

People with disabilities

People with disabilities and their families must always be treated ethically, fairly, and respectfully. This is a top priority during the COVID-19 pandemic. People with disabilities will not be discriminated against in the provision of medical care and decisions about medical care will be made according to the COVID-19 ethical framework.

People with disabilities and their families, may face unique challenges during the COVID-19 pandemic including:

1. Physical vulnerability to the virus if they are older and/or if they have serious underlying health conditions such as heart or lung disease and/or compromised immune systems.
2. They may experience slightly higher risk of virus spread if they require close contact with others as a result of personal care needs (i.e. help with activities of daily living), and/or if they live in shared settings like a group home.
3. They may experience greater challenges as a result of public health measures such as physical distancing. This can create greater social isolation and interruption of important support networks.
4. They may experience more challenges in accessing basics of daily life, as the community at large adapts to public health measures (for example, buses using rear door boarding).
5. Family members may experience increased caregiving demands if staff shortages or temporary care is not available.
6. Family members may experience fear of how their loved one will be cared for if they themselves become ill with COVID-19 and are no longer able to provide care.
7. Family members and people with disabilities may experience fear in regards to how visitor restrictions may delay the family from providing critical communication support and/or supported decision making for critical healthcare decisions.
8. Self-advocates and family members may be fearful that people with disabilities will be discriminated against if health care resources are limited.

9. People with disabilities may face communication barriers. People who are hard of hearing have issues with face masks as they can't read lips or see facial expressions. People who are deaf and use sign language need access to interpreters. People who can't speak may require email, text or supported communication options.

The Draft COVID-19 Ethical Framework

The Ministry of Health has developed an [ethical framework](#) to ensure all people are treated fairly. The [framework](#) was developed to guide difficult decision making in the face of potentially limited health resources during the pandemic.

Testing for COVID-19

Why we test

- The BC testing strategies for COVID-19 are developed to maximize the reduction in spread of COVID-19.
- Tests for COVID-19 are only reliable when done in individuals with COVID-19 [symptoms](#). The test can give false negative results if done in people who have no symptoms or very mild symptoms.
- As a result, testing is only recommended for people with COVID-19 [symptoms](#).

Tests for people with disabilities

Any person with COVID-19 symptoms, including people with disabilities should access COVID-19 testing if they have cold or influenza like symptoms, however mild. Testing is specifically recommended for individuals with symptoms who live in shared settings such as group homes.

Positive tests

Individuals who test positive for COVID-19 will be contacted by local Medical Health Officers who will give them directions on what to do, including how to safely [self-isolate](#). The local Medical Health Officers will also organize contact tracing and notify individuals who may have had high risk contacts with the individual and provide guidance on what they should do.

Restricted Hospital Visitor Policies

The Ministry of Health and the Provincial Health Officer have recommended restricting visits in hospitals and long-term care facilities to reduce the risk of COVID-19 spread in these particularly high-risk locations. Health authorities have been directed to restrict visits to essential visits which include, but are not limited to:

- visits for end of life and critical illness
- visits considered primary to resident care and well being, such as assistance with feeding and/or mobility and/or communication
- existing registered volunteers providing services as described above only

Some people with disabilities may require assistance with communication and supported decision making for health care decisions. The inclusion of designated representatives and/or family members and/or support workers should be facilitated if individuals require hospitalization.

Communication between the front lines and the provincial COVID-19 response

- A collaborative, evidence-informed, all of government- approach has been taken up across multiple ministries and sectors.
- The Ministry of Social Development and Poverty Reduction, the Office of the Provincial Health Officer and Community Living BC have been in daily communication since the onset of the pandemic.
- [HealthLink BC](#) is available any time of the day or night, and there are registered nurses and call takers available to answer questions related to COVID-19. Translation services are available in over 130 languages, including services for the deaf, hard of hearing or speech-impaired.
 - To access their Video Relay Services visit the [VRS website](#)
 - To access 8-1-1 through a Teletypewriter service dial 7-1-1
- The important voices of self-advocates and family members are heard and raised to inform the provincial COVID-19 responses.
- Community Living BC (CLBC) has created webpages with important information, resources and updates related to COVID-19:
 - [Information about COVID-19 for individuals and families](#)
 - [Information about COVID-19 for CLBC funded service providers](#)