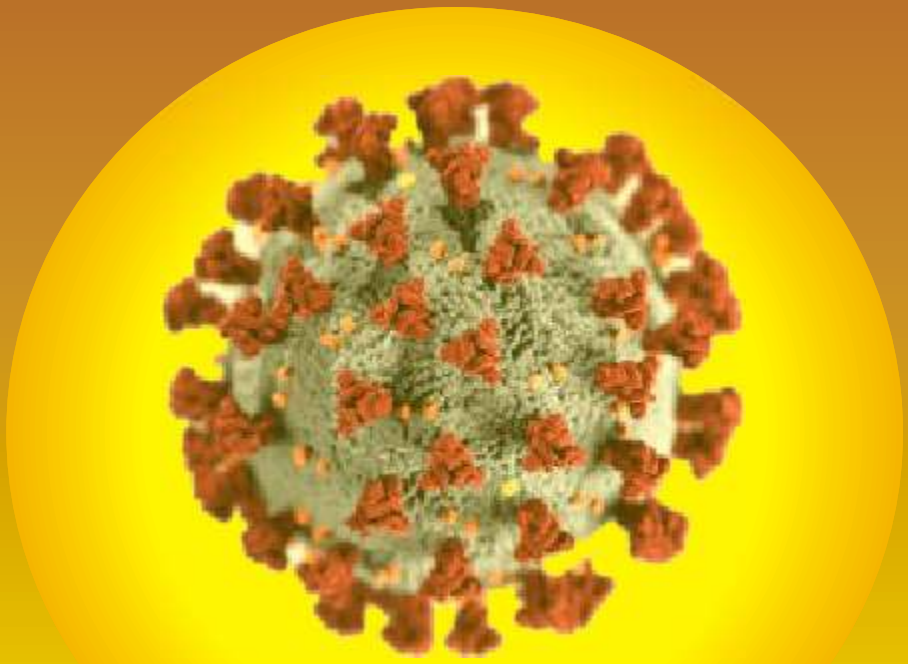
Guidance Document for Health System Response for Persons with Disabilities and Functional Impairment during Pandemic i.e. COVID-19



INDIAN COUNCIL OF MEDICAL RESEARCH

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ICMR, New Delhi

Manual for Health Care Professionals in Providing Emotional and Psychosocial Support to Family Members affected by COVID-19 Death

1st edition

Publications of the ICMR can be obtained from ICMR-HQ,
Indian Council of Medical Research
Division of ECD, Ansari Nagar, New Delhi, India

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List of abbreviations:

ICMR	:	Indian council of Medical Research
PWDs	:	Persons with Disabilities
OPD	:	Out Patient Department
WHO	:	World Health Organization
NHP	:	National health Program
PD	:	Physical Disability
CDC	:	Center for Disease Control
FI	:	Functional Impairment
NPPCD	:	National Program for the Prevention & Control of Deafness
NPCB&VI	:	National Program for Control of Blindness and Visual Impairment
HCW	:	Health Care Worker
PWMI	:	People with Mental Illness
SDGs	:	The Sustainable Development Goals
WASH	:	Water, Sanitation and Hygiene
PwD & FI	:	Person with Disabilities & Functional Impairment
RBSK	:	The Rashtriya Bal Swasthya Karyakram
NMHP	:	National Mental Health Program
DMHP	:	The District Mental Health Program
NPHCE	:	National Program for Health Care of the Elderly
ADL	:	Activities of Daily Life
NPPCF	:	National Program for Prevention & Control of Flurosis
NGO's	:	Non-governmental Organization
PPE	:	Personal Protective Equipment
DVT	:	Deep Vein Thrombosis
COPD	:	Chronic Obstructive Pulmonary Disease

Section I:

Current scenario and various issues faced by Persons with Disabilities

Introduction:

The Rights of Persons with Disabilities Act, 2016 defines a person with a disability as a person with long term physical, mental, intellectual or sensory impairment which, in interaction with structural and social barriers, hinders their full and effective participation in society equally with others. Broadly, disability is classified into physical impairments (difficulties in mobility or doing tasks), sensory impairments (visual and hearing impairments), psychosocial disabilities (related to mental illness), developmental disabilities, neurological disabilities, blood disorders, and others.

The sustainable development goals (SDGs) explicitly include disability and Persons with Disabilities. Disability is referenced in multiple parts of the SDGs, specifically in the domains related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and the monitoring of the SDGs. Envision 2030 will work to promote the mainstreaming of disability and the implementation of the SDGs throughout its 15-year lifespan with objectives to

(i) Raise awareness of the 2030 agenda and the achievement of the SDGs for PWDs,

(ii) Promote an active dialogue among stakeholders on the SDGs to create a better world for Persons with Disabilities,

(iii) Establish an ongoing live web resource on each SDG and disability.

According to Census 2011, Persons with Disabilities account for roughly 2.21% (26.8 million) of the Indian population. Of them, about 56% are male and 44 % are female, while 69% live in rural areas, and experience difficulties while accessing WASH facilities, which are essential for upholding hygiene and sanitation. Persons with Disabilities are disproportionately more affected as compared to persons without a disability. The role of health systems is significant as they are the first point of contact for any health-related issues of PWDs in the context of pandemics such as COVID-19. Healthcare workers interact directly with Persons with Disabilities and hence need to harness and fine-tune their ability to connect with PWDs and their caregivers. Healthcare workers are likely to meet people with diverse disabilities with differing needs and health concerns.

COVID-19 has overwhelmed health systems across the world. It is an emerging and rapidly evolving situation of unprecedented magnitude. India has also faced the wrath of this devastating pandemic. In these unprecedented times, Persons with Disabilities are among the most vulnerable sections of the society, and suffer most as in the case of other calamities and disasters. Restricted access to services and resources is the main hurdle for them due to their social, economic, and physical status, which

requires utmost care and handholding in the hours of crisis. There is an urgent need to address the unique vulnerabilities of PWDs and their families during the COVID-19 crisis. People with disabilities are vulnerable to COVID-19 because of the nature of their preexisting disability and related health challenges.

The problem is exponentially increasing because of the measures put in place to combat COVID-19, such as social distancing and lockdown, which require PWDs and their families to distance themselves from their communities and support systems, and to invest funds upfront for supplies needed to maintain their wellbeing during an extended period of isolation. In normal scenarios, access to health delivery services is < 40% for PWD, but during COVID-19, it has become < 10%.

"Disabled people are not only the most deprived human beings in the developing world, they also are the most neglected". Globally, 15 per cent (around one billion) of the world's population live with some form of disability, as per the WHO. The Census 2011 reveals that every 10th household in India has a disabled member. Disabled communities, elderly populations and individuals with chronic health conditions are the worst hit by COVID-19. Nonetheless, there is little mention in the media of the impact of COVID-19 on their lives when millions are under lockdown. The health status of PWDs and individuals with FI is under threat during COVID-19 because of the following issues:

Caregiver and household related issues

1. Their wellbeing is dependent on their caregiver's wellbeing.
2. Fulfillment of their daily essential needs which is indeed more difficult at present than before.
3. The extra cost of hygiene and sanitization products which is the need of the hour.
4. Inability to maintain safe social distancing norms due to sensory issues, coupled with extra exposure due to the use of appliances or preexisting health constraints or caretaker assistance.

Transportation and technology related issues

1. Lack of information - getting information can be more difficult for people with vision, hearing, and cognitive disabilities as news sources may not be accessible or comprehensible, especially when information is changing rapidly.
2. Difficulties in accessing academic institutions and workplace due to lack of transport and the low level of the family economy.
3. Requirement and maintenance of assistive technology or appliances which are integral to their life.
4. Lack of last mile connectivity of health facilities and medical expertise for health-related issues among women with disabilities.
5. Adopting recommended public health strategies, such as social distancing and washing hands could be challenging for the severely disabled.

Existing healthcare needs and services related issues

1. Poor accessibility to health care for emergency or routine needs.

2. Due to poor nutrition, high rate of anaemia among young children and girls with disability.
3. Persons with Disabilities are at greater risk of developing more severe health conditions. They have greater health requirements and poorer health outcomes.
4. The untrained or less informed health care providers may be unable to address their unique needs while in hospital.
5. Persons with Disabilities living in institutions are more likely to contract the virus and have higher rates of mortality. Lack of appropriate isolation units or hospitals for those affected by COVID-19.

Health systems and healthcare workers are key components in prevention and management of morbidity, functionality, and rehabilitation of Persons with Disabilities and Functional Impairments (PwD&FI). During emergencies like disasters and pandemics, health systems need to respond differently. Urgent and immediate changes, modifications and adjustments are required to manage such situations. COVID-19 has posed a great challenge to our healthcare settings. While under normal conditions, Persons with Disabilities and Functional Impairments including children, older persons and women are marginalized and excluded from routine social, economic and health facilities, COVID-19 has further marginalized these groups and thus they have become more vulnerable than ever.

Need for focused approach and for involving specific medical specialties:

There is an urgent need to address the unique vulnerabilities of people with disabilities and their families during the COVID-19 crisis. Many are at extreme risk as they require additional support to ensure their health and safety at this time.

Various health specialties are involved in providing services to PwD & FI. As mentioned below, the national programs are under National Health Mission and guidance documents are aimed at providing adequate information in simple and easily understood language. Specialties of ophthalmology, oto-rhino-laryngology, geriatric medicine, physical medicine and rehabilitation, orthopedics, neurology, pediatrics, psychiatry, cardiology, oncology are some of the branches of health, which deal with persons who have impaired bodily functions, and may need assistive technologies.

Role of National Health Program concerning PWDs and FI and their role during the COVID-19 pandemic

Various national programs were initiated by Government of India from time to time to improve healthcare facilities, prevention, management and rehabilitation of such marginalized populations.

- **National Program for Control of Blindness and Visual Impairment (NPCB&VI)** works towards identification and treatment of curable blindness at primary, secondary and tertiary levels. It aims towards "Eye Health for All" and prevention of visual impairment through

provision of comprehensive universal eye-care services by enhancing community awareness and preventive measures.

- **National Program for Prevention and Control of Deafness (NPPCD)** aims towards early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- **Rashtriya Bal Swasthya Karyakram (RBSK)** aims at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.
- **National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)** provides support for diagnosis and cost-effective treatment at primary, secondary and tertiary levels of health care.
- **National Mental Health Program (NMHP)** works to ensure mental healthcare for all and application of mental health knowledge in general healthcare and in social development; and promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.
- **The District Mental Health Program (DMHP)** under NMHP targets early detection and treatment by involving community and NGOs.
- **National Program for the Health Care of Elderly (NPHCE)** plays a major role in medical rehabilitation and therapeutic intervention by therapeutic exercises, training in activities of daily life (ADL) and treatment of pain and inflammation through physiotherapy unit at the Community Health Center-CHC, district hospital and Regional Geriatric Centre levels.
- **The National Program for Prevention and Control of Fluorosis (NPPCF)** aims towards prevention, health promotion, diagnostic facilities, reconstructive surgery and medical rehabilitation of people living in fluorosis areas.

Most of these programs work through state health systems right down to subsidiary health centers or sub-centres. Any attempt to provide services to the PwD & FI persons through these national health programs would be accepted and understood by health workers easily. Therefore, it is necessary to develop advisories and guiding documents to update their knowledge and enhance their functioning.

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Section II:

Basic Guiding Principles for healthcare workers to provide care/services to PWDs

This document presents some basic guiding principles and action points for health systems while interacting with PWDs during COVID-19. The following principles must be kept in mind while providing health services:

Basic principles of care

1. Use the person's first language as much as possible, respect the dignity of the person and foster their agency/autonomy.
2. Individualize the needs of the person with a disability, as disability is heterogeneous and impairments cannot be typecast.
3. Patience, understanding, and respect - Persons with Disabilities may need to be repeated explanations in ways they can comprehend and understand, please explain patiently and respectfully.
4. Right to access treatment - no person with the disability will be left out of any health and allied services, assessment, diagnosis, treatment, care, and rehabilitation
5. Inclusion – ensure that persons with all forms of disability are included in the planning, organization, coordination, implementation, and evaluation of health services. Persons with disability and/or their care-givers could be invited as representatives on task/planning groups.

Language, Inclusion to transcend stigma and discrimination

1. Please put the person (human being) before the impairment or disability and refer to them by their name. Please do NOT refer to the person by their impairment but respectfully by name
2. Please use words such as wheelchair user instead of wheelchair-bound; a person with visual or hearing or speech impairment instead of blind, deaf or mute and so on.
3. Do not assume that the person with the disability will not comprehend health-related information, however, do not overload a person with information relevant to their health. Make sure to share details with them in ways they can comprehend.
4. Use the principle of inclusion in all your transactions with/ about PWDs. Do not treat them as if they are invisible.
5. During home visits, please talk respectfully to the Persons with Disabilities and ascertain their health concerns using simple language.
6. Amid a heavy workload, please remember that the person is more important than the impairment and hence, please discern the tendency to be biased about gender, caste, class, ability or disability, sexual orientation, and age. They should be given access to treatment.

7. Please pay attention to the gender-specific needs of the person with a disability concerning the impairment as well as the health concern. For example, explore signs related to abuse or violence when assessing children, adolescents, and women with disability.

Assessment and Investigations

When the person with a disability and their caregiver enter the hospital or the OPD, they will be assessed and sent for investigation. During assessment and investigation, please be mindful of the following:

1. Ensure that all assessment procedures and investigations are provided at one place so that the person with mobility impairments is not made to move around too much in the hospital.
2. Provide clear instructions to the person with impairments and the caregiver regarding assessment procedures.
3. Explain investigation procedures in a simple, clear language, so that they understand and use sign language where appropriate. If you do not know sign language, seek the help of the caregiver.
4. Persons with a disability might need more time for assessment and investigation, please give that time as it is their right to access this service.

Treatment and medication

1. Please ensure that treatment options are disability-friendly.
2. Please ensure a feasible follow up and action plan that can be monitored from home, rather than hospital-based services only.
3. Please ensure that medications specific to various disabilities are available, for instance, specific psychiatric medicines.

Mobility and accessibility

1. Please ensure that the health service is made accessible for all types of impairments by following principles of universal design, even in a makeshift health care center.
2. Please ensure that signboards/makeshift signposts are in place for people to read and access in the local language too. For persons with visual impairment, instructions maybe given as soon as they enter the healthcare canter if Braille instructions are not available
3. Please ensure that extra precautions for personal hygiene and assistance are provided.
4. Please ensure that sanitizers are provided for aids and appliances, especially for prosthetists.
5. Please ensure that continuum of care, from diagnosis/hospital to rehabilitation/home, is provided for people with disabilities too.
6. Please ensure that Persons with Disabilities have easy and ready access to insurance coverage and government health schemes.

Communication with Persons with Disabilities and their caregivers

1. Please ensure that when speaking to a person with hearing impairment, you face the person and communicate, especially if the person communicates using oral methods. Facing the person and talking through a transparent mask allows for ease of lip reading.
2. Please talk slowly so that information can be assimilated with ease.
3. Encourage PWDs to talk about their health concerns, rather than addressing their caregivers alone. When they talk, they experience being acknowledged.
4. Please ensure that there are captions for people to follow while imparting information. Ensure that information is disseminated in a diverse, yet inclusive manner. For example, the use of multiple forms of communication such as Braille, pamphlets, audio material, etc. to ensure that no one is left behind.
5. While offering telemedicine services please ensure that the medium of communication is accessible to the person with disability too, for example, send a voice recording to a person with visual impairment and text message to a person with hearing impairment. Please use people's first language.
6. Always communicate with them directly as much as possible. Refrain from talking about them or discussing their 'case' with colleagues or care-givers in their presence.

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Section III:

Need, role, and precautions of the caregiver(s)

Caregivers are helping hands of PWDs and they attend to almost every day-to-day activities that are critical for the seamless functioning of the PWDs. These may range from activities like changing their dress, walking them, and attending to their toilet and bathing needs, to cooking and feeding. They also attend to the psychological well-being of the PWDs through conversations, giving them exercises and listening to them and connecting them to the outside world, health systems, and other social networks. As a result, caregivers are the real conduit for the PWDs to remain resourceful, self-sustained, and connected to the outside world in case of needs. The responsibilities of the caregivers multiply manifold during pandemics like COVID-19, for not only do they have to address the needs of PWDs and protect them, but they also have to take precautions for their safety and mental health.

Role of caregivers:

1. Caregivers must follow social distancing norms and other safety measures such as hand washing and the use of masks if coming outside the home.
2. Identify relevant organizations in your community that you can access if you need help.
3. Know the telephone number of relevant healthcare services and helplines should you have questions or require urgent medical assistance.
4. The caregiver should ensure that assistive products if used, are disinfected frequently; these include wheelchairs, walking canes, walkers, transfer boards, white canes, or any other product that is frequently handled and used in public spaces.
5. Network with disability organizations, including advocacy bodies and disability service providers to get public health information and any social support if required.
6. Join a local or online support group/self-help group. A support group can share the information and connect with people who are going through similar experiences. A support group may help combat the isolation and fear you may experience as a caregiver.
7. Caregivers should take care of their families, but they need not disregard their wellbeing and happiness. Caregivers should engage in activities for their wellbeing and relaxation, such as listening to music or reading a book, or even some physical activities or indoor recreations.
8. Caregivers should provide daily therapy services and medicine as per the guidance of physicians and therapists.
9. Caregivers should seek assistance from a social organization or other health providers to train themselves as a skilled caregiver, building their capacity on specific training in therapy, equipment handling, lay counselling, and ongoing communication required to support the PWDs during this pandemic.

10. Caregivers must constantly monitor the health of the PWDs and keep them informed and connect them to the hospitals if they notice any symptom that needs attention.
11. Caregivers should be especially careful and vigilant if they are moving in and out of the hospitals and communities to provide safe and healthy care to the PWDs.
12. Risk assessments of PWDs: Caregivers should know the history of the PWD like general health details – BP, Diabetes, or any other diseases and mental health status, using routine drugs and better to make daily activities chart and follow up.
13. Staying connected with others: Caretakers need to care for their health before taking care of others so they can do their job properly. Staying in contact with friends and family is vital to looking after one's mental health.

Role of government in supporting caregivers

1) People with disabilities and their caregivers to be provided with free PPE (masks, gloves, and sanitizers). It should be delivered to their homes along with ration.
2) Create a helpline/designate an officer for separate issuance and renewal of curfew passes, access to food, social security, and other aspects.
3) Issue an advisory to police to treat caregivers the same as other health workers and provide all the needed support as they are providing essential services to people with disabilities.
4) Announce the Caregiver allowance as mandated in the Rights of Persons with Disabilities Act 2016 Section 24(3)i
5) Create a system to facilitate the transportation of caregivers. Instruct State Commissioners for Persons with Disabilities to collaborate with Ola/Uber to provide free transport to caregivers during the lockdown period.
6) Instruct the Health Ministry to ensure that testing centres and quarantine zones sanctioned by the government are to be accessible for Persons with Disabilities as per the norms mentioned in the RPWD Act of 2016.
7) Train health workers and medical professionals in testing and treating Persons with Disabilities and their caregivers without compromising their dignity and rights as per Section 8 of the Rights of Persons with Disabilities Act, 2016.
8) The Resident Welfare Associations/Community should be sensitized about the need of PWDs to allow entry of maid, caregiver, and other support providers to their residence after following due sanitizing procedure.

Precautions for the caregivers

1) Avoid close contact with people who are sick. Avoid touching your eyes, nose, and mouth with unwashed hands. Wash your hands often with soap and water for at least 20 seconds. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

2) Ensure you have sufficient backup caregivers in case you cannot support; either you get sick or you need to take care of an unwell family member. You will still need assistance, so make sure you have someone who can provide it. You may need to identify a caregiver from your family, relative, or neighbor.
3) If you are not able to get assistance from your family, ensure that you can get assistance from a paid attendant within your community if possible.
4) Have at least a week of non-perishable food in your home at any given time (if possible have two weeks' supply) and identify people who can assist with shopping.
5) Stock up on other important supplies (medicines, nutrition supplements, baby food and cleaning materials)
6) Identify a way to make sure you can get your medications on time. This may mean having friends or family assist you or using a pharmacy that offers prescription delivery through call or online.
7) Wash your hands and use hand sanitizer when you arrive at home from outside and each time before touching or feeding or caring for the person with a disability.
8) Regularly clean, sanitize, and disinfect the surfaces that are touched in your home to prevent the spread of infection.
9) Use disinfecting wipes on items that are frequently touched. These include your telephone, doorknobs, your refrigerator handle, your wheelchair controls, lifting device controls, and remote controls. Make this convenient by having wipes near the items that should be regularly cleaned.
10) Take extra steps to avoid possibly infecting by wearing a mask if someone like a member of your household becomes sick. They should be extra vigilant about not touching their face or yours.
11) Caregivers should cover their cough or sneeze with a tissue, then throw the tissue in the trash. For a person with a disability, it may be difficult for him/her to cover a cough or sneeze, so encourage them to wear a mask. It is important to use a mask correctly.
12) If someone in your household becomes sick, take steps to avoid infecting other people. If possible, have them stay in a separate room of your home to get well. Regularly clean, sanitize, and disinfect shared spaces, particularly the living room, kitchen, dining, and bathroom to avoid spreading the infection.
13) Wheelchair parts such as a headrest, armrests, side guards, back of the wheelchair, push handles, footrest, seat, and wheel propeller should be disinfected anytime a new person comes in contact with the chair, or when the wheelchair return to your home. The same applies to assistive and adaptive devices commonly used by people with disabilities.
14) If the person with a disability becomes sick, seek medical care immediately.

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Section IV:

Special Measurements for healthcare delivery institutions dealing with PWDs

It is critical to maintain healthcare services during the ongoing COVID-19 pandemic. All hospitals should be prepared for the possible arrival of PWDs with COVID-19. Every hospital should ensure their infrastructure is accessible and the staff is trained, equipped, and capable of practices needed to serve the PWDs. The following are protective measures to practice in hospitals dealing with PWDs during this pandemic:

Health care facilities for PWDs shall follow all the standard guidelines for COVID-19 cases.

1. Ensure priority testing of PWDs presenting symptoms.
2. Customizable masks should be provided to all PWDs and families for the protection.
3. Accessible barrier-free washing areas for frequent handwashing shall be made available to the PWDs.
4. Designated accessible entry and exit could be provided for PWD at hospitals. The accessible indoor and outdoor facility shall be sanitized regularly and technology (infrared or UV) may be used to sanitize the hospital areas earmarked for PWDs.
5. Separate accessible parking areas and counters, waiting for areas in hospitals could be created.
6. All other services should be provided with due care of social distancing. Their assistive devices like wheelchairs and mobility aids should also be sanitized and they should have constant access to the wiping towels or other forms of disposable wipes.
7. Designated help desks and interpreters should be available at hospitals to guide a person with visual impairment and speech and hearing impairments. Also, educate the PWDs caregiver about general precautionary measures.
8. All information about COVID-19 services offered and precautions to be taken should be available in the simple and local language in accessible formats; i.e. in Braille and audible tapes for persons with visual impairment, video-graphic material with subtitles and sign language interpretation for persons with hearing impairment and through accessible web sites.
9. Sign language interpreters who work in emergency and health settings should be given the same health and safety protection as other health care workers dealing with COVID-19.
10. HCWs should routinely enquire and provide treatment if necessary, for pre-existing medical and mental illness, past treatment history, family history of mental illness, and coping skills and strategies.

11. Caregivers of PWDs should be allowed to reach them by being exempted from restrictions during a lockdown or providing passes in a simplified manner on priority.
12. Consider establishing opening hours giving priority to PWDs and their assistants during hospitalization.
13. Deliver telehealth for people with disabilities − provide telephone consultations, text messaging and video conferencing for the delivery of healthcare and psychosocial support for people with disabilities. This may be for their general health, and include rehabilitation needs and, where appropriate, COVID-19 related needs.
14. Hospitals should prohibit the denial of treatment based on disability and repeal provisions that prevent access to treatment based on disability, level of support needs, quality of life assessments or any other form of medical bias against PWDs, including within guidelines for allocation of scarce resources (such as ventilators or access to intensive care).
15. Identify and remove barriers to treatment including ensuring accessible environments (hospitals, testing and quarantine facilities), as well as the availability and dissemination of health information and communications in accessible modes and formats.
16. Ensure the continued supply and access to medicines or supportive medical aids and equipment for PWDs during the pandemic.
17. The hospital management could conduct training and awareness-raising of health workers to prevent discrimination based on prejudice and bias against Persons with Disabilities.
18. Hospitals can closely consult with and actively involve Persons with Disabilities and their representative organizations (NGOs, Community based organizations, Disabled people organization) in framing a rights-based response to the pandemic that is inclusive of, and responsive to, PWDs in all their diversity.

Checklist for Hospitals

To support hospital preparedness for the management of COVID-19, the following domains could be taken into consideration:

1. Establishment of a core team and key internal and external contact points.
2. Human, material and facility capacity.
3. Communication and data protection.
4. Hand hygiene, personal protective equipment (PPE), and waste management.
5. Triage, first contact, and prioritization.
6. Patient placement, moving of the patients in the facility, visitor access, and accessibility facilities.
7. Environmental cleaning.

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Section V:

Standards of personal hygiene and sanitation

Access to clean water, adequate sanitation and hygiene (WASH) for the prevention or mitigation of faeco-oral infections is a fundamental component of public health. This is underlined by the focus of Sustainable Development Goal 6: ensure access to water and sanitation for all. Persons with Disabilities are described in the United Nations Convention on the Rights of Persons with Disabilities as those who 'experience long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others'. Persons with Disabilities constitute up to 15% of the global population, and are asserted to experience poorer access to WASH, although few quantitative data exist.

Simple hygiene measures can help protect everyone.

1. Personal hygiene

- Don't touch your face, eyes, nose, and mouth. Keep your distance (1 meter) from other people.
- Wash hands frequently with soap and water for at least 20 seconds, if possible, every 40-60 minutes.
- Don't cough or sneeze into your hands, but into your elbow or a sleeve or tissue. Dispose of used tissue immediately.
- While using a hand sanitizer ensure that it contains at least 60 percent alcohol, ensure coverage on all parts of the hands, and rub hands together for 20 seconds until hands feel dry. If hands are visibly dirty, always wash hands with soap and water.
- Clean the bedsheets, towels, and clothes regularly. Don't shake used and dirty laundry to minimize the possibility of dispersing the virus through the air. Launder items with soap or detergent, using the warmest appropriate water temperature and dry items completely, both steps help to kill the virus. Wash or disinfect your laundry bag and hamper as well. Consider storing laundry in disposable bags.

2. Handling and preparing food: Food packaging and handling precautions:

- Remove any unnecessary packaging and dispose off into a waste bin with a lid.
- Remove food from take-out containers, place on a clean plate, and dispose of the container.
- Packaging like cans can be wiped clean with a disinfectant before being opened or stored.
- Wash unpackaged produce, such as fruit and vegetables, thoroughly under running water.
- Wash your hands with soap and water, or use an alcohol-based hand rub, immediately afterwards.

- Wash your hands thoroughly with soap and water for at least 20 seconds before preparing any food.

3. Environmental hygiene- Routine cleaning, sanitizing, and disinfection guidelines

Take proper steps for cleaning, sanitizing, and disinfecting surfaces to remove germs that can make people sick. When illness has been identified in a staff member, guest, or resident, consider disinfecting surfaces multiple times per day.

- **Cleaning** uses soap or detergent to remove dirt and debris from surfaces.
- **Sanitizing** is meant to reduce, but not kill, the occurrence and growth of germs from surfaces.
- **Disinfection** uses a chemical to kill germs on surfaces that are likely to harbour germs. Disinfectants work best on a clean surface and usually require a longer surface contact period (between 1 - 10 minutes) to work.

Surfaces to clean and sanitize include food contact surfaces, common areas, sofas, tables, chairs, remote controls, phones, elevator buttons, light switches, railings, wheelchairs, assistive and adaptive devices, spaces to meet with visitors/guest, bathrooms, **s**inks, handles or knobs (door, toilet, etc.), Dispensers (soap, paper towel, sanitary napkin), Cots, storage bins, sleeping mats, mattresses, bedframes, assistive devices (artificial limbs, splints, orthotics, walkers, wheelchairs, communication devices, magnifier glasses, and other mobility aids) and adaptive aids (modified utensils, spoon, fork, cups, pen, etc).

What to use to clean and disinfect

If a surface is dirty, first clean it with soap or detergent and water. Then use a disinfectant product containing alcohol (of around 70 percent) or bleach. Vinegar and other natural products are not recommended. In many places, it can be difficult to find disinfectant sprays and wipes. In such cases, continue to clean with soap and water. Diluted household bleach solutions may also be used on some surfaces.

- **Toilets-** For sanitation and hygiene purposes, at least one set of toilet rooms serving the home/institution must be accessible to individuals who use a wheelchair, wheeled walker, cane, or another mobility device. In a large residential shelter home where more than one set of toilet rooms is needed to serve the occupants, it may be necessary to provide additional accessible toilet facilities or to establish policies to assure that individuals with disabilities have access to the facilities. Accessible toilet rooms should be placed so they can be easily reached by individuals while seated in a wheelchair, or using another mobility device.

Supplies for cleaning, sanitizing, and disinfection

Ensure supplies are stocked and available for cleaning and disinfecting:

- Personal protective equipment: disposable gloves, eye protection, clothing that covers exposed skin, face mask, hand sanitizers

- Properly labelled spray bottles and measuring cups
- Scrubbing pads/cleaning brushes, paper towels, garbage bags

How to use "disinfectant wipes" effectively

Wipe the surface to clean away dirt or debris, discard the wipe, and then wipe again with a fresh wipe and allow the surface to air dry.

Steps for cleaning, sanitizing and disinfecting using spray solutions

1. **Clean first:** Spray your surface with a cleaning solution. Wipe or rinse with water. Use a scrubbing pad or brush to remove debris. If using a disinfectant cleaner, follow the instructions on the product label for cleaning.
2. **Apply your sanitizer/disinfectant:** Wet the surface and leave the solution on the surface for the recommended contact time, generally between 1 - 10 minutes. Dry with a paper towel/cloth towel or let the surface air dry.

Clean up vomit and feces

Take extra precautions for cleaning vomit and feces in case of patients with diarrhea. Open windows or use a fan for ventilation. Use personal protective equipment (gloves, face mask, eye protection, protective clothing). Clean the area to remove the vomit or stool. Disinfect with a 5,000 ppm solution of bleach and water and allow it to sit on the surface for 1-2 minutes before wiping with a paper towel or air drying. Dispose of all soiled items in a garbage bag and remove it from your facility right away.

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Section VI:

Preserving and maintaining mental health (for HCW, PwD, caregivers)

There is no health without mental health. Unusual and difficult situations can lead to mental distress in any person. Those with pre-existing mental health issues are especially vulnerable due to cognitive disabilities, disturbance in judgment or memory, and symptoms of their mental illness/distress.

In ordinary times, persons with mental disabilities are encouraged to be socially and occupationally active, to nurture interpersonal relationships and be recreationally active, preferably in groups. The current pandemic is especially unusual because it involves doing nothing and staying cooped up at home, with issues such as confinement, lack of transport and access to healthcare services, and sometimes, lack of essential medicines for psychiatric illnesses. It could lead to exacerbation of symptoms and sometimes a breakdown. Mental issues during this pandemic can be considered in terms of pre-existing issues, as well as those which arose due to the pandemic itself.

In addition, alarming news bulletins about the evolving pandemic create a climate of pervasive fear and uncertainty. Among those with mental health issues, fear of or actual bereavement, injury to self or family members, life threatening circumstances, panic, separation from family and low household income can all lead to new symptoms or exacerbate old ones.

Reduced availability of essential medicines may lead to relapse, while inadequate support and non-availability of drugs of abuse may lead to withdrawal syndromes. Due to stress, neuropsychiatric problems such as epileptic seizures may arise.

There is also the stigma of mental illness – for both the person and the caregiver. If the Person With Mental Illness (PwMI) also becomes corona-positive, then the stigma increases manifold. Caregivers of such persons also face increased responsibility and are therefore more likely to develop psychological symptoms. As such, persons with psychosocial disabilities are perhaps the most invisible and therefore most vulnerable during COVID-19. They are also at risk of abandonment, homelessness, hunger, starvation, and violence.

Stresses faced by HCW in pandemic:

HCW are under unprecedented stress due to the pandemic. In addition to stresses such as inadequate resources, prolonged duty hours, inadequate access to food, liquids and rest, staying away from their families and/or fear of carrying infection to near and dear ones can cause severe psychological distress. Disturbances of sleep and appetite, and extreme anxiety are the most common symptoms. HCW also face stigma from their communities, as has been frequently reported in the press.

Common symptoms of mental stress in the pandemic:

- Difficulty in comprehending what is happening.

- Anxiety, uncertainty, and fear about the future.
- Extreme anger or mood swings
- Grief and mourning over the past.
- Irritability and short temper
- Sleep disturbances
- Changes in appetite
- Lack of daily routine
- Withdrawal from daily responsibilities
- Depression
- Loneliness
- Variation in consuming food/meals
- Persistent preoccupation and worries about falling ill
- Inability to cope (giving up), inability to function or carry out routine responsibilities or activities of daily life

Symptoms unique to persons already suffering from disability due to mental illness (PwD-PWMI) and their caregivers

- Thoughts of being a burden, being of no use to anyone, being left out
- Fear about their caregiver falling sick, abandonment, loneliness, stigma
- Fear that they may be marginalized, or not given essential news or supplies
- Worries about financial security
- Worries about job security when things start to resume
- Acute symptoms of their illness
- Symptoms of withdrawal from drugs of abuse including tobacco, alcohol, or other hard drugs.
- Increased risk of violence both to and from the PwMI

Healthcare services response to mental health issues during the pandemic:

General principles of communication and management of PWDs have been set out in other chapters. These guidelines must be followed even more assiduously with the mentally ill and their caregivers due to the issues mentioned above.

It must be remembered that most people- including PWMI and HCW- presenting with psychological stress during the pandemic will be persons who are overwhelmed by an extraordinary stressor. If provided proper care (most will need only one or two sessions of psychological information and support) the vast majority of people presenting with disaster-related psychological disturbances are likely to recover.

Some general interventions must be put in place for everyone caught in this pandemic:

- Mental health education for the general population through mass media
- Establishment of psychological crisis interventions for the high-risk population such as HCW, PWDs and their caregivers
- Regular, friendly and dependable helplines with a good control room with ready answers for FAQs
- Integration of mental health services- both outpatient and emergency- seamlessly into the COVID-19 services so that both the distressed and the ill persons can access healthcare at one stop
- Specific counselling services to be provided by the clinical psychologists and psychiatric social workers of the mental healthcare institutions/departments.
- Regular debriefing of frontline HCW, both to diffuse tensions as well as to develop effective strategies.

Individual coping strategies:

a. Adopt healthy coping strategies: Play games involving brain teasers, use of cognitive-analytical abilities, solve puzzles, write something, or learn something new- cooking, art, music.
b. Keep yourself busy with things that interest you.
c. Take good care of yourself
   - Eat regular healthy meals
   - Sleep and wake up at regular times every day
   - Exercise regularly, try yoga and meditation.
   - Do not isolate yourself, stay in the company of others at home
   - Do something you like and enjoy, every day
   - Try to find humour in day to day happenings

d. Support others: be at peace yourself, and support your family. This too shall pass!

e. Stay positive and accept things that you cannot change.

f. Do not use tobacco, alcohol and other drugs or medications to withdraw from reality. Their use will isolate you further and sometimes, make you more susceptible to illness because of increased risk-taking.

g. Keep in touch with the news but do not be glued to the TV as some news may be worrying and alarming to you.

Managing conflicts at home:

a. Behave as politely and considerately with your family, as you would with outsiders.
b. Be calm. Remember everyone is in an equally difficult situation!
c. Say sorry if you have made a mistake.
d. Do not shout or argue or get into physical fights

Communication:

a. Keep talking and sharing your cares and concerns. Oftentimes, solutions are found when you talk.
b. Also share positive things- a joke, a spiritual message, a positive story.
c. Never be rude.

For those who were already receiving treatment for mental health issues:

a. Continue to take your medications and follow the advice of your psychiatrist throughout the lockdown.
b. Contact a nearby doctor or your personal physician in case of an emergency.
c. You can always approach the nearest government hospital as they are open 24/7.
d. If you are working from home, try to maintain regular working hours as usual. Since everyone is worried, you could share your worries with your co-workers who are your well-wishers.

Dealing with stigma:

a. Do not discriminate. Share positive messages rather than discriminating against anyone due to physical or mental disability, or due to COVID-19.
b. Be careful and maintain a physical distance but not emotional distance. Talk, communicate, and play.
c. Even during quarantine, supportive assistance, physical, and communication accessibility must be ensured by guiding health care workers and family members to continue to safely support PWDs.
d. Use only reliable sources of information; do not believe rumors, social media feeds, etc.

Keep doing cognitively challenging activities:

a. Learn to solve problems: list your problem and all possible solutions. Take help to identify the best solution. If the problem has no solution (lockdown for instance) list the best ways of dealing with it.
b. Play games that involve thinking- solving puzzles, finding words, solving math problems, strategy games, and card games.
c. Learn a new skill that can help your attention, concentration, and memory.
d. Read and narrate what you have read.

Stigmatized response in the context of a health emergency is finding a negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak like COVID-19, this may mean people are labeled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link or association with a disease. Anticipated, internalized, and experienced stigma associated with infectious disease like COVID-19 can undermine ongoing efforts to contain the outbreak, especially those directed towards testing and treating.

The outbreak of COVID-19 has resulted in individuals frequently coming across

- Facts and figures (most often rumors) on uncertain prognoses
- Severe shortages of resources for testing and treatment and for protecting responders and health care providers from infection
- Imposition of unfamiliar health measures that infringe on personal freedoms
- Large and growing financial losses and
- Conflicting messages from authorities.

These are stressors for people that contribute to widespread emotional distress and increased risk for anxiety and stress related reactions. The stress associated with the stigma may:

- Affect the health, safety, and well-being of both individuals (causing, for example, insecurity, confusion, emotional isolation, and stigma) and communities (owing to economic loss, work and school closures, inadequate resources for medical response, and deficient distribution of necessities).
- Translate into a range of emotional reactions (such as distress or psychological conditions), unhealthy behaviors (such as violent behavior, substance use), and noncompliance with the government health directives (such as home confinement and social distancing) in people who contract the disease and in the general population.

Extensive research in disaster mental health has established that emotional distress is ubiquitous in affected populations — a finding certain to be echoed in populations affected by the COVID-19 pandemic. After disasters, most people are resilient and do not succumb to psychopathology. Indeed, some people find new strengths. Nevertheless, in "conventional" natural disasters, technological accidents, and intentional acts of mass destruction, a primary concern is post-traumatic stress disorder (PTSD) arising from exposure to trauma. Medical conditions from natural causes such as life-threatening viral infection do not meet the current criteria for trauma required for a diagnosis of PTSD, but other psychopathology, such as depressive and anxiety disorders, may ensue.

Some groups of people like the PWDs may be more vulnerable than others to the psychosocial effects of pandemics. In particular, people who contract the disease, those at heightened risk for it (including the elderly, people with compromised immune function, and people with special situations and disabilities), people with disabilities, and people with preexisting medical, psychiatric, or substance use problems are at an increased risk for adverse psychosocial outcomes. Health professionals are also particularly vulnerable to emotional distress in the current pandemic, given their risk of exposure to the virus, concern about infecting and caring for their loved ones, shortages of PPE, longer work hours, and involvement in emotionally and ethically fraught resource-allocation decisions. Prevention efforts such as screening for mental health problems, psycho-education, and psychosocial support should focus on these and other groups at risk for adverse psychosocial outcomes.

Beyond the visible stresses, PWD suffer psychologically due to mass home-confinement directives (including stay-at-home orders, social distancing, quarantine, and isolation) and may lead to numerous emotional outcomes, including stress, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma associated with quarantine, some of which may persist after the quarantine is lifted. A study conducted in communities affected by severe acute respiratory syndrome (SARS) in the early 2000s revealed that although community members, affected individuals, and health care workers were motivated to comply with quarantine to reduce the risk of infecting others and to protect the community's health, emotional distress tempted some to consider violating their orders.

The challenges of persons with disabilities

PWDs are disproportionately impacted by the COVID-19 outbreak. An estimated 46% of people aged 60 years and over are people with disabilities. One in every five women is likely to experience a disability in her life, while one in every ten children is a child with a disability. Globally, 80% of the one billion PWDs live in developing countries. In a country like India, the major challenges of PWDs are varied, and affect persons with disability disproportionately. Some persons with disability might require help for basic activities of daily living (ADL) while others may be more independent but find it difficult to navigate new rules that a pandemic response demands. Their family caregivers also face more challenging situations – from the breakdown of a usual routine to increased face time with their ward (due to lack of other activities to engage them) that a quarantine-like situation imposes on the family; worries about the financial and healthcare ramifications of any one of the family falling ill may be prominent concerns. Interpersonal issues between family members may experience a rise, and this may be complicated by the unavailability of a number of routine services to address them. In addition, essential caregivers may be unavailable to people with high support needs due to the lockdown. Persons with Disabilities are vulnerable to:

1. **Higher risk of contracting COVID-19.**

   PWDs may experience barriers to implement basic protection measures such as hand-washing and maintaining physical distancing for several reasons specific to their disability condition and are at higher risk. Persons with Disabilities, including older people with disabilities, persons with intellectual and psychosocial disabilities are also the most susceptible group.

2. **Higher risk of developing more severe health conditions.**

   PWDs have greater health requirements and poorer health outcomes. For example, they are more susceptible and vulnerable to secondary conditions and co-morbidities, such as lung problems, diabetes and heart disease, and obesity, which can worsen the outcome of COVID-19.

3. **Greater risk of discrimination in accessing healthcare and life-saving procedures during the COVID-19 outbreak.**

PWDs face the risk of being deprived of accessible and affordable healthcare facilities, rehabilitation and assistive technologies in some countries due to healthcare rationing decisions such as triage protocols.

4. Higher risk of the psychological, economic and social consequences of COVID-19.

COVID-19 has both short-term and far-reaching implications for people with disabilities in many areas of life, which may be further exacerbated in humanitarian, and disaster contexts and fragile settings. Studies reveal that pandemics like COVID-19 have evidenced causing impact on employment and social protection, impact on support services and far reaching impact of violence on PWDs.

5. Highest risk of stress and stress related psychological concerns

Over 100 million people worldwide are living with some form of disability. Data from the "World report on disability" show that 50% of people with disability cannot afford healthcare and face challenges that impede their access to those services. There are unique stressors and challenges that could worsen mental health for people with disabilities during the COVID-19 crisis. Research on past pandemics has shown that fear of contracting the disease has an effect on individuals with disability and they show suicidal tendencies. Fear of social ostracism and being deserted intensifies their psychological agony. Moreover, anxieties over accessing medical care can become even more challenging as resources become scarce. Some people with disabilities report higher levels of social isolation than their nondisabled counterparts. They may experience intensified feelings of loneliness in response to physical distancing measures. Social isolation and loneliness have been associated with increases in heart disease and other associated health problems. Issues of sleeplessness, boredom, panic attacks, nightmares, feeling of emptiness, fear of contracting COVID-19, fear of spreading the infection to others, health anxiety, feeling of imprisonment, anxiety related to uncertainty about future, anxiety about death and unnatural circumstances without access to other relatives are some of the psychological issues that are found in PWDs. Some of them may develop depression, anxiety disorders, hypochondriasis and PTSD in these stressful situations.

Solutions ahead

PWDs are just as vulnerable to anxiety, apprehensions, sadness and grief, irritability, sleep disturbances and withdrawal as their non-disabled peers with respect to the threat of COVID-19. Persons with intellectual and developmental disabilities may require assistance in understanding the current crisis and consequent disruptions to their routine lives. They will also require assistance in adhering to recommended hygiene measures. Caregivers may need to assist them in these and other activities. Caregivers may find it difficult to effectively manage boredom experienced by people with disability for addressing their own anxieties, while reassuring their loved ones may be more challenging. Presentation of symptoms heralding the onset of a mental health condition may be different in those with developmental disorders. Sudden changes in sleep and appetite along with acute behavioural changes may be early warning signs for a worsening of a pre-existing condition, or the

onset of a mental health disorder to be diagnosed. Similar concerns may be expressed by caregivers, especially when there are fewer members to share care-giving duties with.

Stigma (internal and external) may be exaggerated during pandemics. Other concerns may include limitations to information or healthcare access and professional caregiving access, and logistic issues.

Some issues which disproportionately affect PWDs are,

1) Access to welfare benefits and emergency support (financial and non-financial)
2) Access to essential supplies, and basic requirements such as potable water, food and sanitation
3) Access for non-emergency healthcare needs such as blood transfusion among persons with blood disorders, review of medicine side effects/ symptom status.

Service provision at such times must aim to ensure and maintain best possible health. The interventions can be categorized into 3 broad domains:

1. Continued access to healthcare and basic needs

a) Ensuring delivery of necessary items to households or places where persons with disability reside, especially where there are PWDs with high support needs should form an important part of the disaster response, and mental health professionals should prioritize facilitating access to these with the help of various NGO or governmental organizations

b) Ensuring facilities available to a person with high support needs in the event of them falling ill, or their caregiver being quarantined due to COVID-19 are continued as much as possible. In such a situation, health professionals and frontline personnel may play crucial roles in guiding decision making and delivering interventions.

c) Telemedicine may allow us to overcome access barriers during quarantine situations. Innovative service delivery ought to include provision of psychosocial interventions alongside prescriptions; strategies for home-based rehabilitation must be included.

2. Continued access and uptake of welfare provisions and/or emergency supports

a) Government agencies can aid the situation by pro-actively preserving and delivering benefits access in such a situation, such as advance payments of pensions and ensuring quick access to services. Continued service delivery may have beneficial impacts on reduction of post disaster morbidity and disability.

b) Re-evaluate certification processes for PWDs to allow for more online or video-based assessments, in order to preserve access. Systems should adapt to include measures for ad hoc / temporary certifications so as to ensure adequate financial and non-financial supports. This is in consonance with sections 8 and 24 of RPWD act.

c) Career health is also imperative and should be proactively monitored by mental health professionals.

3. Access to information regarding health promotion / maintenance during a disaster

Accessibility during service provision must be ensured for PWDs with different needs via accessible electronic formats of information, accessible communication, and structural access. This can be addressed at multiple levels – health professionals can aid in disseminating safety and promotive health knowledge; specifically, they can help in tailoring information to PWDs' functional limitations. Persons with Disabilities may face multiple challenges during the COVID-19 pandemic. An intervention clubbed with brief psychological and psychosocial intervention can be delivered by any health care personnel, volunteers, etc with some guidance and training from mental health professionals. PWDs and their caregivers need a reassurance that most of the issues they are experiencing in these situations are normal reactions to abnormal stress. They should be provided with appropriate information and clarification about various myths and false messages that are being spread through multiple unreliable sources. Guidance about maintaining a routine, physical and psychological engagements, healthy diet, and mental stimulation through home-based activities with appropriate safety precautions is essential. Brief activities for maintaining mental equilibrium and supportive therapy can be done for those having severe psychological distress. To maintain mental equilibrium, the coping strategies which have been listed previously should be followed.

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Section VII:

Use of Assistive Technology: Their associated risk and precautions

Assistive devices are aids and appliances that enable PWDs to perform specific functions in terms of mobility, communication, and their daily activities resulting in improved quality of life. Assistive devices range from simple magnifying glasses, spectacles, crutches, commodes, splints, orthotics, artificial limbs, hearing devices, wheelchairs, to sophisticated devices like robotic arms and ventilators. Though there are no clear data on the number of Indians who rely on assistive devices, it is estimated to be around 16% of the disabled population.

Assistive technologies gained considerable importance after WHO published the Priority Assistive Products List (APL) in 2016, so as to complete the health continuum of prevention, promotion, curation/therapeutics (clinical and surgical), rehabilitation and palliation. There exists a vast range of assistive technology stretching along a continuum from low- to high-tech and can be classified into personal medical treatment, training in skills, personal care and protection, personal mobility, housekeeping, communication and information, handling objects and devices, environmental improvement and assessment, employment and vocational training, and recreation, as well as splints and artificial limbs, and furnishings and adaptions to homes and other premises, memory aids, personal trackers.

Assistive devices users and risk of infection

Users of assistive technology are at a higher risk of infection as they are in touch with an external device majority of the time. The virus that can cause COVID-19 is known to survive on the surfaces of objects from a few hours to even a few days. As the person with a disability is continuously in touch with the assistive device, there is a higher risk of transmitting the virus to the body and vice versa. Certain devices like hearing aids, ventilators, spectacles, etc are at closer proximity to the entry points of the body (eyes, mouth, nose etc.) putting the users are at a greater risk compared to others. On the other hand, larger mobility devices like wheelchair, walkers, canes, and artificial lower limbs which have continuous direct contact with the ground could get exposed to infection more easily as compared to others. In any case, persons using assistive devices are vulnerable to infection at any point in time. Wheelchair users also have an additional risk of infection due to their posture during conversations. Because wheelchair users tend to sit lower than most people that are standing, they have to raise their heads almost 45 degrees upward while in conversations. This poses a higher chance of exposure to droplets or spits more vulnerable to the infection.

Precautions to be followed during the pandemic

Assistive and adaptive device is an important aid in maximizing the independence and productivity for people with disabilities. The risk of infection can be minimized by following some simple precautions.

1. **Physical (Social) distancing**

   The best tool to avoid being exposed to the virus is by maintaining space from people outside the home. PWDs are advised to maintain a minimum of six feet distance from the people around to reduce their vulnerability to infection. It is also important not to gather in groups and avoid crowded places or mass gatherings. This would reduce the exposure to any contaminated objects outside the home environment. Although physical distancing from household members will also be helpful, caregivers are an exceptional group who work in close proximity as far as a person with a disability is concerned. During these occasions, it is advised to wear an N95 or a three-layered mask to prevent transmission of the virus.

2. **Cleaning hands and face:**

   Washing the hands is extremely important. Wash hands with soap for 20 seconds and/or use a greater than 60% alcohol-based hand sanitizer whenever after returning home from any location where other people have been.

   - An assistive device user, especially the ones who use a manual wheelchair or other types of assistive technology, are at a higher risk as COVID-19 can survive on the surfaces of the wheelchair or AT which they come in frequent contact with, such as the hand rims.
   - Any virus that might be on the hands could also get transferred to hand rims as the wheelchair is pushed. Hence it is advised to wear gloves while using the assistive device to prevent cross-contamination.
   - PWDs such as a person with spinal cord injury may frequently self-catheterize to remove urine from the bladder. It is important to maintain a very clean environment during this procedure, to wash hands before and after the catheterization, and to use gloves during self-catheterization.
   - Ensure the catheter is sterile and free from viruses. If the PWDs with impaired hand function require help from their caregivers for the same, the above said safety precautions are to be ensured. While using gloves, the inside of the gloves may likely become infected, hence it's important to clean the hands before putting the gloves on. Apart from hands the other part of the body which highly gets exposed is the face. For a wheelchair user, due to their lower seated position, the exposure is higher while conversing with others. Hence it is advised to wash the face, especially after having in-person conversations or being in public areas.

3. **Cleaning the assistive devices**

   Keeping the device clean will not only help keep the person using it healthy and free of infections, but it will make it easier to identify equipment problems as they arise.

   - **Orthotics/Splints and Prosthetic devices:** Use a mild soap and a soft damp cloth to clean the entire surface of the device. Then allow the device to air dry.
   - **Special seats/standing frames:** Use a mild soap and a soft damp cloth to clean the entire surface of the special seats and standing frame.

- **Hearing aids:** Clean the hearing aid every day, preferably at night. Obtain a hearing aid desiccant or dry aid kit from the audiologist. It has silica crystals that will absorb moisture. It is best to use this method each night after removing the hearing aid from the ear(s).
- **Eyeglasses/magnifying glasses:** Wash hands with warm water and mild hand soap to avoid transferring dirt and other grime to eyeglasses while cleaning them. Rinse eyeglasses with tap water. Use the right cleaner and the right cloth. Spray the front and back of the lenses. Gently wipe from one side to the other using a circular motion. Clean the nose pads, hinges, and frame arms with the lens cloth, using more spray if necessary.
- **Communication devices:** Generally, these devices are best cleaned using a microfiber cloth for the display screen or keyboard. Do not use any solvents, especially on the display. Keep hairspray, heat, and moisture away from the device because they can damage the device.
- **Wheelchairs:** To keep the wheelchair clean, wipe down the surfaces with a damp cloth. Use a mild detergent or a stronger cleaner for stains and sticky spots. Use a sharp tool or pick and carefully clean the wheel axle or caster bearing of any accumulation of hair, string, or other items that can interfere with the rotation of the wheels. Use an antibacterial solution to clean high-touch surfaces, such as wheels, brakes, and push rims of a manual wheelchair chair, throughout the day. For a power wheelchair, use an antibacterial solution to clean the joystick, and any other controls, armrests, tray or any parts of hands touch.
    - Wheelchair users must keep at least 6 feet from others, when possible.
    - Wash your face, in addition to your hands, after being in public and after having in-person conversations.
    - Use an antibacterial solution to clean high-touch surfaces, such as wheels, brakes, and push rims of a manual wheelchair chair, throughout the day. For a power wheelchair, use an antibacterial solution to clean the joystick, and any other controls, armrests, tray or any parts of your hand's touch.
    - For other assistive devices, like walkers or canes, be sure to regularly wipe those with antibacterial products.
- **Airbed/water bed**
  Use a damp cloth with mild soap to clean the mattress, frame, and wiring (unplug bed when cleaning wiring).
  For other mattresses: Methods for cleaning the mattress and mattress covers depend on the construction and materials used. Check with the manufacturer's manual for recommended cleaning methods, as this will affect the performance and warranty of the mattress.
- **Mealtime Utensils (adaptive spoons, plates, utensils and cups)**
  Plates, cups, and utensils can be cleaned using warm, sudsy water and appropriate dish detergent. Equipment can also be sanitized in a dishwasher and should be cleaned after each use.
- **Toilet Chairs/Portable Commodes**

Toilet chairs can be easily cleaned. Most toilet chairs are constructed from durable plastic, which is intended to withstand water, heat, and moisture. For daily use, the toilet chair should be completely dried using a towel or cloth after each use, being careful to dry underneath the chair. If the chair is used by only one person, it is safe to thoroughly clean the chair once weekly, using a cleanser that will prevent mould and mildew. A solution of ammonia and water will also work (1/3 ammonia to 2/3's warm water). All solutions should be properly labelled and safely stored. Use a scrub brush to get between small spaces and hard to reach areas. Always thoroughly rinse the chair with warm water after cleaning to avoid skin irritation and completely dry the chair to prevent mould, bacteria, and fungus. If the chair is shared by more than one person, the chair must be cleaned after each use.

- **Rollator Walkers/ Walker with Wheels and a Seat/Walkers/Canes**
  It is recommended to wipe down the walker with an antibacterial cleanser, or cleaning and benzalkonium chloride based disinfecting products or wipes. Once the walker has been cleaned, allow the walker to completely dry. If the walker gets wet, be sure to dry it off completely with a towel to reduce the incidence of rust. The walker should be thoroughly cleaned weekly and more often if the walker is soiled or taken to the community.
- **Nebulizers (Devices for Inhaled Medications)**
  Please follow the manufacturer's instructions for cleaning the nebulizer equipment. There are two ways to disinfect and sterilize the nebulizer. Boiling the nebulizer is the preferred method if the nebulizer can be boiled.
  1) Boiling Water Method: Wash hands. Take the nebulizer apart. Put all the parts of the JET except the mask, tubing, and interrupter in boiling water for 10 minutes. After boiling the nebulizer shakes off any excess water. Reattach the nebulizer pieces and tubing to the air compressor and turn on the compressor to dry the nebulizer quickly. Make sure the nebulizer is completely dry before storing the nebulizer.
  2) Vinegar and Water Method: Wash hands. Soak all parts of the nebulizer (except mask, tubing, and interrupter) for 1 hour in a solution of 1 part distilled white vinegar and 3 parts hot water. The solution should be fresh. Remove the parts from the vinegar solution and rinse them in water. Discard the solution. Shake off any excess water. Reattach the nebulizer pieces and tubing to the air compressor and turn on the compressor to dry the nebulizer quickly. Make sure the nebulizer is completely dry before storing the nebulizer.
- **Ventilators or other respiratory assistive devices**

Users should consider the following tips:

- ✓ Clean and disinfect medical equipment according to the manufacturer's instruction.
- ✓ Change filters, as suggested by the manufacturer's instructions.
- ✓ Wash hands before and after working with the ventilator or the person.

- **Oral and nasal suction devices**
  - ✓ Cleaning of the suction device—clean the suction canister daily with a commercial sterilizing solution or a 50% hydrogen peroxide solution.
  - ✓ Clean daily with a commercial sterilizing solution or a 50% hydrogen peroxide solution.

- ✓ Between oral suctioning, consider wiping down with a paper towel or gauze with a chlorhexidine solution.
- ✓ Suction catheter - Clean after suctioning with a 50% hydrogen peroxide solution. Use one catheter a day and then discard it.
- ✓ Make sure caregivers wear a mask or eye shield if they are suctioning secretions.

- **Keeping safe during cleaning the assistive devices**
  - ✓ Always wear gloves, masks, protective clothing, and after cleaning the device, clean the flooring surface with 7% Lysol solution, antibacterial/viral liquids or sprays.

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Section VIII:

Challenges and care of Children and Adolescents with disabilities during COVID-19 like Pandemic

Differently-abled children account for one in every 10 children in India. Such children are born with or acquire physical, mental or sensory disability or a combination of two or more of these. Children with special needs are among the most vulnerable, neglected and marginalized populations who may be impacted significantly by COVID-19. The families of these children may face unprecedented challenges during this crisis. Most of the differently-abled children and adolescents have underlying health conditions which need to addressed by medical & rehabilitation practitioners. However, due to poverty, lack of transport options and various other challenges, they are unable to access the requisite medical care which heightens their risk of developing secondary infections and complications which could worsen their condition and their functional ability. As public health workers are deployed in the fight against COVID-19, children with special needs might not get the requisite priority for treatment. This worsens if the child or adolescent belongs to an underprivileged family or does not have an active, constant support.

During COVID-19, apart from the existing challenges, these children and adolescents are facing increasing difficulties:

- The lack of daily order of tasks can disrupt the functioning of such individuals, thereby leading to irritability, temper tantrums and taxing management.
- More than half of them are not even enrolled in regular schools.
- Lack of empowerment and competence of the family itself puts the child at greater risk of deteriorating as family are not aware on how to engage their child in meaningful activities or therapies at home.
- Seeing a delay in child's progress and unable to find help will increase the stress and anxiety level of the family leading to mental disturbances.
- Economic constraints due to lockdown and overall burden faced by families might also place them at increased risk for abuse in the family.
- For those who are enrolled in academic institutions, this pandemic is stressing their caregivers in terms of providing them with the facilities available in the centers. They are not well equipped at their home to engage them in activities throughout the day on a daily basis.
- For those who are being provided with online classes, the children and adolescents may not have the attention span to view a screen for a longer duration or may not be physically equipped to make effective use of those classes. Further, homes, child care institutions or any other place where they are residing have an even more limited access to the facilities or

emergency care to channelize them. It would escalate the frustration of the caregivers; consequently, the child or the adolescent could be on the receiving end of the frustration.

Moreover, they would want to interact with persons of their age or with their peers, which cannot be arranged due to social distancing measure. They have various needs to ensure they are leading life to their full potential. However, they have barriers to accessing health care and it can be reduced if the key stakeholders are informed to take appropriate action. A greater challenge is to ensure that they adhere to the preventive measures needed during the COVID-19 pandemic.

Disability specific challenges and cares:

- **Speech and hearing impairment:** This group of people face difficulties with social communication as social distance is a barrier for their communication (sign language). For children and adolescent with hearing devices, masks and PPE is a barrier to their communication as it reduces acoustic transmission and prevents lip reading. Majority of the news channels do not use sign language due to which most of the information does not reach this group of people. Also most people in public do not know sign language in order to understand their emotions or problems which they wanted to communicate. In order to overcome these issues
    - Government should strictly make rules to ensure news channels use sign language while disseminating public information and important news.
    - Slower screen play policy will help in grasping information.
    - Pictorial information in public places should be displayed to make it accessible for them.
    - Every public place should be equipped with an accessible communication device or a person with good communication skill (e.g. sign language).
    - Information cards should be placed in every center and important places where they usually visit.
    - Speech-to-text mobile apps would be of added benefits.
    - Written scripts must be adopted in every public places and masks with a plastic panel over the mouth would help in lip reading.
- **Visual impairment**: Visually impaired children and adolescent who need to go out of their house find difficulty in maintaining social distancing as they can't imagine how far or behind the other person is standing. They don't have an of idea whether they are entering in a restricted area; they find it hard while crossing a barrier because people hesitate to come closer due to fear of pandemic and to maintain social distancing. They also face difficulty in navigating new pathways unlike their usual pathways to grocery shops and to find themselves within the marked. Even though online stores are open, it's hard for visually impaired adolescents staying alone to place online orders. In order to overcome these issues, we must spread awareness to people to help them as much as they can by maintaining a safe distance. Helpline numbers can be generated for those who are staying alone for assistance (groceries, medical, sanitation, home care supports etc.). Public places, transport and offices must adopt accessibility practice for the visually impaired.

- **Intellectual and learning disabilities**: These groups of children and adolescents are most vulnerable and difficult to take care of because they are resistant to change. Parents or caretakers need high level of patience in order to inhibit a new behavior/change in them, for example, if parents ask them to wash/sanitize their hand over time they become uneasy or anxious and start behaving differently. Moreover, they face difficulties in coping with new environments, understanding the risk of a pandemic and adopting new strategies different to their daily routine. Parents/ caretakers must understand that such children need to be taken special care of.

- **Physical/locomotors disabilities**: Physical disability in children and adolescent range from mild to severe. Moderate and severely affected group usually need high assistance in their day-to day life to perform their activities of daily living. Care giving is major challenge in this pandemic. They are fragile to infections. A person in a wheelchair may get out of his house and maintain social distancing but if he gets stuck in an uneven road, he might be unable to push himself to get back to home due to lack of assistance and support.
- It is safer for mothers to take care of their children than caretakers who travel from different places because it is difficult to ascertain whom they come in contact with on the way.
- It is advisable to allow the caretaker to be in the same household and avoid daily travel in order to maintain social distancing and safety of the child.
- Pictorial guideline can be placed for hand wash, hygiene and disinfecting assistive devices within the house. Help them to express themselves in case they are feeling distressed. Children and adolescents express psychological difficulties differently.
- Keep a check on how they are feeling. Encourage the family to listen and understand their child's needs. Incorporate existing objects at their residence into everyday practices to avoid infection from any new object.
- Engage them in physical activities, if possible. Ensure that they maintain distance from others and are wearing covered clothes and masks.
- food should be provided and daily therapy activities (those possible to carry out at home) should be continued by caretaker in order to maintain healthy life.

Overall care for children and adolescent with disability irrespective of their types of disability:

1. Everyone in the family should be aware of the basic practice of hand wash as per WHO/ICMR guidelines. Environmental adaptations and assistance must be given to Children with disabilities (CwDs).
2. Family members of CwD should avoid larger gatherings, and go out only when there is a need to do and follow and adhere strictly to social distancing and wearing of masks.
3. If CwD have to visit hospital, prior appointments with concerned practitioner will be helpful. Tele-consultation could be explored.
4. Disinfection of the adaptive devices such as orthotics, walker, wheelchairs must be done frequently

5. Network with relevant Government stakeholders and organizations in the community who could help to address families concerns and needs
6. During a tele-consultation, ensure that they are wearing any required devices or if needed, a video consultation is available.
7. NGOs could play an important role in spreading awareness about facilities available for them in the community, about a various schemes available in the Government for special-abled people during COVID-19.
8. A help line number must be available 24x7 to support children and adolescent with disability.

How can we care for them?

- Prepare a **schedule**, mimicking their previous schedule, by consulting their teachers, a professional, or according to the needs of the child or adolescent.
- Ensure that the **activities are learning-based** and engage them in the process. Break down the activities into small parts, if needed.
- **Appreciate/reward** any achievement to encourage them to continue with the schedule.
- Select activities according to their **abilities**.
- Ensure their **basic hygiene**. Prepare a **pictorial chart or use step-wise instructions** in educating them about handwashing practices. Help them to wash their hands and their objects, if needed.
- Help them to **understand the gravity of the situation** and the reason for changes in their daily routine. If they find it difficult to understand, **use stories or videos** to explain the situation.
- During a **teleconsultation**, ensure that they are wearing any required devices or if needed, video consultation is available.
- Enable them to **express themselves** in case they are feeling distressed. Children and adolescent's express psychological difficulties differently. Keep a check on **how they are feeling**.
- Incorporate **existing objects** at their residence in the everyday practices to avoid infection from any new object.
- Engage them in **physical activities**, if possible. Ensure that they maintain distance from others and are wearing covered clothes and masks.

A significant reminder to their caregivers would be to understand that **children observe** those around them and attempt to mimic their behaviours. Adolescents, on the other hand, usually want to **manage their problems** on their own. This wide age range may behave in varying manners but are mostly able to **observe their caregivers and the sudden modification** to their routine will be challenging for them.

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Section IX: Concerns and care of older person with disabilities during COVID-19 like Pandemic

The differently-abled older adult population has the two-fold disadvantage of their **disability and ageing**. During the COVID-19 pandemic, challenges associated with any disability could be related to either of the two or the combination of the two complications. The differently-abled older populations require **special attention** during this pandemic. It has been suggested that problems related to **communication, mobility, and/or cognition** make the older adults more vulnerable to getting infected with the virus. The elderly also face the additional challenge of **lack of knowledge of using technology** to connect with their peers or family members in addition to the already **low number of social activities**. Physically, they are also more **difficult to manage** by their caregivers and any additional problems related to **urination or defecation** adds to their requirements. It has been suggested that the differently-abled persons have **difficulty in accessing healthcare services** and so, their rights need to be protected. Older adults with disabilities belonging to an **underprivileged** home will also face financial difficulties and lack of availability of **basic resources like nutrition, medication, emergency care, and hygiene practices.**

If they are not intellectually disabled, there are chances of **cognitive rigidity** with ageing. The preventive measures require social distancing and self-isolation leading to changes in daily functioning. They will find such changes **perplexing or irritating**, further complicating their management. With the overutilization of healthcare services and especially HCW, those who have a **disability will not be a priority**. Hence, preventive measures need to be in place. Ensuring the well-being of the older population involves an integrated care plan to address all components that contributes to their disability. The elderly adults primarily live

- with their families/ caregivers
- in institutions
- alone

The recommendation provided herein applies to the elderly in all three categories. Some additional guidelines are provided for those who live alone. The following issues are addressed in this document.

- Physical impairment
- Multiple Health issues
- Mental Health
- Family and caregiver support
- Dementia Care support

I. Physical impairment:

This is disability due to any body structure and function. This will include people with:

Immobility syndrome – This is a result of situations when mobility is restricted, such as being idle when healing from surgery, post-hospital discharge, and any other health conditions. Older people are especially prone to the risks of immobility syndrome. The risk for further health problems include:

- Loss of muscle mass, strength, and range of motion
- Increased pain and stiffness
- Balance problems
- Osteoporosis
- Bowel and urinary issues
- Reduced health of the heart
- Higher risk of Deep vein thrombosis (DVT)
- Postural hypotension (sudden drop in blood pressure on standing up after sitting or lying down for long)
- Memory problems
- Depression
- Disturbed/ poor sleep
- Dizziness
- Slower thought processing
- Reduced coordination

Mobility issues – The elderly may have mobility issues due to general weakness, conditions like Parkinson's Disease (PD), stroke, amputation, cardiac issues, respiratory conditions (COPD, Asthma, Bronchiectasis), etc. To help them with their mobility they may resort to the use of assistive and adaptive devices like a walker, cane, or wheel-chair, splints, and adaptive aids.

Self-care issues – The elderly may have difficulty using upper limbs for self-care activities like brushing, washing, dressing, eating, propelling their wheelchair, and transferring between different surfaces due to pre-existing co-morbidities.

Visual Impairment – Elderly with poor vision or blind

Hearing impairment - Elderly with poor hearing or deaf

Speech impairment - Poor speech due to conditions like stroke, reduced cognition, mental health, no dentures, or dumb.

Recommendations

1) **Maintain a routine of everyday activities** – A timetable of activity needs to be maintained that includes physical activities for the entire body. This helps the elderly person to know that there is something to do and it is time-bound and predictable. Stick this timetable in a place that you can see. It will serve as a reminder. A minimum of 30 minutes of moderate-intensity physical activity

is recommended. The types of exercises include stretching, strengthening, endurance, balance, and coordination activity.

2) **Mild to moderate mobility issues** - Can do these exercises in standing and minimal supervision. Severe balance and coordination issues - Need close supervision. Those staying alone can do these in sitting or lying on the bed.

3) **Take care of your body** - Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol.

4) **Ensure the assistive aids are cleaned every day with a sanitizer** - Take the help of a youngster to do this daily at home. If staying alone it may it can be cleaned once in 2-3 days.

5) **Sanitizing frequently touched surfaces -** The visually impaired move around by using touch. The home environment must be kept clean and areas in which they come in regular contact must be sanitized.

6) **Hearing aids must be kept checked periodically to ensure that they have adequate battery power and are working** – In a time when everyone needs to know what is happening around, being unable to hear can confuse the elderly as to what is happening around them. This may increase their anxiety levels.

II. Multiple health issues

Elderly with more than two health issues must take extra care and precaution.

1. **Keep their doctor's number –** Must have access to a clinic or hospital to reach in case of emergency
2. **Keep the number of pharmacies –** Have the number of a pharmacy that does home delivery of medicines
3. **Keep sufficient stock of medications –** Make sure they have sufficient stock of their regular medications
4. **Keep helpline number at hand** – Keep emergency department numbers in a place that is accessible easily e.g sticking on a visible area/item like the fridge.
5. **Keep emergency number of close family at hand -** Keep emergency department numbers in a place that is accessible easily e.g sticking on a visible area/item like the fridge.
6. **Send an SMS/WhatsApp greeting every day to two of your immediate family (For those staying alone) –** Send a Good morning, Good afternoon, and Goodnight WhatsApp/SMS message to your children or immediate friend/neighbor. This helps them know that you are well and alright. In case they do not receive this message from you, they need to come and check on your alert their nearest relative/ police. Please explain to them the purpose of this message.

III. Mental health

Anxiety, fear, depression, helplessness, uncertainty, loneliness, and lack of socializing have a negative effect on their mental health. While various measures are being taken to control this pandemic, it is also the responsibility of the family to look after their elderly family members. It is normal for most individuals to worry or feel stressed about a pandemic such as this and may not necessarily indicate mental health problems. However, if it continues for too long and crosses a certain limit it can lead to mental health issues.

Warning signs of mental health problems in the elderly
• Irritability or anger • Lack of interest in daily activities • Complaining that they "don't know how-to" or "cannot" do things that were a part of their normal routine • Crying easily or frequently • Disturbed sleep • Loss of appetite or food refusal • Unwillingness to remain alone, even for short times • Becoming excessively demanding or dependent on other family members

Elderly people may be at a higher risk of developing mental health problems than others. These people require more attention and care to prevent and protect their health.

Who is at a greater risk of mental health problems among the elderly?
• Widows and widowers • Those living alone • Those with ongoing family disputes or conflicts • Those with financial difficulties • Those with chronic physical illnesses, such as diabetes, hypertension or heart disease • Those with a physical disability, such as difficulty in walking, vision or hearing impairment • Those with memory problems • Those who have suffered from mental disorders in the past

Caregiving an elderly person

1. **Take care of their physical health -** There is a close link between physical and mental health. If chronic conditions like diabetes, hypertension, or heart disease are not treated regularly, it may lead to negative thoughts and feelings. This includes taking and stocking up of regular medications or injections, following dietary restrictions, and doing regular exercises. If there is any difficulty in obtaining medications for your elderly family member, please contact the local authorities for assistance
2. **Encourage social contacts -** Being lonely or isolated is harmful to mental health. The elderly, who live alone, or with only a few family members, are at risk of feeling lonely, especially if relatives, friends, and neighbors can no longer visit them because of safety measures. At this time, one should try to maintain contacts with friends and family by remote means such as a telephone call, or online communication if this is feasible. If you have an elderly relative who lives far away, make sure to keep in touch with them regularly, and encourage others in your family to do the same. Being in contact with others and communicating with them often can help us to fight feelings of sadness and worry and can reduce stress.
3. **Establish a routine at home -** Because of the COVID-19 outbreak, all of us have had to make sudden changes to our activities and daily schedule. This can be disturbing to the elderly, especially those who are used to a particular routine, and can cause them to feel worried or "stressed". Because of this, it is important to try and preserve daily routines and rituals at home as far as possible, avoiding only those activities which are against safety measures or Government rules. This will help to retain a sense of normalcy in the household and cause fewer worries to the elderly.
4. **Provide accurate information -** To an elderly person, suddenly hearing about a strange disease may be extremely frightening! This is made worse by the profusion of false and misleading information that is available online, especially through social media. The elderly must be given accurate information about this disease, its mode of transmission, its symptoms, and the safety measures to be adopted by all of us. This should be explained to them clearly and in a language that they are comfortable with, without unnecessary use of technical terms or abbreviations that may only confuse them further. Even if an elderly person keeps asking for clarifications about this, we should not become impatient with them or scold them. Giving the elderly correct information can allay anxiety and reduce false ideas or beliefs about COVID-19. They should also be taught the appropriate safety measures, such as face-covering and hand hygiene, as this can give them a greater sense of confidence and control over their situation.
5. **Encourage participation in activities without breaking rules about safety -** Even if one has to remain confined at home, they should avoid being idle. The elderly can easily become depressed or worried if they are told to "stay still" or "do nothing". They should be encouraged to take part in some physical activity, such as walking or gardening, as long as this is not too strenuous. The level of activity should be based on their level of health and any physical disabilities they may have. However, they should avoid physical activities, such as walking in public places, which may violate safety measures and precautions. The same concept also applies to participation in religious rites

and ceremonies. Many elderly people are especially attached to such rituals, which give them a sense of meaning, purpose, and security. They may experience distress when told that they cannot go to their local temple, mosque, or church. It should be explained to them that this is a safety measure to protect their health as well as the health of others, and they can be encouraged to pray or perform such rites at home instead.

6. **Special considerations for elderly persons with memory problems -** Some elderly people suffer from brain diseases which cause a loss of memory as well as behavioural problems. The term "dementia" is used by doctors to describe these problems. People with such diseases need to be looked after carefully during disease outbreaks, as they may not fully understand or cooperate with safety measures. They may also show an increase in behavioural problems, such as irritability, anger outbursts, or trying to wander away from home, when faced with the stress of the COVID-19 outbreak.
7. **Take breaks from watching, reading, and listening to news** stories and social media. Hearing about the pandemic repeatedly can be upsetting.

The following points should be kept in mind when caring for the elderly with these problems:

- If they keep talking about past events and circumstances, do not discourage them from doing so. This may give them a sense of stability.
- Do not show excessive anger or fear in front of them, as this may worsen their behavioural problems. Instead, talk to them in a clear, calm tone of voice.
- Try to explain safety precautions to them in simple language, even if you have to do this repeatedly.
- Help them with activities such as hand-washing if they are unable to do them on their own.
- Avoid excessive noise in the home.
- Try to establish regular times to have meals, use the bathroom, and to go to bed.
- Make sure that they continue to take whatever medicines they need for other physical conditions, such as diabetes or high blood pressure.
- Adopt safety measures, such as locking doors at night, to prevent them from wandering away without their knowledge and accidentally exposing themselves to COVID-19 infection.

8. **Other considerations:**

- Older adults, especially in isolation and those with cognitive decline/dementia may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak or while in quarantine. Provide practical and emotional support through informal networks (families) and health professionals.
- Share simple facts about what is going on and give clear information about how to reduce the risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary. Instructions need to be communicated in a clear,

concise, respectful, and patient way. It may also be helpful for information to be displayed in writing or pictures. Engage family members and other support networks in providing information and helping people to practice prevention measures (e.g. handwashing, etc.).

- If you have an underlying health condition, make sure to have access to any medications that you are currently using. Activate your social contacts to provide you with assistance, if needed.
- Be prepared and know in advance where and how to get practical help if needed, like calling a taxi, having food delivered, and requesting medical care. Make sure you have up to two weeks of all your regular medicines that you may require.
- Learn simple daily physical exercises to perform at home, in quarantine or isolation so you can maintain mobility and reduce boredom.
- Keep regular routines and schedules as much as possible or help create new ones in a new environment, including regular exercising, cleaning, daily chores, singing, painting, or other activities. Keep in regular contact with loved ones (e.g. via telephone, e-mail, social media, or video conference).

IV. Family and caregiver support

- Know what medications your loved one is taking and see if you can help them have extra on hand.
- Monitor food and other medical supplies (oxygen, incontinence, dialysis, and wound care) needed and create a back-up plan.
- Stock up on non-perishable food to minimize trips to stores.
- If you care for a loved one living in a care facility, monitor the situation, ask about the health of the other residents frequently, and know the protocol if there is an outbreak.

V. Dementia care support

Caregivers of individuals living with Alzheimer's and all other dementia should follow guidelines from the Centers for Disease Control (CDC), and consider the following tips:

- For people living with dementia, increased confusion is often the first symptom of any illness. If a person living with dementia shows rapidly increased confusion, contact your health care provider for advice. Unless the person is having difficulty breathing or a very high fever, it is recommended that you call your health care provider instead of going directly to an emergency room. Your doctor may be able to treat the person without a visit to the hospital.
- People living with dementia may need extra and/or written reminders and support to remember important hygienic practices from one day to the next.
  - ✓ Consider placing signs in the bathroom and elsewhere to remind people with dementia to wash their hands with soap for 20 seconds.
  - ✓ Demonstrate thorough hand-washing.

- ✓ Alcohol-based hand sanitizer with at least 60% alcohol can be a quick alternative to hand-washing if the person with dementia cannot get to a sink or wash his/her hands easily.

- Ask your pharmacist or doctor about filling prescriptions for a greater number of days to reduce trips to the pharmacy.
- Think ahead and make alternative plans for the person with dementia should adult daycare, respite, etc. be modified or cancelled in response to COVID-19.
- Think ahead and make alternative plans for care management if the primary caregiver should become sick.

Health Advisory for Elderly Population during COVID-19

DO's

1. Stay at home. Avoid meeting visitors at home. If the meeting is essential, maintain a distance of one meter (stay 6 feet away, which is about two arm lengths).
2. Wash your hands and face at regular intervals with soap and water.
3. Sneeze and cough either into your elbow or into tissue paper/handkerchief. After coughing or sneezing dispose of the tissue paper/ wash your handkerchief.
4. Ensure proper nutrition through home-cooked fresh hot meals, hydrate frequently, and take fresh juices to boost immunity.
5. Exercise and meditate.
6. Take your daily prescribed medicines regularly.
7. Talk to your family members (not staying with you), relatives, friends via call or video conferencing, take help from family members if needed
8. Postpone your elective surgeries (if any) like cataract surgery or total knee replacement
9. Clean the frequently touched surfaces with disinfectant regularly.
10. Monitor your health. If you develop fever, cough and/or breathing difficulty immediately contact the nearest health care facility and follow the medical advice rendered

DON'Ts

1. Do not cough or sneeze into your bare hands or without covering your face.
2. Don't go near your contacts if you are suffering from fever and cough.
3. Don't touch your eyes, face, nose, and tongue.
4. Don't go near affected/ sick people.
5. Don't self-medicate.
6. Don't shake hands or hug your friends and near ones.
7. Do not go to the hospital for a routine checkup or follow up. Rely on tele-consultation with your healthcare provider as much as possible.
8. Don't go to crowded places like parks, markets, and religious places.
9. Don't go out unless it is essential.

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Section X:
Rehabilitation of PWDs with COVID-19 in healthcare and community settings

The Rights of Persons with Disabilities Act, 2016, is the law of the land now. It has several chapters, sections, sub-sections, and clauses which have an important bearing on the rehabilitation during the trying times of COVID-19. For example, Chapter I defines several important terms such as caregiver, discrimination, person with disability, high support needs, public facilities and services, reasonable accommodation, rehabilitation, specified disabilities etc. Further, Chapter II pertains to Rights and Entitlements, Chapter V pertains to Social Security, Health, Rehabilitation and Recreation, Chapter VI deals with Special Provisions for Persons with Benchmark Disabilities, and likewise.

A closer look at the steps to ensure its implementation, as best as possible, during the current crisis will greatly help in healthcare, rehabilitation and community settings of PWDs without or with COVID-19. There is a substantial and ever-increasing need for rehabilitation worldwide which is particularly profound in low- and middle-income countries, including India. This unmet need has been exacerbated by the pandemic with many services shutting down to reduce the spread of the virus and due to a lack of human resources, particularly in places that previously had sparse service provision and poor access.

General rehabilitation services have to be re-prioritized to reduce COVID-19 exposure risk to patients and staff while ensuring that the highest standards of care and safety are maintained during this exceptional period and afterwards. For patients who remain very unwell and sedentary for a prolonged period, such as those in ICU rehabilitation services (PMR) are required. It has been seen that critically ill patients can become physically weakened quickly and quite severely, so in addition to respiratory training, other rehabilitation measures have to be provided to prevent complications. Patients often start their rehabilitation program needing assistance with the most basic activities, such as requiring the physical help to even just sit up for a couple of minutes or attempt to stand with the support of an assistive product. As a patient's respiratory symptoms improve and as they come off ventilator support, functional rehabilitation picks up pace with inputs from the entire multi-disciplinary rehabilitation team, which may include PMR specialists, occupational therapists, physiotherapists, etc. The goal is to return patients to their previous level of function so as to be independent again. This process can take weeks or even months. Sometimes owing to excess stress, PWDs may suffer from depression and may require additional psychiatric consultation. Regular psychological counselling is a routine part of rehabilitation care for long term or critically ill patients.

As the pandemic continues, the rehabilitation case load is expected to grow with the increased number of survivors, all of whom have a long journey of recovery and rehabilitation ahead of them. Some patients may require assistive products, such as walkers, so they can slowly start completing more functional tasks, such as addressing their personal care needs as they near discharge. For many of these patients, rehabilitation to regain function and independence will continue after discharge from a

hospital, with the collaborative support of social, community care and rehabilitation services, which will need to be developed and/or strengthened.

In response to COVID-19, it is recognized that many of the medical/PMR professionals are looking for appropriate options to care for their patients remotely through telemedicine, telehealth or tele-rehabilitation services. Telemedicine is typically described as real-time (synchronous) delivery of clinical health care services between a patient and provider through the use of a telecommunication system, most typically requiring both an audio and visual component.

In the present scenario, access to evaluation, certification, and registration as PWDs under the RPWD Act 2016 is hampered. This has created hurdles in accessing their rights as PWDs. PWDs are at additional risk of mental health issues and stigma which has been discussed earlier. In addition, they incurred loss of wages if self-employed or from the unorganized sector, which further pose as a big challenge to PWDs to self-sustain.

Important General Action Points to ensure continuum of medical and rehabilitation services

- All **information** about COVID-19, services offered and precautions to be taken should be available in simple and local language in accessible formats.
- Sign language interpreters who work in emergency and health settings should be given the same health and safety protection as other health care workers dealing with COVID-19.
- All persons responsible for handling emergency response services should be **trained** on the rights of Persons with Disabilities, and on risks associated with additional problems for persons having specific impairments.
- **During quarantine**, essential support services, personal assistance, and physical and communication accessibility should be ensured e.g. blind persons, persons with intellectual/ mental disability (psycho-social) are dependent on care giver support.
- Adequate Accessible testing facility and access to the hospital or means of transport is to be made available for PWDS (separate counters, Ambulance)
- Similarly, PWDs may seek **assistance for rectification of fault in their wheelchair and other assistive devices.** Hence the service provider sector like repair work for their appliances or wheelchairs may be also given some relaxation in movements for offering services (e passes to be issued)
- Appropriate safety or sanitization should be emphasizing for appliances esp wheelchairs, canes, stretchers which are used in moving in community or hospitals.
- **Caregivers** of Persons with Disabilities should be allowed to reach Persons with Disabilities by exempting them from restrictions during lockdown or providing passes in a simplified manner on priority.

- To ensure **continuation of support services** for Persons with Disabilities with minimum human contact, due publicity needs to be given to ensuring **personal protective equipment for caregivers**.
- PWDs should be given **access to** essential food, water, medicine, and, to the extent possible, such items should be delivered at their residence or place where they have been quarantined.
- The States/UTs may consider **reserving specific opening hours in retail provision** stores including super markets for Persons with Disabilities and older persons for ensuring easy availability of their daily requirements.
- **Peer-support networks** may be set up to facilitate support during quarantine for PWDs;
- Persons with Disabilities should be given **priority** in treatment, instead they should be given priority. Special care should be taken in respect of **children and women with disabilities.**
- Employees with **blindness and other severe disabilities** in both public and private sector should be exempted from essential services work during the period as they can be easily catch infection.
- **On-line counselling** mechanism should be developed to de-stress Persons with Disabilities as well as their families to cope with the quarantine period.
- **24X7 Helpline Number** at State Level be set up **exclusively for Divyangjan** with facilities of sign language interpretation and video calling.
- The States/UTs may consider **involving Organisation of Persons with Disabilities** in preparation and dissemination of information material on COVID-19 for use of PWDs. Implementation of these instructions needs to be ensured.
- COVID-19 Assistance fund should be granted to all PWDS which should be apart from the disability pensions for their increased expenditures and to address the financial requirements.
- Mobile apps need to be developed in the line of Arogya Setu to address the special needs of PWDS on a platform.
- A comprehensive database of PWDs, healthcare professionals, NGOs, self-help groups need to be spatially mapped. This electronic platform can be used to provide information about all COVID-19 related information as a one-stop solution.
- New PWDS need to be traced or may be registered in the database by unique disability id (UDID). A door to door survey to assess the health of the PWDS and need base service is should be provided properly to needy by integrating it with COVID-19 survey.
- The special care and greetings to PWDS on the lines of greetings to senior citizens to instill a sense of worthiness, moral support, and booster for their mental health.
- Aggressive information, education campaign is to be started utilizing print and electronic media to address the issues of social stigma regarding COVID-19, encouraging and motivating the care provider to take care of PWDs the important and inseparable social assets which require special care and attention.
- Salaries of persons irrespective of working sectors should not be deducted.

- Post lockdown separate hours of examination or special clinics are to be designated for PWD care to minimize the risk of infection. (In each health Centre)

Access, availability, and affordability of services and assistance should be extended by the Government. One central committee is to be formed which monitors the services or requirements of PWDS at each level. Zonal committees address the requirements of their zone State committee further plan and materialize the plan of action in districts and tehsils. The village level is most vulnerable and out of reach so it can be addressed by the involvement of multipurpose health workers including Asha and sarpanch. Informative videos can be shared with the health workers and caregivers. Also, the ANM can register the patient's problem or mail the next higher center of health as an on-need basis. Also, if possible, a health service team RMP from tehsil can inspect or assess the health of the PWDS of the villages once a week so that need based service is provided to them.

Disability is one of the primary health concerns in many developing countries all around the world, such as India. A major part of the population in India resides in villages, where availability of and access to rehabilitation services is still significantly less. One of the biggest challenges, particularly in India, is comprehending the concept of disability and accepting community based rehabilitation as an effective intervention. Rehabilitation services are provided solely from hospitals and if this continues, only a few disabled people would be able to benefit from this service because of social isolation and knowledge mystification and the challenges is intensified during this COVID pandemic. Absence of a comprehensible and well-established strategy, poor planning, limited efficiency, less prioritization of essential resources such as materials, manpower and finance, are also some of the other main problems associated to deliver rehabilitation services to PWDs. The Government should also give priority to the issue of disability and provide services for all kinds of disabled. The approach towards resolving the problems associated with disability must be multi-sectoral and encompass interventions for social integration, vocational programs, educational services and health care facilities.

1. Actions for people with disability and their household

- Reduce your potential exposure to COVID-19
- Everyone with disability and their household should follow the guidance on basic protection measures during the COVID-19 outbreak.
- If you have any difficulty following these basic protection measures (for example, you are not able to access a hand basin or sink to wash your hands regularly), **work with your family**, friends and caregivers to identify adaptations.
- Ensure you have your own sanitizer, towel and personal care items that is used only by you
- **Avoid crowded environments** to the maximum extent possible and minimize physical contact with other people. If going out for necessary visits do so outside of peak time periods.
- **Make purchases online** or request assistance from family, friends, or caregivers to avoid needing to access crowded environments.
- Consider **gathering urgent items you need** such as food, cleaning supplies, medication or medical supplies to reduce the frequency with which you need to access public places.

- **Work from home** if possible, especially if you typically work in a busy or crowded environment.
- Ensure that **assistive products, if used, are disinfected frequently**; these include wheelchairs, walking canes, walkers, white canes, or any other product that is frequently handled and used in public spaces.
- If you rely on caregivers, **consider increasing the pool** of those you can call upon, in preparation of one or more becoming unwell or needing to self-isolate.
- If you organize **caregivers through an agency**, and they fail to provide you caregivers due to shortages, talk to family and friends in advance to find what support they can provide you if or when needed.
- **Identify relevant organizations** in your community that you can access if you need help. Prepare your household for the instance you should contract COVID-19
- Make sure those in your household, including the friends and **family** you trust, **know of any important information** they would need should you become unwell. This may include information about your health insurance, your medication, and the care needs of any of your dependents (children, elderly parents or pets).
- Make sure everybody in your household knows **what they should do if you contract COVID-19** or require assistance.
- Make **your family members aware of your doctors** and other support you receive so that they can communicate effectively should you become unwell.
- **Know the telephone number of relevant telehealth services** and hotlines, should you have questions or require non-urgent medical assistance.
- The mental and physical health of household members and caregivers. If anyone in the household is symptomatic of the virus, the person **needs to be isolated** and instructed to wear a mask, and to access testing as soon as possible.
- **All surfaces need to be disinfected**, and everyone in the household needs to be monitored for symptoms. If possible, anyone with an underlying health condition or reduced immunity needs to be moved to a separate location until the completion of isolation periods.

2. Action by Government/local authorities/agencies(PHC/Gram Panchayats/Zila Parishads)

Undertake targeted measures for **people with disability and their support networks**.

- **Financial compensation** for families and caregivers who are part of the casual and self-employed disability workforce, who may need to self-isolate, and where coming to work would place people with disability at greater risk of infection.
- **Adoption of flexible,** work-from-home policies, along with financial compensation for the technology required to do so.
- **Financial measures** (commonly within a broader-based economic stimulus package) that include people with disability, such as lump sum payments for qualifying individuals, tax relief, subsidization of items and/or leniency and allowable deferral of common expenses.

- **Provision of a hotline for disability services** in multiple formats (e.g. telephone and email) for people with disability to communicate with the government, ask questions, and raise concerns.
- **Dedicated special opening hours** by all private and government service providers for people with disability.
- Health care center, Primary Health center, District hospitals need to provide **barrier free environment** like ramps, railings, wheelchairs, sign boards (in braille), audio guides etc
- **Provide training to healthcare**, ASHA, ANM, VRW to provide video/tele-consultation and rehabilitation services.
- Consider **short-term financial support for disability services** to ensure they remain financially sustainable if they experience a downturn in their operations.
- **Prioritize disability caregiver agencies for access to no-cost personal protective equipment**, including masks, aprons, gloves and hand sanitizers.
- **Training of healthcare professionals** in PHC, clinics, district hospitals, in managing people with disability
- **Ensure that caregivers of people with disability** have access to COVID-19 testing alongside other identified priority groups

3. Actions for health-care workers

- Ensure COVID-19 health care is **Accessible, Affordable and Inclusive**
- **Follow the WHO guidance** to health workers during the COVID-19 outbreak.
- Work to ensure all clinics providing testing and services related to COVID-19 are **completely accessible**.
- **Educate** - Attitudinal barriers (such as social stigma against disability and the denial of essential services); and financial barriers (such as high costs related to treatment or accessing the facility).
- **Ensure that information about the accessibility of COVID-19 health services** is disseminated to people with disability and their caregivers.
- **Deliver information in understandable and diverse formats** to suit different needs. Do not rely solely on either verbal or written information, and adopt ways to communicate that are understandable to people with intellectual, cognitive and psychosocial impairments.
- **Deliver home-based consultations** for people with disability, including for their general health needs and, where appropriate, for COVID-19 related needs – Health care professional during these visits must ensure that they wear face masks, gloves and aprons. They must use hand sanitizer as soon as they enter the household and on leaving the household. They must wash their hands with soap and water before start of their consultation and after completion. Physical contact with the concerned person should be minimal where possible.
- **Deliver telehealth for people with disability** − Provide telephone consultation, text messaging and video conferencing for the delivery of health care for people with disability. This may be

for their general health, and include rehabilitation needs and, where appropriate, COVID-19 related needs.

- **Visits must be kept minimal** when providing rehabilitation services. Family members and caregivers must be trained to deliver the rehabilitation and follow-up to be done over video calls or over telephone. There must be provision of handouts/written instructions on how to carry out the intervention to ensure minimal deviations/ errors.
- Health care workers must **be trained to about the potential health and social consequences** of COVID-19 for people with disability. They must be sensitized to deal with people with disability and understand their concerns. They must be trained to educate people with disability as to what to do in case they contract COVID-19.
- Health-care workers **must wear PPE and deliver sufficient support** for people with disability with more complex needs, particularly if quarantined or isolated. When needed, coordinate care between health officials, doctors, families, and caregivers.

4. Actions for disability service providers

- **Re-assess their caseload** of people with disability – Identify their current rehabilitation needs and revise goals if applicable.
- **Discuss with family** the need to change the goals and explain how it will be delivered. i.e. a combination of home visits and tele/video calls where possible.
- **Educate the family about new method of service delivery** (reduced in-person home visits, more tele/video follow-ups) due to the current COVID-19 pandemic. Emphasize the need for the family, caregiver to take up more responsibility for the rehab needs of the person with disability in the interest of safety and precaution.
- **Provide the person with disability and their family with contact numbers** of relevant services and agencies to get in touch in case of any emergency/ medical needs. For e.g fixing their assistive aids, repairing hearing aid/ glasses, supplies of urine catheter/bags, nearest COVID-19 testing center, nearest pharmacy, hospital numbers.
- In case of shortage of workforce due to quarantine or COVID-19 positive, plan ahead and **build capacity of** family members and caregivers to deliver the rehab service for their relative with disability.
- **Prioritize and work** with the most critical people who need disability services. Identify the clients most vulnerable to a reduction in services. Communicate frequently with people with disability and their support networks.
- **Provide additional targeted information on COVID-19,** highlighting information relevant to people with disability and their support networks. This may include information on continuity plans; telehealth and hotline phone numbers; locations of accessible health services; and locations where hand sanitizer or sterilizing equipment can be accessed when their supplies are low, or in situations where they may be required to self-isolate.

- **Use a variety of communication platforms** such phone calls, text and social media to share information, and convert existing information to accessible formats where necessary. Reduce potential exposure to COVID-19 during provision of disability services
- Provide training, and rapidly **upskill the disability care workforce regarding infection control**. − Ensure the disability caregivers and service providers have access to personal protective equipment including masks, gloves and hand sanitizers; consider increasing orders of these products. COVID-19
- Deliver appropriate disability services through home-based consultation or through similar platforms as used in **telehealth.**
- **Identify the potential for increased violence**, abuse and neglect against people with disability because of social isolation and disruption to daily routines; support mitigation of these risks, for example providing an accessible hotline to report.

5. Actions for the community

Basic protection measures to be adopted by the general public

- **Follow the guidance prepared by WHO on basic protection measures against COVID-19**. Take the risk of COVID-19 seriously. Even if you yourself may not be at high risk of serious symptoms, you may pass the virus on to someone that is. Flexible work arrangements and infection control measures to be supported by employers
- **Where possible, implement flexible working arrangements** that allow people with disability to telework. Ensure they have the technology they need, including any assistive products typically available in the workplace.
- **If teleworking is not possible**, consider allowing a person with disability at high risk of severe symptoms to take leave (including paid leave) until the risk of infection is reduced. Explore government policy and support that may be available to employers to enable the implementation of these measures.
- Ensure the **accessibility of workplace** infection control measures, such as hand sanitization stations.
- Consider **providing allocated hours for people with disability** or other potentially vulnerable people to access the store; or consider alternative ways to allow people with disability to shop (e.g. delivery, online). Extra support to be provided by family, friends and neighbours for a person with disability
- Check in regularly with a person with disability to **provide emotional and practical support**, respecting social isolation restrictions that may be in place.
- Be cognizant of how you talk about COVID-19, and **do not exacerbate any existing stress**

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Section XI:
Disability Research and COVID-19 Pandemic

How prepared are the health care providers in terms of their attitudes, abilities, empathy, resources, and community linkages/network that are critical in the case of PWDs?

Evidence on the new situation of vulnerabilities and risks to PWDs due to COVID-19 is scarce at the time of writing. By documented and anecdotal accounts, PWDs have inadvertently become the most vulnerable and 'left alone' groups of people fending for themselves during COVID-19. 'Social distancing' is an anomaly for the PWDs, who relied primarily on 'social proximity and support' for their self-enhancement, so as to attain a dignified and better quality of life. Closely intertwined are the issues of health system preparedness to respond to some of the critical health and social needs of the PWDs. Because of the above, we list below some of the priority research areas for the people with disabilities and also for the health care providers to help inform effective programming and mitigate the adverse impact on them both during lockdown period and post COVID situation.

1. Priority research areas to enhance PWDs access to information and services

One of the priority areas of research that deserves attention in the immediate short term is to map out what social distancing means for people with disabilities.

- Is social distancing equivalent to isolation for them?
- How and in what ways has the social distancing depleted their ability to access information and resources? What does access mean to people with disabilities?
- How does this disadvantage pan out for PWDs with different levels and multiplicity of impairments?

For example, for people with hearing and visual impairments, the predominant source of access is 'touch' whereas for blinds there is no or very little public assistance now!

- How does all this translate into their ability to access information and resources?

While answering these questions, it is critical to assess and describe how these disadvantages manifest differently for women and men, people of different age groups –children and adolescents, and those PWDs living with very little social support. Both quantitative and qualitative research to document the experiences of exclusion, stigma, and discrimination will be critical to translate them into effective and holistic responses.

The isolation and dismantling of the existing support system also imply elevated levels of other kinds of vulnerabilities and risks. For example, there are reports of sexual abuse against children. There is an urgent need to map these vulnerabilities through evidence and provide safety measures. Similarly, enhanced levels of violence against women and increasing domestic violence against women are far more serious if a woman has some disabilities.

More significantly, support need is much higher in case of trauma.

- What is the effect on their already fragile mental health?
- How do PWDs seek help if traumatized?

Descriptive assessment of access challenges and disadvantages should be accompanied by research that enhances understanding of how they are coping with the lack of access to information and resources?

- Are there indigenous and community-based responses that can be documented?

It will be very helpful to list and document best practices and the work of community-based PwD-friendly organizations and help them to scale in the current situation.

2. **Priority research areas to prepare effective health system response to address the needs of PWDs**

We urgently need operations research to assess the various constraints of the health care providers to provide timely and effective services to PWDs.

- What are their operational constraints for example?
- Are there guidelines in the health institution addressing the specific needs of PWDs?
- How are these guidelines used?
- Displayed and accessed by the HCPs?
- Are they adequate in numbers and have sufficient time and resources to spend with PWDs?
- What is their capacity and attitudinal constraints to address the PWDs?

Besides, what are the other 'supply' needs of the health system to become effective with the PWDs – for example, disabled-friendly equipment, chairs, beds, waiting for spaces and sanitization facilities and so on?

The other priority area for OR is to identify the ways to establish effective outreach for the health system to connect with the PWDs in need especially in the current times where PWDs may not be able to access the health system.

How do HCPs establish contacts with the PWDs?

Or perhaps there is no systematic way to connect with the PWDs by the health system. If not, then what is the best way to proactively establish those connections? For example, how effectively can we bring civil society organizations and other caregivers working with PWDs, and connect them with the health system? An OR should be undertaken on a pilot basis to establish the model and entry points for the outreach and engagement with the civil society.

Palliative and home-based care is part of the continuum of care that the health system must oversee and ensure to maintain the seamless flow of prevention, care, rehabilitation, and treatment. The disruption caused due to COVID-19 must be understood to restore this continuum of care. Some of the OR questions must address how best to support and enable the other caregivers at home and

community-based institutions? What are their fears and apprehensions and how best to address them? There is an urgent need to assess the needs of the caregiver at home. What are their physical and emotional needs and how they can be enabled to support the health system's reach and effectiveness?

3. **Priority research areas to build 'empathy' for the PWDs**

The independent movement of PWDs is completely impaired. They have been pushed back into a state of dependence with shattered self-confidence and no one to fall back on. In such a situation how does one build empathy and network for them? There is a need to build evidence on how to create empathy for the PWDs, what kinds of campaigns and social media will be more effective and acceptable, and help them mainstream to the larger society in which they live. Belapanthi is one small experiment that used social and other digital media to bring the PWDs together mediated by a civil society organization. They connect and relate and often have fun with each other to relieve and feel connected.

4. **Priority research areas to enhance learning and skill enhancement needs of PWDs during post lockdown and longer time frame.**

How can a 'new normal' be crafted for people with disabilities rather than waiting for the new normal to emerge? One of the best examples of the OR in this area is what kinds of new learning materials will enhance the learning and skills for the PWDs. With the new normal of classroom teaching getting replaced by digital and long-distance teaching, and with very little physical presence of the teachers or the trainers, how can we assist the PWDs in learning? OR should help us answer what are the differential learning and assistance needs of the people with different levels of impairments. For example, for learning through video means (say Zoom) hearing-impaired people have begun to learn lip movements.

- ✓ How does one bring in these new skills in COVID-19 situations where new learning and gaining information is becoming rapidly imminent?
- ✓ What are the most appropriate and humane ways to ensure the care, safety, dignity, and maintenance of their day-to-day survival?
- ✓ What are their capacity needs?
- ✓ How can assisted technologies be effectively used and how can the technologies be adapted and scaled for use in the current and post COVID-19 situations?

Similarly, the need to use 'payment gateways' has made it difficult for people with disabilities to seamlessly maintain day-to-day survival, as very few of them are adept at using such gateways.

- It is being realized that COVID-19 is necessitating research into many areas related to and involving Persons with Disabilities and their healthcare and rehabilitation services. Some of these include, but not limited to:
  - Ensuring access to information related to COVID-19 in various formats;
  - Which are the safe and effective products for hand sanitization, and sanitization of equipment/ assistive technology products used by Persons with Disabilities;

- Devising practical ways of social distancing without compromising the quality of care;
- Study of signs and symptoms as well as the outcome of COVID-19 among persons with different types of disabilities;
- Devising practical ways to ensure continuity of treatment and rehabilitation programs;
- Ensuring availability, affordability, and utilization of telemedicine services for the benefit of Persons with Disabilities;
- Designing and developing appropriate face masks, PPE;
- Developing guidelines regarding rehabilitative surgeries during COVID-19 pandemic;
- A **check-list/proforma** related to infection prevention and control (IPC) measures among Persons with Disabilities and in rehabilitation setups may be developed, etc.
- Creative solutions that can be adopted for small communities as well as scaled up to the national level.

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References

1. National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities. https://thenationaltrust.gov.in/content/innerpage/aids-and-assistive devices. php.
2. Bridging Multiple Gaps: Strengthening India's Research Protocols for Assistive Aids https://www.thehinducentre.com/publications/policy-report/article25819850.ece
3. Centre for disease control and Prevention- Social distancing https://www.cdc.gov/coronavirus /2019-ncov/prevent-getting-sick/social-distancing.html
4. How to protect yourself from COVID-19 https://www.karmamedical.com/prevention-of-COVID-19/
5. Social distancing- Keep your distance to slow the spread, CDC https://www.cdc.gov/coronavirus/ 2019-ncov/prevent-getting-sick/social-distancing.html
6. Wheelchair and Assistive Technology Users ATTENTION: PRECAUTIONS for COVID-19 https://www.va.gov/MS/WC_COVID-19.pdf
7. Coronavirus: What to do if you're in a wheelchair-https://www.numotion.com/blog/march-2020/coronavirus-what-to-do-if-you-re-in-a-wheelchair
8. When you can't cough — extra COVID-19 precautions for people with physical disabilitieshttps://www.wheelchair-experts.in/when-you-cant-cough-%E2%80%95-extra-COVID-19-precautions-for-people-with-physical-disabilities/
9. Adaptive equipment maintenance protocol https://dds.dc.gov/publication/adaptive-equipment-maintenance-protocols
10. Decontamination of medical devices- http://bhta.com/wp-content/uploads/2019/01/BHTA-DMD-A4-28pp-2.pdf
11. Coronavirus: Why Persons with Disability Face a Crisis within a Crisis https://livewire.thewire.in/ rights/coronavirus-persons-with-disability/
12. Coronavirus | People with disabilities have special issues during virus outbreak, says Indian Indian Institute of Public Health chief G.V.S. Murthy https://www.thehindu.com/sci-tech/health/coronavirus-people-with-disabilities-have-special-issues-during-virus-outbreak-says-indian-indian-institute-of-public-health-chief-gvs-murthy/article31324294.ece
13. COVID-19 poses unique challenges for people with disabilities https://hub.jhu.edu/2020/04/23 /how-COVID-19-affects-people-with-disabilities/
14. People with Disabilities & the COVID-19 Pandemic: Key Issues & Resources https://www.respectability.org/ 2020/03/COVID-19-key-issues-resources/
15. Schiariti, V. (2020). The human rights of children with disabilities during health emergencies: the challenge of COVID-19. Developmental Medicine & Child Neurology.
16. Trecca, E. M., Gelardi, M., & Cassano, M. (2020). COVID-19 and hearing difficulties. American Journal of Otolaryngology.
17. West, J. S., Franck, K. H., & Welling, D. B. (2020). Providing health care to patients with hearing loss during COVID-19 and physical distancing. Laryngoscope Investigative Otolaryngology.
18. Coronavirus: What to do if you're in a wheelchair (https://www.numotion.com/blog/march-2020/coronavirus- what-to-do-if-you-re-in-a-wheelchair)
19. Assistive Technology for Children with Disabilities: Creating Opportunities for Education, Inclusion and Participation a discussion paper (https://www.unicef.org/disabilities/files/Assistive-Tech-Web.pdf).
20. World Health Organization, (2020). Mental health and psychosocial considerations during the

21. COVID-19 outbreak, 18 March 2020 (No. WHO/2019-nCoV/MentalHealth/2020.1). World
22. Health Organization, accessed on May 14, 2020
23. https://indianpsychiatricsociety.org/indian-psychiatric-society-COVID-19-general-advisory/, accessed on May 14, 2020
24. https://www.ima-india.org/ima/pdfdata/COVID-19/Stress-Management.pdf accessed on May 14, 2020
25. https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/COVID-19-how-to-include--marginalized-and-vulnerable-people accessed on May 14, 2020
26. http://nimhans.ac.in/wp-content/uploads/2020/04/MentalHealthIssuesCOVID-19NIMHANS.pdf accessed on May 14, 2020
27. UPMC Centers for Rehab Services https://www.upmc.com/services/rehab/crs/conditions-we-treat/immobility-syndrome, Accessed on 11/05/2020)
28. Department of Psychiatry, JIPMER, Pondicherry, India.)
29. WHO, Mental health and psychosocial considerations during the COVID-19 outbreak, March 2020)
30. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/what-you-can-do.html
31. https://alz.org/help-support/caregiving/coronavirus-(COVID-19)-tips-for-dementia-care)
32. International Disability Alliance at http://www.internationaldisabilityalliance.org/COVID-19; Toward a Disability-Inclusive COVID-19 Response: 10 recommendations from the International Disability Alliance
33. WHO- Disability considerations during COVID-19 outbreak
34. Johnston EA, Teague J, Graham JP. Challenges and opportunities associated with neglected tropical disease and water, sanitation and hygiene intersectoral integration programs. BMC Public Health 2015;15:547 10.1186/s12889-015-1838-7
35. Prüss-Ustün A, Bartram J, Clasen T, et al. . Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income settings: a retrospective analysis of data from 145 countries. Trop Med Int Health 2014;19:894–905. 10.1111/tmi.12329
36. Freeman MC, Ogden S, Jacobson J, et al. . Integration of water, sanitation, and hygiene for the prevention and control of neglected tropical diseases: a rationale for inter-sectoral collaboration. PLoS Negl Trop Dis 2013;7:e2439 10.1371/journal.pntd.0002439
37. United Nations. Convention of the Rights of Persons with Disabilities and Optional Protocol. New York: United Nations, 2006

Annexure-I

THE INTERNATIONAL DISABILITY ALLIANCE RECOMMENDATIONS

Recommendation 1:

- Persons with Disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats
- Mass media communication should include captioning, national sign language, high contrast, large print information.
- Digital media should include accessible formats to blind persons and other persons facing restrictions in accessing print.
- All communication should be in plain language.
- In case the public communications are yet to become accessible, alternative phone lines for blind persons and email address for deaf and hard of hearing may be a temporary option.
- Sign language interpreters who work in emergency and health settings should be given the same health and safety protections as other health care workers dealing with COVID-19.
- There may be appropriate alternatives for optimum access, such as interpreters wearing a transparent mask, so that facial expressions and lip movement is still visible,
- Alternatives are particularly important as remote interpretation is not accessible for everyone, including people with deaf-blindness. Solutions should be explored with concerned people and organizations representing them.
- Assistive technologies should be used such as FM systems for communicating with hard of hearing persons especially important when face masks make lip reading impossible.

Recommendation 2:

- Additional protective measures must be taken for people with certain types of impairment.
- Disinfection of entrance doors reserved for Persons with Disabilities, handrails of ramps or staircases, accessibility knobs for doors reserved for people with reduced mobility.
- Introducing proactive testing and more strict preventive measures for groups of Persons with Disabilities who are more susceptible to infection due to the respiratory or other health complications caused by their impairment.
- The COVID-19 crisis and confinement measures may generate fear and anxiety; demonstrating solidarity and community support is important for all, and may be critical for persons with psychosocial disabilities

Recommendation 3:

- Rapid awareness raising and training of personnel involved in the response are essential
- Government officials and service providers, including emergency responders must be trained on the rights of Persons with Disabilities, and on risks associated to respiratory complications for people who have specific impairments (e.g. whose health may be jeopardized by coughing).
- Raising awareness on support to PWDs should be part of all protection campaigns.

Recommendation 4:

- All preparedness and response plans must be inclusive of and accessible to women with disabilities
- Any plans to support women should be inclusive of and accessible to women with disabilities
- Programs to support Persons with Disabilities should include a gender perspective.

Recommendation 5:

- No disability-based institutionalization and abandonment is acceptable
- Persons with Disabilities should not be institutionalized as a consequence of quarantine procedures beyond the minimum necessary to overcome the sickness stage and on an equal basis with others.
- Any disruptions in social services should have the least impact possible on Persons with Disabilities and should not entail abandonment.
- Support family and social networks, in case of being quarantined, should be replaced by other networks or services.

Recommendation 6:

- During quarantine, support services, personal assistance, physical and communication accessibility must be ensured
- Quarantined PWDs must have access to interpretation and support services, either through externally provided services or through their family and social network;
- Personal assistants, support workers or interpreters shall accompany them in quarantine, upon both parties agreement and subject to adoption of all protective measures;
- Personal assistants, support workers or interpreters should be proactively tested for COVID-19 to minimize the risk of spreading the virus to Persons with Disabilities
- Remote work or education services must be equally accessible for employees/students with disabilities.

Recommendation 7:

Measures of public restrictions must consider PWDs on an equal basis with others

- In case of public restriction measures, Persons with Disabilities must be supported to meet their daily living requirements, including access to food (as needed with specific dietary requirements), housing, healthcare, in-home, school and community support, as well as maintaining employment and access to accessible transportation.
- Government planners must consider that mobility and business restrictions disproportionately impact persons with reduced mobility and other Persons with Disabilities and allow for adaptations. For example, Australia has reserved specific opening hours in supermarket for Persons with Disabilities and older persons
- Providers of support services must have the personal protective equipment and instructions needed to minimize exposure and spread of infection, as well as should be proactively tested for the virus.
- In case of food or hygienic products shortage, immediate measures must be taken to ensure that people with disabilities are not left out as they will be the first group to experience lack of access to such items.
- Any program to provide support to the marginalized groups should be disability-inclusive, e.g. distribution of cash may not be a good option for many people with disabilities as they may not be able to find items they need due to accessibility barriers.
- When ill with COVID-19, Persons with Disabilities may face additional barriers in seeking health care and also experience discrimination and negligence by health care personnel.

Recommendation 8:

- Persons with Disabilities in need of health services due to COVID-19 cannot be deprioritized on the ground of their disability
- Public health communication messages must be respectful and non-discriminatory.
- Instructions to health care personnel should highlight equal dignity for people with disabilities and include safeguards against disability-based discrimination.
- Rapid awareness-raising of key medical personnel is essential to ensure that Persons with Disabilities are not left behind or systematically deprioritized in the response to the crisis.
- Communications about the stage of the disease and any procedures must be to the person themselves and through accessible means and modes of communication.

Recommendation 9:

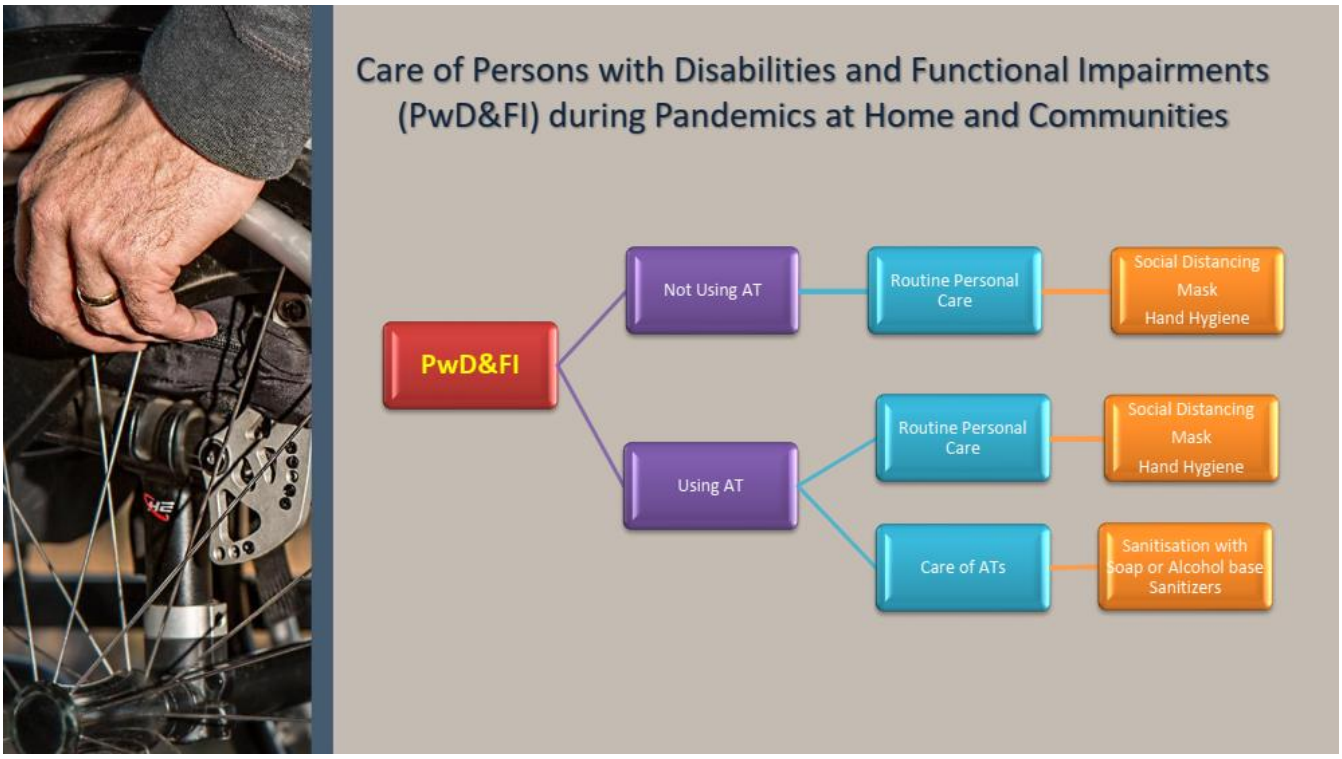
- Organization for People with Disability can and should play a key role in raising awareness of Persons with Disabilities and their families.
- Prepare COVID-19 instructions and guidance in various accessible formats in local languages.
- Help establish peer-support networks to facilitate support in case of quarantine;

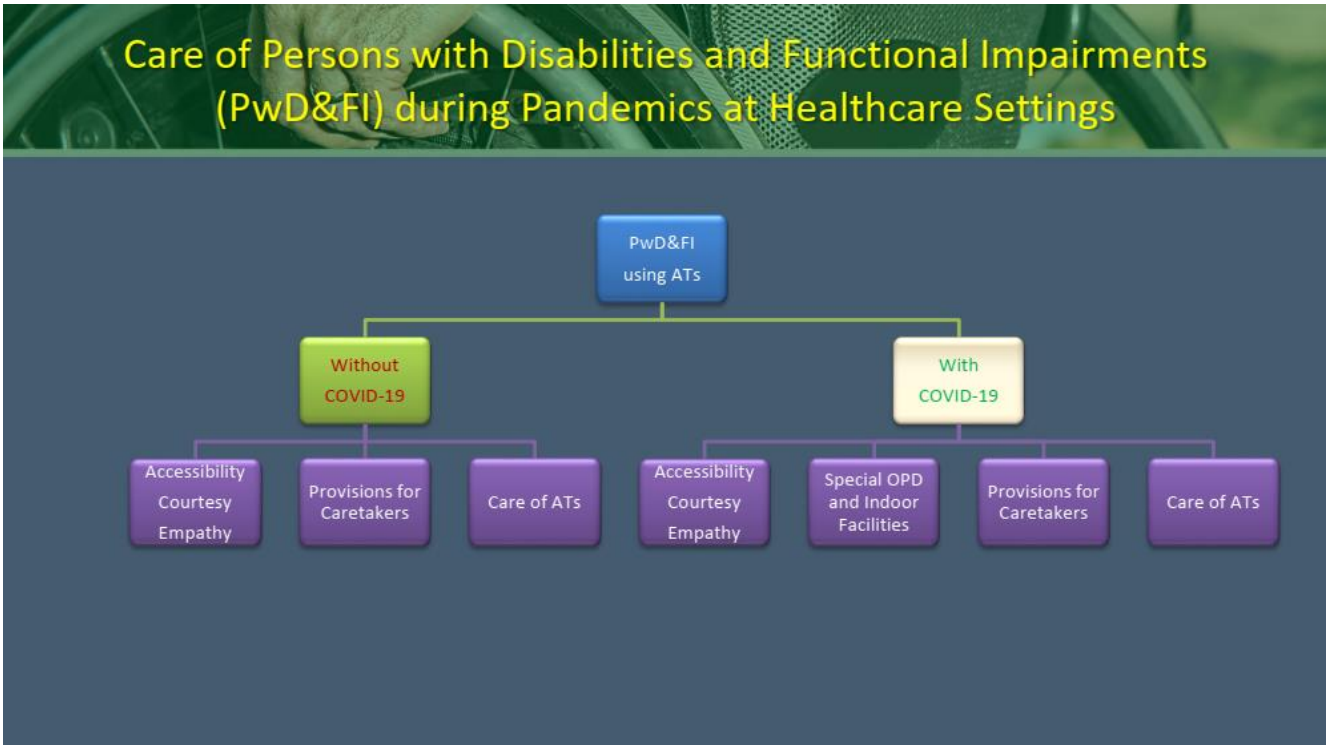
- Organize trainings on disability inclusion for responders
- Compile an updated list of accessible health care and other essential service providers in each area

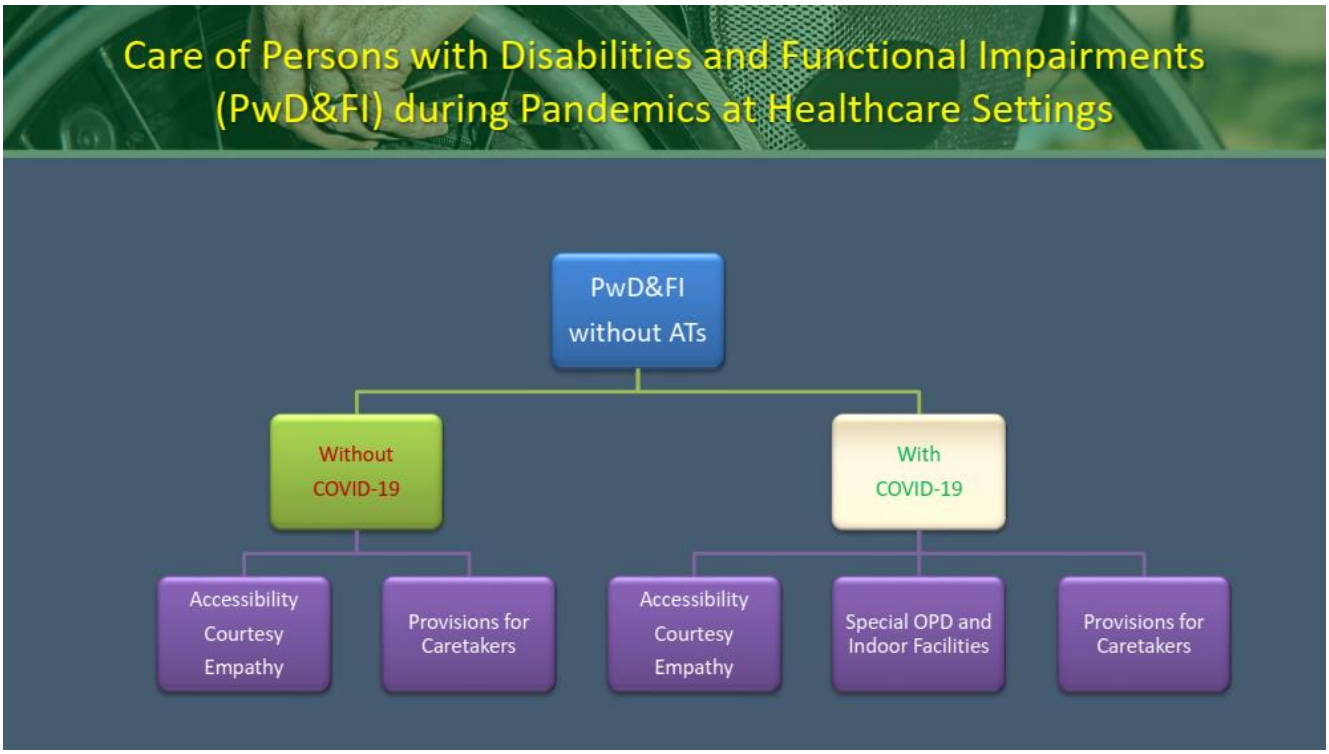
Recommendation 10:

- Organization for People with Disability can and should play a key role in advocating for disability-inclusive response to the COVID-19 crisis
- Proactively reach to all related authorities including the health system, the national media, the crisis response headquarters and education authorities to:
- Sensitize authorities on how the pandemic as well as the response plans may disproportionally impact Persons with Disabilities;
- Offer tailored practical tips on how to address accessibility barriers or specific measures required by Persons with Disabilities


Flowcharts for provision of services &
Care of PwD&FI during Pandemics


Care of Persons with Disabilities and Functional Impairments (PwD&FI) during Pandemics at Home and Communities
PwD&FI
Not Using AT
Routine Personal Care
Social Distancing
Mask
Hand Hygiene
Using AT
Routine Personal Care
Social Distancing
Mask
Hand Hygiene
Care of ATs
Sanitisation with Soap or Alcohol base Sanitizers


Care of Persons with Disabilities and Functional Impairments (PwD&FI) during Pandemics at Healthcare Settings
PwD&FI using ATs
Without COVID-19
With COVID-19
Accessibility
Courtesy
Empathy
Provisions for Caretakers
Care of ATs
Accessibility
Courtesy
Empathy
Special OPD and Indoor Facilities
Provisions for Caretakers
Care of ATs


Care of Persons with Disabilities and Functional Impairments (PwD&FI) during Pandemics at Healthcare Settings
PwD&FI without ATs
Without COVID-19
With COVID-19
Accessibility
Courtesy
Empathy
Provisions for Caretakers
Accessibility
Courtesy
Empathy
Special OPD and Indoor Facilities
Provisions for Caretakers


Care of Persons with Disabilities and Functional Impairments (PwD&FI) during Pandemics at Workplace
PwD&FI
Not Using AT
Routine Personal Care
Social Distancing
Mask
Hand Hygiene
Using AT
Routine Personal Care and Accessibility
Social Distancing
Mask
Hand Hygiene
Care of ATs
Sanitisation with Soap or Alcohol base Sanitizers

List of contributors:

Dr. R.K. Srivastava Chairperson	
Prof. Rajesh Sagar,	Professor, Department of Psychiatry, AIIMS, New Delhi-110029
Dr Shalini Bharat	
Prof. Rajendra Sharma	Professor and Head, Dept of PMR-RML, Delhi
Prof. Ravi Verma	Director-ICWR
Dr Senthil Kumar	Dr. N. S. Senthil Kumar, PhD(Rehabilitation) Director (Technical), APD, Bangalore
Prof. Smita Deshpande	Department of Psychiatry, RML, New Delhi-110029
Prof. Sanjay Wadhwa	AIIMS, New Delhi
Prof. Shubhada Maitra,	Dean, School of Social Work, TISS, Mumbai
Dr Suman Badhal	
Dr. Ravinder Singh	ICMR Hqrs, New Delhi
Dr. Sumit Aggarwal	ICMR Hqrs, New Delhi
Dr. Heena Tabassum	ICMR Hqrs, New Delhi
Dr. Shipra Chaudhary	PMR, RML, Delhi

Supervision:

Dr. R. R. Gangakhedkar
Head and Scientist G,
Division of Epidemiology and Communicable Diseases (ECD),
Indian Council of Medical Research (ICMR-Hq)
New Delhi

Concept, Edited and Compiled by:

Dr. Ravinder Singh
Scientist and Program Officer
Division of Non-Communicable Diseases (ECD),
Indian Council of Medical Research (ICMR-Hq)
New Delhi

Dr. Sumit Aggarwal
Scientist and Program Officer
Division of Epidemiology and Communicable Diseases (ECD),
Indian Council of Medical Research (ICMR-Hq)
New Delhi

Dr. Heena Tabassum
Scientist and Program Officer
Division of Basic Medical Sciences (BMS)
Indian Council of Medical Research (ICMR-Hq)
New Delhi

Recommended by:

The Research Group on Operational research under The National Task force on COVID-19

Chairperson:

Prof Narendra Kumar Arora, Executive Director, The INCLEN Trust International

Members:

Dr Rajan N. Khobragade IAS, Principal Secretary, Govt of Kerala

Dr J P Narain, Senior Visiting Fellow, Uni. of New South Wales, Sydney

Dr Shalini Bharat, Director/VC, Tata Institute of Social Sciences, Mumbai

Dr Sanjay Chauhan, Sci-G, ICMR-NIRRH, Mumbai

Dr. Arvind Pandey, National chair on Medical-Statistics, ICMR

Dr. Ravi Verma, International Centre for Research on Women (ICRW)

Prof. Rakhal Gaitonde, Achutha Menon Centre for Health Science Studies. SCTIMST

Prof. Shankar Prinja, Health Economist, PGIMER, Chandigarh

Dr. Beena Thomas, Senior Social Scientist, NIRT, Chennai

Dr. Kiran Rade, NPO (TB), WHO

Dr Sanket Kulkarni, DD, (IDSP) NCDC, MOHFW*

Dr. Subhash Salunke, PHFI

Dr Sandip Mandal, TGHPC, Indian Council of Medical Research

Member Secretary

Dr. Sumit Aggarwal, Scientist, Indian Council of Medical Research-Hq, New Delhi

Indian Council of Medical Research
V. Ramalingaswami Bhawan, P.O. Box No. 4911
Ansari Nagar, New Delhi - 110029, India
Ph: 91-11-26588895 / 91-11-26588980, 91-11-26589794 /
91-11-26589336, 91-11-26588707
Fax: 91-11-26588662
Email:icmrhqds@sansad.nic.in