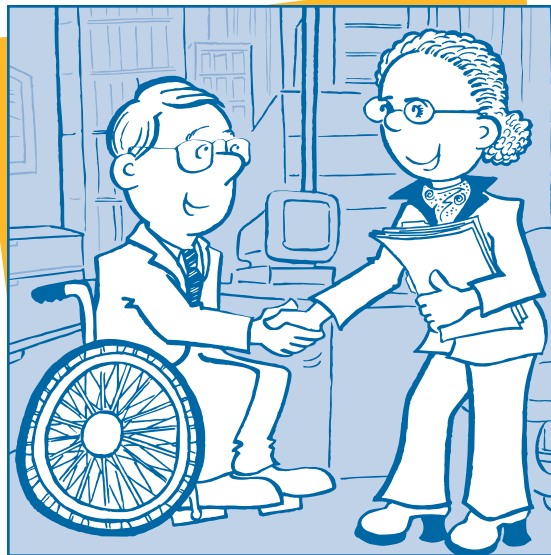

Disability Etiquette



**TIPS ON INTERACTING
WITH PEOPLE WITH DISABILITIES**

BY **Judy Cohen**
ACCESS RESOURCES

Illustrations by **Yvette Silver**

A PUBLICATION OF

 **United Spinal
Association**

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About United Spinal Association

United Spinal Association is dedicated to enhancing the lives of individuals with spinal cord injury or disease by assuring quality health care, promoting research, advocating for civil rights and independence, educating the public about these issues and enlisting their help to achieve these fundamental goals.

United Spinal Association is a not-for-profit organization serving 2,500 members in New York, New Jersey, Pennsylvania, Connecticut, and Maine. United Spinal Association maintains offices in Jackson Heights, Manhattan, and Buffalo, New York; Newark, New Jersey; and Philadelphia, Pennsylvania.

Since our founding in 1946, United Spinal Association has enabled members, as well as other persons with disabilities, to lead full and productive lives. We participated in drafting parts of the Americans with Disabilities Act and the Fair Housing Amendments Act. Our staff promotes compliance with these laws and educates the public about them.

All of our services, from benefits counseling to wheelchair sports, are made possible through donations.

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DISABILITY ETIQUETTE



Introduction

THE NATIONAL ORGANIZATION ON DISABILITY

reports that more than 54 million Americans have a disability. This booklet is for anyone— with or without a disability—who wants to interact more effectively with people with disabilities.

The Americans with Disabilities Act (ADA) of 1990 was conceived with the goal of integrating people with disabilities into all aspects of American life, particularly the workplace and the marketplace. Sensitivity toward people with disabilities is not only in the spirit of the ADA, it makes good business sense. It can help you expand your practice, better serve your customers or develop your audience. When supervisors and co-workers use disability etiquette, employees with disabilities feel more comfortable and work more productively. Practicing disability etiquette is an easy way to make people with disabilities feel welcome.

You don't have to feel awkward when dealing with a person who has a disability. This booklet provides some basic tips for you to follow. And if you are ever unsure about what to do or say with a person who has a disability, just ask!

The Basics

ASK BEFORE YOU HELP.

Just because someone has a disability, don't assume she needs help.* If the setting is accessible, people with disabilities can usually get around fine. Adults with disabilities want to be treated as independent people. Offer assistance only if the person appears to need it. And if she does want help, ask how before you act.

BE SENSITIVE ABOUT PHYSICAL CONTACT.

Some people with disabilities depend on their arms for balance. Grabbing them—even if your intention is to assist—could knock them off balance. Avoid patting a person on the head or touching his wheelchair, scooter or cane. People with disabilities consider their equipment part of their personal space.

THINK BEFORE YOU SPEAK.

Always speak directly to the person with a disability, not to his companion, aide or sign language interpreter. Making small talk with a person who has a disability is great; just talk to him as you would with anyone else. Respect his privacy. If you ask about his disability, he may feel like you are treating him as a disability, not as a human being. (However, many people with disabilities are comfortable with children's natural curiosity and do not mind if a child asks them questions.)

* Note: We want you to think of people who have a disability as individuals—your friends, your co-workers, your neighbors—so rather than use the amorphous group term “they” for people with disabilities, we use the pronouns “he” or “she” throughout this booklet.

Speak directly to a person with a disability, not to his companion or sign-language interpreter.



DON'T MAKE ASSUMPTIONS.

People with disabilities are the best judge of what they can or cannot do. Don't make decisions for them about participating in any activity. Depending on the situation, it could be a violation of the ADA to exclude people because of a presumption about their limitations.

RESPOND GRACIOUSLY TO REQUESTS.

When people who have a disability ask for an accommodation at your business, it is not a complaint. It shows they feel comfortable enough in your establishment to ask for what they need. And if they get a positive response, they will probably come back again and tell their friends about the good service they received.

Terminology Tips

PUT THE PERSON FIRST. Say “person with a disability” rather than “disabled person.” Say “people with disabilities” rather than “the disabled.” For specific disabilities, saying “person with Tourette syndrome” or “person who has cerebral palsy” is usually a safe bet. Still, individuals do have their own preferences. If you are not sure what words to use, ask.

Avoid outdated terms like “handicapped” or “crippled.” Be aware that many people with disabilities dislike jargony, euphemistic terms like “physically challenged” and “differently abled.”

Say “wheelchair user,” rather than “confined to a wheelchair” or “wheelchair bound.” The wheelchair is what enables the person to get around and participate in society; it’s liberating, not confining.

With any disability, avoid negative, disempowering words, like “victim” or “sufferer.” Say “person with AIDS” instead of “AIDS victim” or “person who suffers from AIDS.”

It's okay to use idiomatic expressions when talking to people with disabilities. For example, saying, "It was good to see you," and "See you later," to a person who is blind is completely acceptable; they use these expressions themselves all the time!

Many people who are Deaf communicate with sign language and consider themselves to be members of a cultural and linguistic minority group. They refer to themselves as Deaf with a capital "D," and may be offended by the term "hearing impaired." Others may not object to the term, but in general it is safest to refer to people who have hearing loss but who communicate in spoken language as "hard of hearing" and to people with profound hearing losses as Deaf or deaf.

People Who Use Wheelchairs or Have Mobility Impairments

PEOPLE WHO USE

WHEELCHAIRS have different disabilities and varying abilities. Some can use their arms and hands. Some can get out of their wheelchairs and even walk for short distances.

- Wheelchair users are people, not equipment. Don't lean over someone in a wheelchair to shake another person's hand or ask a wheelchair user to hold coats. Setting your drink on the desktop attached to someone's wheelchair is a definite no-no.
- Don't push or touch a person's wheelchair; it's part of her personal space. If you help someone down a curb without waiting for instructions, you may dump her out of the chair. You may detach the chair's parts if you lift it by the handles or the footrest.
- Keep the ramps and wheelchair-accessible doors to your building unlocked and unblocked. Under the ADA, displays should not be in front of entrances, wastebaskets should not be in the middle of aisles and boxes should not be stored on ramps.
- Be aware of wheelchair users' reach limits. Place as many items as possible within their grasp. And make sure that there is a clear path

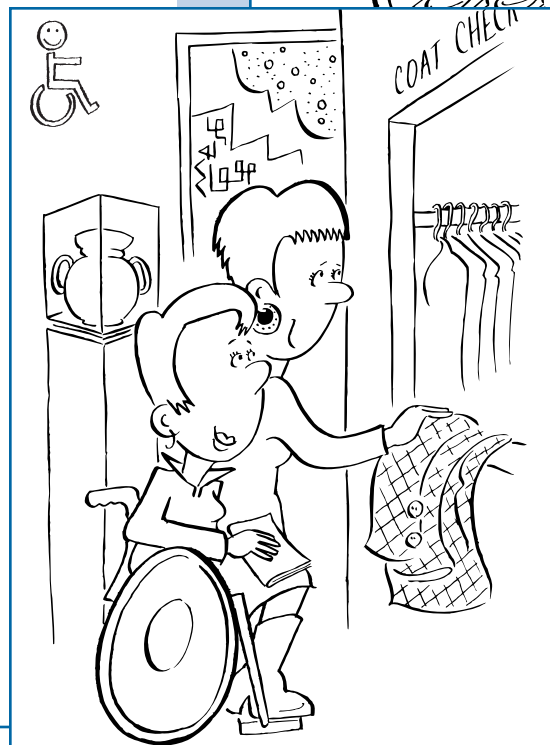
Keep accessible paths of travel clear.



of travel to shelves and display racks. When talking to a wheelchair user, grab your own chair and sit at her level. If that's not possible, stand at a slight distance, so that she isn't straining her neck to make eye contact with you.

- If the service counter at your place of business is too high for a wheelchair user to see over, step around it to provide service. Have a clipboard handy if filling in forms or providing signatures is expected.
 - If your building has different routes through it, be sure that signs direct wheelchair users to the most accessible ways around the facility. People who walk with a cane or crutches also need to know the easiest way to get around a place, but stairs may be easier for them than a ramp. Ensure that security guards and receptionists can answer questions about the most accessible way around the building and grounds.
 - If the nearest public restroom is not accessible or is located on an inaccessible floor, allow the person in a wheelchair to use a private or employees' accessible restroom.
 - People who use canes or crutches need their arms to balance themselves, so never grab them. People who are mobility-impaired may lean on a door for support as they open it. Pushing the door open from behind or unexpectedly opening the door may cause them to fall. Even pulling out or pushing in a chair may present a problem. Always ask before offering help.
-

Don't ask
a wheelchair
user to
hold things
for you.
Respect her
personal
space.



- If you offer a seat to a person who is mobility-impaired, keep in mind that chairs with arms or with higher seats are easier for some people to use.
- Falls are a big problem for people with mobility impairments. Be sure to set out adequate warning signs after washing floors. Also put out mats on rainy or snowy days to keep the floors as dry as possible. (Make sure they don't bunch up and make the floor impassable for wheelchair users.)
- People who are not visibly mobility-impaired may have needs related to their mobility. For example, a person with a respiratory or heart condition may have trouble walking long distances or walking quickly. Be sure that your museum, hotel or department store has ample benches for people to sit and rest on.
- Some people have limited use of their hands, wrists or arms. Be prepared to offer assistance with reaching for, grasping or lifting objects, opening doors and display cases, and operating vending machines and other equipment.

People Who Are Blind or Visually Impaired

PEOPLE WHO ARE BLIND

know how to orient themselves and get around on the street.

They are competent to travel unassisted, though

they may use a cane or a guide dog. A person may have a visual impairment that is not obvious. Be prepared to offer assistance—for example in reading—when asked.

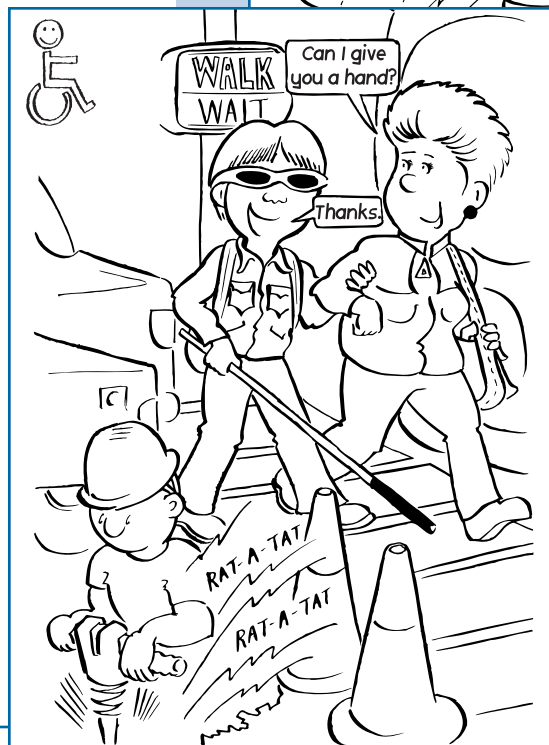
- Identify yourself before you make physical contact with a person who is blind. Tell him your name—and your role if it's appropriate, such as security guard, usher, case worker, receptionist or fellow student. And be sure to introduce him to others who are in the group, so that he's not excluded.

- If a new customer or employee is blind or visually impaired, offer him a tour of your facility.

- People who are blind need their arms for balance, so offer your arm—don't take his—if he needs to be guided. (However, it is appropriate to guide a blind person's hand to a banister or the back of a chair to help direct him to a stairway or a seat.)

- If the person has a guide dog, walk on the side opposite the dog. As you are walking, describe the setting, noting any obstacles, such as stairs (“up” or “down”) or a big crack in the sidewalk. Other hazards include: revolving

If a person who is blind needs to be guided, offer your arm—don't take his.



doors, half-opened filing cabinets or doors, and objects protruding from the wall at head level such as hanging plants or lamps. If you are going to give a warning, be specific. Hollering, “Look out!” does not tell the person if he should stop, run, duck or jump.

■ If you are giving directions, give specific, nonvisual information. Rather than say, “Go to your right when you reach the office supplies,” which assumes the person knows where the office supplies are, say, “Walk forward to the end of this aisle and make a full right.”

■ If you need to leave a person who is blind, inform him first and let him know where the exit is, then leave him near a wall, table, or some other landmark. The middle of a room will seem like the middle of nowhere to him.

■ Don’t touch the person’s cane or guide dog. The dog is working and needs to concentrate. The cane is part of the individual’s personal space. If the person puts the cane down, don’t move it. Let him know if it’s in the way.

■ Offer to read written information—such as the menu, merchandise labels or bank statements—to customers who are blind. Count out change so that they know which bills are which.

■ If you serve food to a person who is blind, let him know where everything is on the plate according to a clock orientation (twelve o’clock is furthest from them, six o’clock is nearest). Remove garnishes and anything that

PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED

Be specific when giving directions to people who are blind or visually impaired.



is not edible from the plate. Some patrons may ask you to cut their food; this can be done in the restaurant's kitchen before the meal is served.

■ A person who is visually impaired may need written material in large print. A clear font with appropriate spacing is just as important as the type size. Labels and signs should be clearly lettered in contrasting colors. It is easiest for most people with vision impairments to read bold white letters on black background.

■ Good lighting is important, but it shouldn't be too bright. In fact, very shiny paper or walls can produce a glare that disturbs people's eyes.

■ Keep walkways clear of obstructions. If people who are blind or are visually impaired regularly use your facility as customers or employees, inform them about any physical changes, such as rearranged furniture, equipment or other items that have been moved.

People Who Are Deaf or Hard of Hearing

AMERICAN SIGN LANGUAGE

(ASL) is an entirely different language from English, with a syntax all its own. Speech reading (lip reading) is difficult for people who are Deaf if

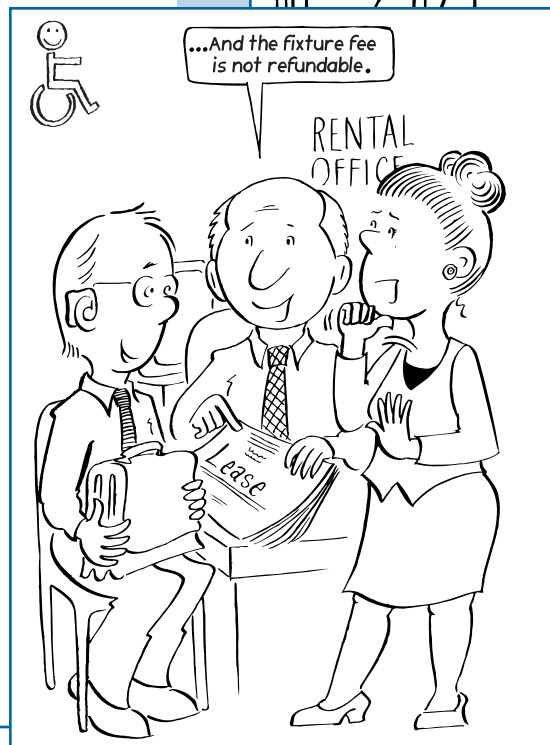
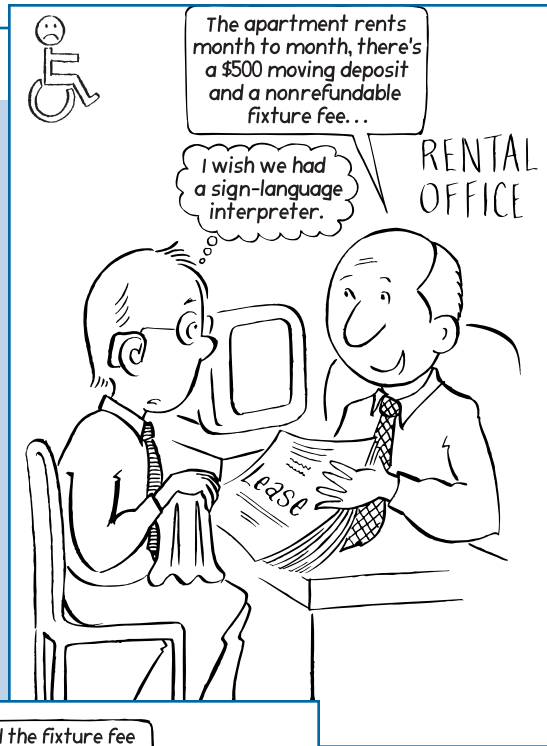
their first language is ASL because the majority of sounds in English are formed inside the mouth, and it's hard to speech read a second language.

People who are hard of hearing, however, communicate in English. They use some hearing but may rely on amplification and/or seeing the speaker's lips to communicate effectively.

There is a range of communication preferences and styles among people with hearing loss that cannot be explained in this brief space. It is helpful to note that the majority of late deafened adults do not communicate with sign language, do use English and may be candidates for writing and assistive listening devices to help improve communication. People with cochlear implants, like other people with hearing impairments, will usually inform you what works best for them.

- When the exchange of information is complex—such as during a job interview or doctor's visit or when reporting a crime—the most effective way to communicate with a native signer is through a qualified sign-language interpreter. For a simple

When an exchange of information is complex, the most effective way to communicate with a person who is Deaf is through a qualified sign-language interpreter.



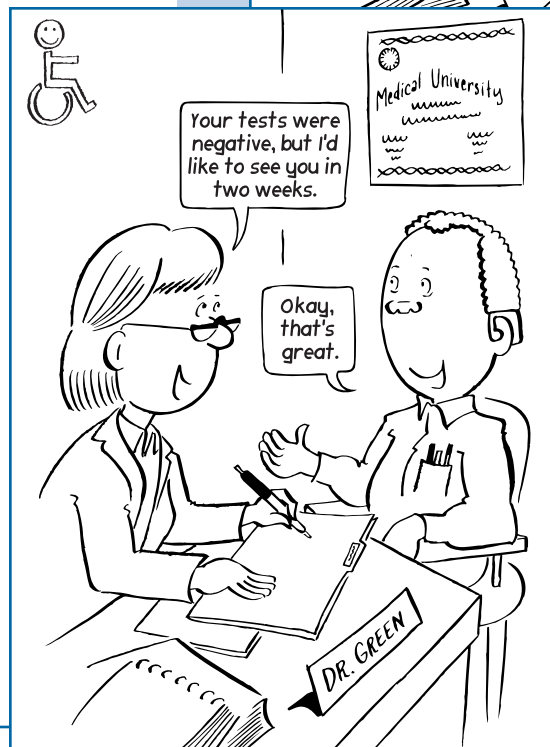
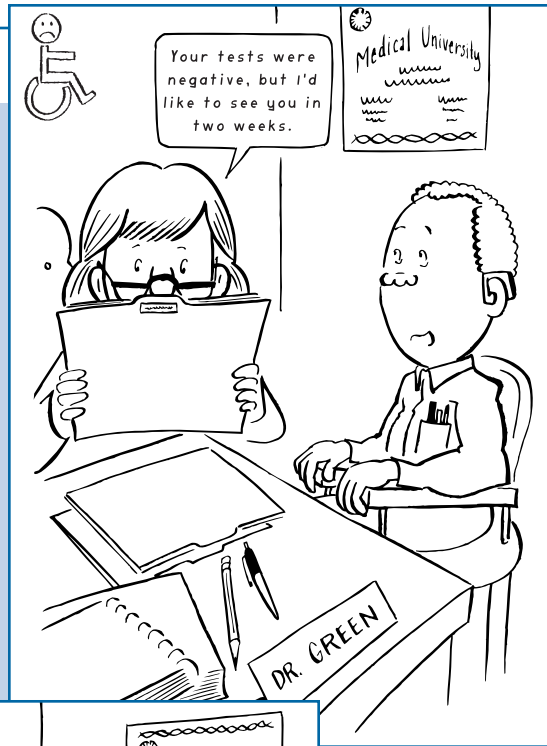
interaction—such as ordering in a restaurant or registering for a hotel room—writing back and forth is usually okay.

- Follow the person’s cues to find out if she prefers sign language, gesturing, writing or speaking. If you have trouble understanding the speech of a person who is deaf or hard of hearing, let her know.
 - When using a sign-language interpreter, look directly at the person who is deaf, and maintain eye contact to be polite. Talk directly to the person (“What would you like?”), rather than to the interpreter (“Ask her what she’d like.”).
 - People who are deaf need to be included in the decision-making process for issues that affect them; don’t decide for them.
 - Before speaking to a person who is deaf or hard of hearing, make sure that you get her attention. Depending on the situation, you can extend your arm and wave your hand, tap her on the shoulder or flicker the lights.
 - Rephrase, rather than repeat, sentences that the person doesn’t understand.
 - When talking, face the person. A quiet, well-lit room is most conducive to effective communication. If you are in front of the light source—such as a window—with your back to it, the glare may obscure your face and make it difficult for the person who is hard of hearing to speech read.
-

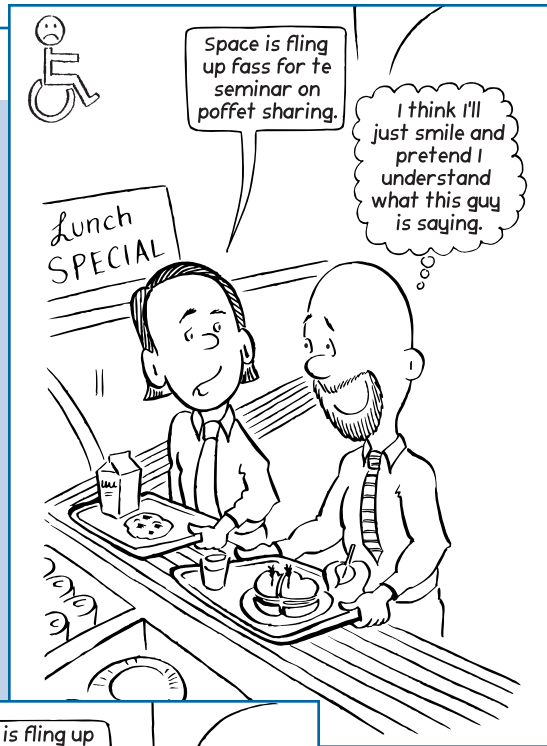
- Speak clearly. Most people who are hard of hearing count on watching people's lips as they speak to help them understand. Avoid chewing gum, smoking or obscuring your mouth with your hand while speaking.
- There is no need to shout at a person who is deaf or hard of hearing. If the person uses a hearing aid, it will be calibrated to normal voice levels; your shout will just sound distorted.
- People who are deaf (and some who are hard of hearing or have speech disabilities) make and receive telephone calls with the assistance of a device called a TTY (short for teletypewriter; also called a TDD). A TTY is a small device with a keyboard, a paper printer or a visual display screen and acoustic couplers (for the telephone receiver).
- When a TTY user calls a business that does not have a TTY, she places the call through her state's relay service. Likewise, a business that does not have a TTY can reach a customer who is a TTY user through the relay service. If you receive a relay call, the operator will identify it as such. Please do not hang up; this is the way that people who are deaf are able to place an order at your pizza parlor, call your store to find out what hours you are open, or make a reservation at your restaurant.

PEOPLE WHO ARE DEAF OR HARD OF HEARING

Do not obscure your face when communicating with a person who is hard of hearing.



If you have trouble understanding a person with a speech impairment, ask him to repeat.



People With Speech Disabilities

A PERSON WHO HAS HAD A STROKE, is severely hard of hearing, uses a voice prosthesis or has a stammer

or other type of speech disability may be difficult to understand.

- Give the person your full attention. Don't interrupt or finish the person's sentences. If you have trouble understanding, don't nod. Just ask him to repeat. In most cases the person won't mind and will appreciate your effort to hear what he has to say.
- If you are not sure whether you have understood, you can repeat for verification.
- If, after trying, you still cannot understand the person, ask him to write it down or to suggest another way of facilitating communication.
- A quiet environment makes communication easier.
- Don't tease or laugh at a person with a speech disability. The ability to communicate effectively and to be taken seriously is important to all of us.

Persons of Short Stature

THERE ARE 200 DIAGNOSED TYPES OF GROWTH-RELATED DISORDERS that can cause

dwarfism and that result in the person being 4 feet 10 inches or less in height. Average-size people often underestimate the abilities of dwarfs. For an adult, being treated as cute and childlike can be a tough obstacle.

- Be aware of having necessary items within the person's reach to the maximum extent possible.
- Be aware that persons of short stature count on being able to use equipment that is at their height. Be sensitive about not using lower telephones, bank counters and urinals if they are in limited supply.
- As with people who have other disabilities, never pet or kiss a person of short stature on the head.
- Communication can be easier when people are at the same level. Persons of short stature have different preferences. You might kneel to be at the person's level; stand back so you can make eye contact without the person straining her neck (this can be hard to do in a crowded room); or sit in a chair. Act natural and follow the person's cues.

People With Cerebral Palsy

**AS A RESULT OF INJURY
TO THE CENTRAL NERVOUS
SYSTEM,** people with

cerebral palsy (CP) have difficulty controlling their muscles.

- Follow the tips above for interacting with persons who have speech disabilities.
- Many people with CP have slurred speech and involuntary body movements. Your impulse may be to discount what they have to say, based on their appearance. Monitor your responses and interact with the person as you would with anyone else.
- A person who may appear to be drunk, sick or have a medical emergency might in fact have CP or another disability. Get the facts before acting on your first impression, whether the situation is business, social or law enforcement.

Tourette Syndrome

PEOPLE WITH TOURETTE SYNDROME may make

vocalizations or gestures such as tics that they cannot control. A small percentage of people with Tourette syndrome involuntarily say ethnic slurs or obscene words. An employee or other person with Tourette syndrome will benefit from the understanding and acceptance of co-workers and others.

- If a person with Tourette makes vocalizations during a conversation, simply wait for her to finish, then calmly continue.
- The more the person tries to contain these urges, the more the urges build up. It may be helpful for a person with Tourette to have the option to leave the meeting or conversation temporarily to release the build-up in a private place.

People Who Look Different

A DIFFERENT ISSUE confronts people who may not be limited in their life activities, but who are treated as if they have a disability because of their appearance. People with facial differences, such as cleft lip or palate, cranio-facial disfigurement, or a skin condition; people who are way above or way below the average height or weight; people who may display visible effects of medication, such as a tremor—in short, people who look different—have the frequent experience of finding people staring at them, looking away or looking through them as if they are invisible.

- Everyone needs to have a positive self-image to be a fully participating member of society. Be sure that you don't contribute to stigmatizing people who look different.
- If you see someone who fits this description, just give him a smile.
- If the situation is appropriate, strike up a conversation and include the person in whatever is going on, just as you would for an "average-looking" person.

Hidden Disabilities

NOT ALL DISABILITIES ARE APPARENT. A person may make a request or act in a way that seems strange to you. That request or behavior may be disability-related.

For example, you may give seemingly simple verbal directions to someone, but the person asks you to write the information down. He may have a learning disability that makes written communication easier for him. Or an apparently healthy person may ask to sit, rather than stand, in line. This person may be fatigued from a condition such as cancer, or may be feeling the effects of medication.

Even though these disabilities are hidden, they are real. Please respect the person's needs and requests whenever possible.

Epilepsy (Seizure Disorders)

EPILEPSY IS A NEUROLOGICAL CONDITION characterized by seizures that happen when the electrical system of the

brain malfunctions. The seizures may be convulsive, or the person may appear to be in a trance. During complex partial seizures, the person may walk or make other movements while he is, in effect, unconscious.

- If a person has a seizure, you cannot do anything to stop it. If he has fallen, be sure his head is protected and wait for the seizure to end.
- When a seizure has ended, the person may feel disoriented and embarrassed. Try to ensure that he has privacy to collect himself.
- Be aware that beepers and strobe lights can trigger seizures in some people.

Try to avoid using sprays or other fumeey products when customers are in your store.



Multiple Chemical Sensitivity (MCS) and Respiratory Disabilities

PEOPLE WITH MCS AND RESPIRATORY DISABILITIES

such as asthma or emphysema react to toxins in the air. Stale air, fumes from cleaning products, perfume, carpeting, air freshener or even the fumes from magic markers can trigger a severe reaction.

- Try to avoid spray-cleaning tables, windows or other surfaces while people are in your place of business. If you must use a spray product, spray or pour it closely into the cloth, not into the air. Use less-toxic products when possible. Request that staff who have contact with the public go easy on fragranced body-care products like cologne, hair spray, hand lotion, and after-shave.
- Maintaining good ventilation and overall good indoor air quality will not only benefit your customers who have MCS and respiratory disabilities, it will also help you and all of your employees stay healthier and more alert.
- Second-hand smoke can be particularly harmful to people with MCS or respiratory disabilities. Follow and enforce no-smoking regulations, including in restrooms and stairwells. Discourage smokers from congregating at the entrance to your business. If appropriate, designate a separate smoking area where the door is kept closed and the air ventilates to the outside.

Always ask
before you
help.



HIV & AIDS

PEOPLE WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) or Autoimmune Deficiency Syndrome (AIDS) have impaired immune systems, so their bodies have trouble fighting off infections.

- You can't catch HIV from casual contact such as shaking hands, so don't be afraid of touching or being touched by a person with AIDS.
- A person with HIV or AIDS, however, is at significant risk of picking up an airborne infection. Be conscious of not putting someone else at risk. If you have a respiratory infection or any other easily transmittable illness, be considerate of all your customers and employees and stay home, if possible.
- Many people with AIDS feel stigmatized. By simply greeting or shaking the person's hand, you are letting him know that he is accepted. It will mean a lot to him.

A WORD ABOUT CONFIDENTIALITY:

You may really care or you may just be curious about a person with a disability who is in crisis, suddenly ill, or misses work for unexplained reasons. In spite of your concern, please respect the privacy of a person with a disability. Allow him to discuss his situation if and when he feels comfortable doing so.

Psychiatric Disabilities (Mental Illness)

**PEOPLE WITH PSYCHIATRIC
DISABILITIES** may at times
have difficulty coping with
the tasks and interactions

of daily life. Their disorder may interfere with their ability to feel, think or relate to others. Most people with psychiatric disabilities are not violent. One of the main obstacles they face is the attitudes that people have about them. Because it is a hidden disability, chances are you will not even realize that the person has a mental health condition.

- Stress can affect the person's ability to function. Try to keep the pressure of the situation to a minimum.
- People who have psychiatric disabilities have varying personalities and different ways of coping with their disability. Some may have trouble picking up on social cues; others may be supersensitive. One person may be very high energy, while someone else may appear sluggish. Treat each person as an individual. Ask what will make him most comfortable and respect his needs to the maximum extent possible.
- In a crisis, stay calm and be supportive as you would with anyone. Ask how you can help, and find out if there is a support person who can be sent for. If appropriate, you might ask if the person has medication that he needs to take.

Cognitive Disabilities: Mental Retardation

PEOPLE WITH MENTAL RETARDATION (sometimes referred to as developmental disability) learn slowly.

They have a hard time using what they have learned and applying it from one setting or situation to another.

- Speak to the person in clear sentences, using simple words and concrete—rather than abstract—concepts. Help her understand a complex idea by breaking it down into smaller parts.
- Don't use baby talk or talk down to people who have mental retardation. Gauge the pace, complexity, and vocabulary of your speech according to hers.
- Remember that the person is an adult and, unless you are informed otherwise, can make her own decisions.
- People with mental retardation may be anxious to please. During an interview, the person may tell you what she thinks you want to hear. In certain situations, such as law enforcement or a doctor's examination, it can have grave consequences if your interview technique is not effective. Questions should be phrased in a neutral way to elicit accurate information. Verify responses by repeating each question in a different way.

- It can be difficult for people with mental retardation to make quick decisions. Be patient and allow the person to take her time.
- Clear signage with pictograms can help a person who has mental retardation to find her way around a facility.
- People with mental retardation rely on routine and on the familiar to manage work and daily living. Be aware that a change in the environment or in a routine may require some attention and a period of adjustment.

Cognitive Disabilities: Learning Disabilities

LEARNING DISABILITIES ARE LIFELONG DISORDERS

that interfere with a person's ability to receive, express

or process information. Although they have certain limitations, most people with learning disabilities have average or above-average intelligence. You may not realize that the person has a learning disability because he functions so well. Or you may be confused about why such a high-functioning person has problems in one aspect of his work.

- People with dyslexia or other reading disabilities have trouble reading written information. Give them verbal explanations and allow extra time for reading.
- Don't be surprised if you tell someone very simple instructions and he requests that you write them down. Because spoken information gets "scrambled" as he listens, a person who has a learning disability such as auditory processing disorder may need information demonstrated or in writing.
- Ask the person how you can best relay information. Be direct in your communication. A person with a learning disability may have trouble grasping subtleties.
- It may be easier for the person to function in a quiet environment without distractions, such as a radio playing, people moving around or loudly patterned curtains.

Cognitive Disabilities: Traumatic (or Acquired) Brain Injury

PEOPLE WITH TRAUMATIC BRAIN INJURY have had damage to the brain usually as the result of trauma, such as an accident or stroke.

- Some of the factors that affect persons with learning disabilities also apply to persons with traumatic brain injury. People with brain injury may have a loss of muscle control or mobility that is not obvious. For example, a person may not be able to sign her name, even though she can move her hand.
- A person with a brain injury may have poor impulse control. The person may make inappropriate comments and may not understand social cues or “get” indications that she has offended someone. In her frustration to understand, or to get her own ideas across, she may seem pushy. All of these behaviors arise as a result of the injury.
- A person with a brain injury may be unable to follow directions due to poor short-term memory or poor directional orientation. She may ask to be accompanied, or she may use a guide dog for orientation, although she does not appear to be mobility impaired.

- If you are not sure that the person understands you, ask if she would like you to write down what you were saying.
- The person may have trouble concentrating or organizing her thoughts, especially in an overstimulating environment, like a crowded movie theater or transportation terminal. Be patient. You might suggest going somewhere with fewer distractions.

Service Animals

SOME PEOPLE WHO are Deaf, blind or visually impaired, or who have traumatic brain injury, seizure disorder, or a range of other disabilities may use a service animal to assist them with daily living.

- While you may inquire whether an animal is a service animal, the person may not have information identifying it as such. This means that in general, you will need to modify a “no animals” policy to allow the person to enter with her service animal. Barring a direct threat to health and safety, this requirement of the ADA is generally thought to take precedence over any health codes, such as those for restaurants, and personal preferences, such as those of taxi drivers, prohibiting pets.
- Service animals are generally highly trained and well behaved. You may ask the person to remove the animal if she does not have the animal under her control.

Emergency Evacuation Procedures

PEOPLE WITH DISABILITIES must be considered in any facility's evacuation plan.

- Compile a voluntary list of people with disabilities who are regulars at your facility, such as employees, students or residents. While you are compiling this list, let people know that even though they may not consider themselves to be “disabled,” they should be included if they may need help during an emergency. For example, this might apply to someone whose asthma may be triggered by stress or smoke. Keep the list updated to include people who are temporarily disabled, such as a pregnant woman or someone with a broken leg.
 - Interview each individual on the list to plan the most effective way to assist them in case of an emergency. For example, a person with a cognitive disability may get confused and need assistance in following directions. A person who is blind, even if he knows his way around the facility, will need to be accompanied during an emergency, especially when large numbers of people are involved.
 - Also develop a plan, including a voluntary sign-in, for an emergency that may affect people who are not attached to the facility, such as customers, theatergoers, patients or other members of the public.
 - Practice the evacuation procedures and keep your plans up to date.
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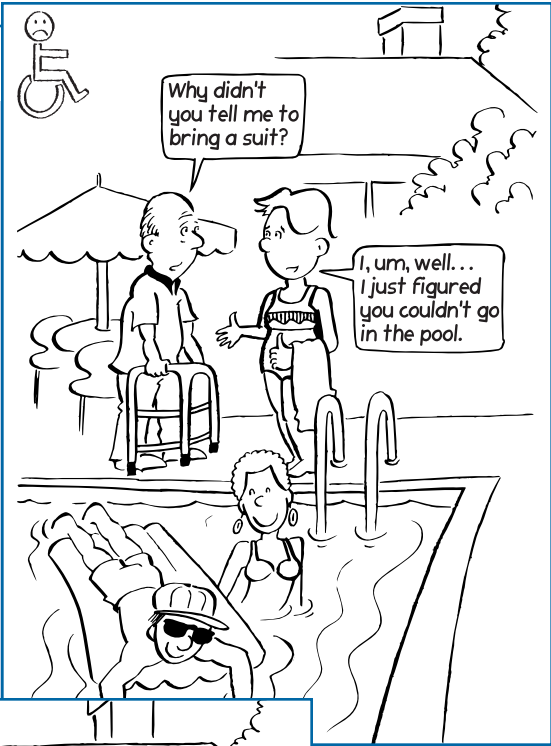
Conflict Management

Sometimes conflicts arise between people with disabilities and the places they visit for fun, work, health care or education. These conflicts are usually the result of misunderstanding or a lack of information. Sometimes conflicts develop between people with disabilities who have conflicting needs. For example, a person who is hard of hearing cannot hear the proceedings with the window open, but a person with MCS needs the window open for fresh air; someone who uses a guide dog may run into a conflict with a person who has an anxiety disorder and an extreme fear of dogs.

All of these situations call for flexibility, patience, creativity, and open communication—a willingness to listen to the other guy's perspective and to learn.

Sometimes good faith efforts are not enough, and parties have difficulty working out their differences. In these cases, consider using the services of a skilled mediator.

Don't make decisions for people with disabilities about what they can or can't do.



A Final Word

PEOPLE WITH DISABILITIES are individuals with families, jobs, hobbies, likes and dislikes, and problems and joys. While the disability is an integral part of who they are, it alone does not define them. Don't make them into disability heroes or victims. Treat them as individuals.

Disability Access Resource List

**THIS LIST REPRESENTS SOME OF
THE NATIONAL ORGANIZATIONS**
that provide information
about some of the disabilities

presented in this booklet. There are many disabilities that we did not address specifically and many more organizations. Consult one of the three organizations at the beginning of this list or your local telephone directory for additional information or technical assistance.

GENERAL INFORMATION

■ **Northeast ADA and IT Center (NeDBTAC)**

800-949-4232 (V/TTY) 607-255-2891 (TTY)

northeastada@cornell.edu

www.northeastada.org

■ **Job Accommodations Network (JAN)**

800-ADA-WORK (V/TTY)

jan@janweb.icdi.wvu.edu

janweb.icdi.wvu.edu

■ **Access Board (Architectural and
Transportation Barriers Compliance Board)**

800-USA-ABLE (V/TTY)

info@access-board.gov

www.access-board.gov

ENFORCEMENT AGENCIES

- **U.S. Department of Justice**
800-514-0301 (V) 800-514-0383 (TTY)
www.usdoj.gov/crt/ada/adahom1.htm
- **Equal Employment Opportunity Commission (EEOC)**
800-669-4000 (V) 800-669-6820 (TTY)
www.eeoc.gov
- **U.S. Department of Transportation**
888-446-4511 (V)
www.fta.dot.gov
- **Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity**
800-343-3442 (V) 800-483-2209 (TTY)
www.hud.gov/offices/fheo/index.cfm

RESOURCES FOR SPECIFIC DISABILITIES

- **American Council for the Blind**
800-424-8666 (V) 202-467-5081 (V)
info@acb.org www.acb.org
- **Association for the Mentally Ill**
800-950-NAMI (V)
frieda@nami.org www.nami.org
- **Centers for Disease Control
(for AIDS/HIV information)**
Hot Line 800-342-2437 (V) 800-243-7889 (TTY)
netinfo@cdc.gov www.cdc.gov
- **Delta Society (Service animal information)**
425-226-7357
info@deltasociety.org www.deltasociety.org
- **United Spinal Association**
718-803-3782 (V/TTY)
info@unitedspinal.org www.unitedspinal.org
- **Epilepsy Foundation of America**
800-332-1000 (TTY) 800-332-2070
postmaster@efa.org www.efa.org
- **Learning Disabilities Association of America**
412-341-1515 (V)
info@ldaamerica.org www.ldanatl.org
- **Little People of America**
888-LPA-2001 (V)
lpadatabase@juno.com www.lpaonline.org/index.html

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- **National Association for the Visually Handicapped**
212-889-3141 (V)
staff@navh.org www.navh.org
On the West Coast: *staffca@navh.org*
 - **National Association of the Deaf**
301-587-1788 (V) 301-587-1789 (TTY)
NADinfo@nad.org www.nad.org
 - **National Center for Environmental Health Strategies**
856-429-5358
info@ncehs.org www.ncehs.org
 - **Registry of Interpreters of the Deaf**
703-838-0030 (V) 703-838-0459 (TTY)
pr@rid.org www.rid.org
 - **Self Help for Hard of Hearing People, Inc.**
301-657-2248 (V) 301-657-2249 (TTY)
national@shhh.org www.shhh.org.
 - **The ARC**
301-565-3842 (V)
info@thearc.org www.thearc.org
 - **The Brain Injury Association**
800-444-6443 (V)
FamilyHelpline@biausa.org www.biausa.org
 - **Tourette Syndrome Association**
718-224-2999 (V)
ts@tsa-usa.org www.tsa-usa.org
 - **United Cerebral Palsy Association**
800-872-5UCP (V) 202-973-7197 (TTY)
ucpnatl@ucpa.org www.ucpa.org

UNITED SPINAL ASSOCIATION

75-20 Astoria Boulevard
Jackson Heights, New York 11370-1177
718-803-3782 (V/TTY)
www.unitedspinal.org *info@unitedspinal.org*

Additional Offices:

111 West Huron Street
Buffalo, New York 14202
716-856-6582 (V)

P.O. Box 42938
Philadelphia, Pennsylvania 19101-2938
215-381-3037 (V)

Signage

NOTE ACCESSIBILITY OF YOUR BUSINESS OR PROGRAM by using the symbols below in advertising, on fliers, and as signage at the location of the service. Be sure to use the verbal description, along with the symbol. As signage, enlarge the symbol and place it where it will be most visible.



WHEELCHAIR ACCESS



**ASSISTIVE LISTENING
FOR PEOPLE WHO ARE
HARD OF HEARING**



**SIGN-LANGUAGE
INTERPRETER**



TTY/TDD

This is large print.

ABOUT THE AUTHOR

Judy Cohen is Executive Director of Access Resources, a workplace mediation and training firm, addressing alleged discrimination, work performance issues, and interpersonal relations. She is a nationally known expert in disability-related mediation, with experience in the areas of labor and employment, housing, public sector and public accommodations. With a 25-year background in adult education, Ms. Cohen provides practical, participatory training to government agencies, businesses, non-profit organizations, and labor unions in a number of conflict management areas, including dispute resolution skills for the workplace and the public arena, and negotiating reasonable accommodations.

A former appointed member of the ABA Commission on Mental and Physical Disability Law, Judy is Project Coordinator of the ADA Mediation Guidelines at the Benjamin N. Cardozo School of Law Kukin Program for Conflict Resolution, Editor of the online ADA mediation page at www.mediate.com/adamediation and moderator of the ADA Mediation Forum and online discussion group at <http://webboard.mediate.com/~ada>.

For more information about Access Resources' training and mediation services, contact:

ACCESS RESOURCES



Mediation and Conflict
Management Training

Judy Cohen, Executive Director
351 West 24th Street, Suite 9F
New York, NY 10011
(212) 741-3758 (V/TTY)
e-mail: judycohen@mediate.com
www.mediate.com/accessresources

For copies of this booklet, please call United Spinal Association's publications toll-free hotline at 800-444-0120.



United Spinal Association

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