** Sites should never use codes that clearly identify a person’s access, functional or communication needs.</u></p>	
<p>Communication Kits</p> <p>All testing and vaccination sites should have multiple communication kits available to minimize frustrations between workers and Deaf/Hard of Hearing (DHH) consumers. Kits should include:</p> <ol style="list-style-type: none"> 1. Dry boards and erasers 2. Paper and black markers 3. Pictogram/communication board 4. Assistive Listening Devices 5. Communication Mobile Apps available for use on phones, I-Pads, or laptops 6. Communicating with Deaf, Hard of Hearing and DeafBlind Patients 7. Contact information for on-site ASL interpreters and/or ASL interpreting agencies 8. Laptop/tablet/smart phones (for connecting to Video Remote Interpreting or remote captioning) <ol style="list-style-type: none"> a. Contact information for contracted Video Remote Interpreting (VRI) agencies (check with professional language interpretation services to see if Video American Sign Language interpretation is included). b. Contact information for contracted Communication access real-time translation (CART)–agencies. c. Instructions for setting up VRI and CART. 9. Clear face masks for interacting with people who depend on lipreading . 10. Magnifying devices including those with lights for people with low vision. 	
<p>Always ask for a person’s communication preferences.</p>	
<p>Provide clear instructions, both verbally and written, with step-by-step procedures.</p>	
<p>Print standard questions, instructions, and descriptions of procedures in common languages spoken in the area.</p>	
<p>Have pictures available or demonstrate testing procedures using visual cues.</p>	

Provide written materials in high-contrast large print (16 Pt. or larger) or electronic format.	
Read instructions aloud, if needed.	
<p>Signage at Walk-in Clinics</p> <p>Signs should be used at walk-in clinics to indicate the following:</p> <ol style="list-style-type: none"> 1. Where lines start/end and where clients should stand. Include which direction “traffic” goes 2. Location of waiting areas, including accessible waiting areas or to ask accessibility questions 3. Location of accessible bathrooms 4. Location of the clinic and wheelchair accessible entrance 	
<p>Clients with Limited English Proficiency (LEP)</p> <p>Interpreters should be available in-person or through a communication device with a spoken language interpreter.</p>	
<p>Clients who are Deaf/Hard of Hearing (DHH)</p> <ol style="list-style-type: none"> 1. DHH have their own communication preference, e.g., sign language, lipreading, assistive listening device, etc. No one size fits all. Always ask what is the best way to communicate with a person who is DHH. 2. Be aware that masks can make communication more difficult. Clear masks should be present at all vaccine administration sites to be used when a DHH person is present or when someone requests them. See this list for the most common clear masks 3. Clear masks will minimize communication challenges and improve safety. 4. Some DHH persons communicate in American Sign Language. A physical interpreter should be present with the use of video remote interpreting (VRI) available as back up. 5. Many hard of hearing people rely on amplification which can be through an assistive listening device or app. Remote captioning may also be used. See the Mobile apps to aid Communication Access for available resources. 6. If further assistance is needed at the county or local level please reach out to the NC DHHS, Division of Services for the Deaf and Hard of Hearing (DSDHH) Regional Centers and contact the appropriate center covering your jurisdiction. DSDHH Regional Centers 7. If further assistance is needed at the state level please contact: <p style="margin-left: 40px;">Primary Contact: Donna Platt, Emergency Preparedness Coordinator Phone: (919) 578-1262 Email: Donna.Platt@dhhs.nc.gov</p> <p style="margin-left: 40px;">Secondary Contact: Lee Williamson, Communication Access Manager Phone: (919) 218-0299</p> 	

Email:	Lee.Williamson@dhhs.nc.gov
Clients who are Blind or Have Low Vision	
<ol style="list-style-type: none"> 1. State your name and title clearly and repeat this introduction if there are multiple personnel involved so that the client can identify who is talking to them. 2. Verbally describe each step of the procedure, using specific directional words like “left” and “right,” instead of “here” and “there”. 3. Provide written materials in high-contrast large print, Unified English Braille, and as text-only files that can be emailed to the person. 4. If written materials are laminated or placed in plastic, use low-glare coating whenever possible. 5. Provide adequate, dimmable, directional lighting for all items that require close-up reading. 6. Ask permission to touch the person, and let them know when you’re reaching out to them and handing them something. 7. Offer to read documents aloud to the person. 8. Offer to handwrite for the person to fill out a form, etc. 9. To mark a signature area, use a plastic signature guide, which can be disinfected 10. See Communicating with Deaf, Hard of Hearing and DeafBlind Patients for further assistance. 	

Greeters and Check-In	
Greeters should be present at entrances to assist clients with visual or cognitive assistance needs.	
Information about how to request accommodations should be in easy-to-read formats.	
Greeters should also assist people, as necessary, to request additional accommodations including accommodation requests made in advance and onsite requests.	
Clients may present with service animals. Under the ADA, service animals are defined as “dogs (or miniature horses) that are trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.” These animals are permitted to accompany a person anywhere that a client can go so long as the animal does not pose a direct threat to the safety of the person or others. For further information see Service Animals and Emotional Support Animals .	
All required questions should be in written, large, high-contrast characters in plain English and Spanish as well as understandable graphics. These should be laminated and displayed in highly visible areas.	
All materials must be available in accessible formats (e.g., plain language, ASL, Braille, audio, large print etc.).	
Client handouts should be bulleted.	

Clipboards with pen and paper should be available to communicate with Deaf/Hard of hearing clients.	
Support personnel should be allowed to join individuals who need assistance to meet ADA requirements.	

Waiting Areas	
Walk-in vaccination sites must provide seating for individuals that are unable to stand for long periods of time. Placement in line should not be lost for people opting to sit down.	
Restrooms in waiting areas must have at least one accessible restroom per sex or one unisex toilet with accessible fixtures, accessories, doors and adequate maneuvering clearances for people who use mobility devices. A restroom compartment must have a door width of at least 32-inches and a compartment width and depth of 5-feet and a toilet height of 17-19 inches.	
If facility restrooms are inaccessible, an accessible portable restroom must be provided and a person's place in line must be maintained.	

Mobility Impairments	
<p>Access issues may arise for individuals with mobility impairments entering walk-in or drive-up testing and vaccination sites. Concerns which must be addressed include:</p> <ol style="list-style-type: none"> 1. Wheelchair users will be unable to access sites that require the use of stairs or steep ramps. 2. Wheelchair(s) should be available for anyone requiring mobility assistance. It is recommended that large walk-in clinics secure 40 wheelchairs, ranging in size, to properly address mobility challenges at vaccination sites 3. Individuals with a reduced ability to walk may need places to rest. Provide clearly marked resting places to sit at least 6-feet apart. 4. <i>Individuals with Upper Extremity Impairments</i> may struggle to move clothing to receive the vaccination. <p>It is important to be aware of these and ensure the physical accessibility of sites.</p> <p>Additional issues include:</p> <ol style="list-style-type: none"> 1. Ensuring that hallways/walkways are a minimum of 4-feet wide for individuals using walkers or power chairs. 2. Ensure clients are asked if they require assistance to receive the vaccine (e.g., clothing assistance). 	

<ol style="list-style-type: none"> 3. Consider a separate table at each site that accommodates the needs of individuals with access, functional, and communication needs. 4. Provide designated “accessible” wheelchair seating in the post vaccine “waiting area” 	
--	--

Pulmonary Clients Using Supplemental Oxygen via Nasal Prongs	
<p>These persons may experience difficulties with mobility and with wearing a face mask. Offer (and provide) these persons face shields as an alternative to reduce risk of COVID-19 transmission.</p>	

Physical Accessibility	
<u>Parking</u>	
<ol style="list-style-type: none"> 1. A site should have the required amount of accessible parking spaces. (1-25=1 van space, 26-50=1 van and 1 car space, 51-75=1 van and 2 car spaces, 76-100=1 van and 3 car spaces. etc.). 2. At least 1 out of every 6 accessible parking spaces, but no less than 1 space should be marked van accessible. Accessible van spaces should be 8 feet wide with an 8-foot access aisle. 3. At least one van accessible space should be available at all sites. If people are exiting their vehicles, spaces should be available and clearly marked. Spaces can be temporarily marked, if needed. 4. Accessible car spaces should be large enough for mobility devices, 8 feet wide with a 5-foot access aisle. 5. Parking spaces should be clearly designated for use by persons with disabilities and those spaces should be located on the shortest accessible route from parking to an accessible entrance. 6. Designated spaces should be designed to ensure that people who use mobility devices do not have to wheel or walk behind cars. 7. A 3-foot, minimum width, accessible route must exist connecting the accessible parking spaces to an accessible entrance. 	
<u>Accessible Route/Entrance</u>	
<ol style="list-style-type: none"> 1. The main entrance and exit areas must be accessible. If not, is there an alternative accessible entrance and exit? 2. Accessible entrances/exits must have the capability to be used independently, during the same hours as the main entrance/exit. 3. Entrances and egress door handles should be operable with one hand and not require tight grasping, pinching, or twisting of the wrist. 4. All inaccessible main entrance/exits must have signs indicating the location of the nearest accessible entrance. 	

5. Accessible sidewalks should have a curb cut or curb ramp that is at least 3-feet wide and not too steep. Use of a portable ramp is acceptable.
6. An accessible route from parking to all testing and vaccination activities should be at least 3-feet wide, not include stairs or steep inclines and must be a stable and slip resistant surface.

Registration/Signage

1. An accessible registration table or reception counter should be no more than 3-feet high with a clear space for a wheelchair and moveable chair to allow someone to sit if needed.
2. Readable signage with large font, high contrast colors and a non-glare finish is important.

Outside Restrooms

1. Accessible, portable restrooms should be provided with accessible parking spaces available immediately next to the restrooms. Places in line should be maintained for people that must pull over to the restrooms.

Wheelchair Maneuvering

Hallways, passageways and other routes must allow for wheelchair access.

1. Hallways and passageways must be an appropriate width to allow for passage. For newer construction, this is generally a minimum of 3-feet.
2. Where routes turn around an obstruction, additional clear space may be required to allow navigation around the obstruction.
3. Sufficient passing space - at least 5-feet at a minimum of 200-foot intervals for newer construction - must allow for maneuvering past another person.
4. Changes in level must be appropriately ramped.
5. Opening in grates can be a hazard for someone using a wheelchair or a cane. These openings cannot exceed half an inch, and must be perpendicular to the direction of travel.

Additional Requirements for Drive-Thru Medical Sites

1. Minimum clearance for wheelchair-accessible vans to approach and pass through the site is 8 feet and 2 inches high.
2. For clients who use wheelchairs to exit their vehicles at a drive-thru site there must be an access aisle (clear space) alongside the vehicle. The access aisle must be at least 5-feet wide if the lane is 11-feet wide, and the access aisle must be at least 8-feet wide if the lane is 8-feet wide.
3. All accessibility requirements mentioned above apply to these types of events. For further information see [Accessibility at Drive-Thru Medical Sites](#)

Sources

Accessibility at Drive-Thru Medical Sites

<https://adata.org/sites/adata.org/files/files/Accessibility%20Drive-Thru%20Medical%20Sites.pdf>

Clear mask resource list <https://files.nc.gov/covid/documents/Clear-Mask-Resource-List.pdf>

Communicating with Deaf, Hard of Hearing and DeafBlind Patients

<https://files.nc.gov/ncdhhs/How-to-Communicate-With-Your-Deaf-Hard-of-Hearing-or-DeafBlind-Patient-PRINT.pdf>

DSDHH Regional Center Contact Card

https://files.nc.gov/ncdhhs/documents/files/DSDHH%20Regional%20Center%20Card%20%28WR2%29_0.pdf

Department of Homeland Security, Federal Emergency Management Agency. (2017).
Accessibility checklist.

Guidance on Relay Calls https://files.nc.gov/ncdhhs/CallCenterGuide_HandlingCalls.pdf

Mobile apps to aid Communication Access <https://files.nc.gov/covid/communication-mobile-apps-sheet.pdf>

Phone Communications with a Caller Who is Hard of Hearing <https://files.nc.gov/ncdhhs/Guide-Hard-of-Hearing.pdf>

Service Animals and Emotional Support Animals. <https://adata.org/guide/service-animals-and-emotional-support-animals#:~:text=Service%20Animal%20Defined%20by%20Title%20II%20and%20Title,physical,%20sensory,%20psychiatric,%20intellectual,%20or%20other%20mental%20disability>