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**COVID-19 Communication Rights Toolkit**

(Adapted with permission from CommunicationFirst)

Patients with COVID-19 (coronavirus) who need communication tools and supports due to speech-related disabilities face greater risks of discrimination and isolation during this pandemic. For example, for safety reasons, your family members and others who help you communicate may not be allowed to join you in the hospital. You also may face other barriers to communicating your needs and desires while you are being treated.

**Your Rights**

It is important for you to know that **your legal and civil rights to access your communication supports do not go away during an emergency, in quarantine, or in the hospital.**

**This Toolkit:**

(1) explains your communication rights;

(2) provides tips on advocating for them, and

(3) has an accommodation request form you can bring to the hospital.

**What are your communication rights in health care settings?**

The duty to accommodate your accessibility needs is a core feature of Canadian human rights law. This means that if you are a patient in a hospital or other health care setting, you still have communication and other civil rights. Hospitals and other health care facilities must meet your communication needs at all times. Health providers also have an ethical duty to obtain informed consent before treating you or withholding treatment.

* **Communication supports:** Health care facilities are required to provide supports and services to ensure effective and clear communication 24 hours a day for patients who have hearing, vision, and/or speech, language and communication disabilities. The communication preferences of the patient should take priority.
* **Other reasonable steps:** Hospitals must provide other reasonable modifications and aids to give a patient with a disability equal opportunity to benefit from treatment.
* **No discrimination in treatment:** Hospitals cannot discriminate, exclude, or treat patients differently because of their disability. Treatment decisions must be based on individual needs and not on generalized assumptions about a person’s disability or their quality of life. Care and treatment cannot be denied or lowered in priority based on a person’s pre-existing disability or an assumption that the person has a lower prospect of survival due to the disability. A person with a disability who has COVID-19 cannot be excluded from treatment just based on their disability or inability to communicate.

**How can you protect your communication rights at a hospital?**

* Complete the attached **one-page form outlining**  your individual needs and preferences as soon as possible. If you need to be treated, bring **two copies** (laminated, if possible).
	+ While you are healthy, it is a good idea to prepare a **communication kit** with a range of tools that you could use when you are sick during a long hospital stay, and may not have access to your regular communication support people. Please include instructions for hospital staff. For infection control, consider a communication board. There are free boards are available on the [Patient Provider Communication](https://www.patientprovidercommunication.org/supporting-communication-covid-19.htm) site.
	+ Include the name of a person(s) who can assist you with communication, if needed. They may not be able to accompany you to hospital but in an emergency, they may be able to assist using technology (e.g., phone, computer or video).
* Tell the hospital **registration clerk and nursing staff** that you are requesting communication accommodations and give them your form.
* Also be sure to bring your communication kit, including all devices, chargers, and communication boards you might need. Keep them close.

**Resources**

* **Communication Tools** to Facilitate Communication Between Patients and Providers During COVID-19: [PPC Taskforce](https://www.patientprovidercommunication.org/supporting-communication-covid-19.htm)
* **Health Passport** (general fillable 4-page form): [My Health Passport](http://flfcic.fmhi.usf.edu/docs/FCIC_Health_Passport_Form_Typeable_English.pdf)
* **Say it with symbols: Pinterest:** [**Communication boards**](https://www.pinterest.ca/sayitwithsymbols/?fbclid=IwAR27NV63aKQnVhZtg2RcPWkgoBOthhay_iBohvCgv26jnb-tIB_mC-Nlj2E)
* **CommunicationFirst:** <https://communicationfirst.org/covid-19/>
* [**Healthcare Access Research and Developmental Disabilities**](https://www.hcarddcovid.com/info)
* **Bransley Hospital:** [**Videos of communication techniques**](https://www.barnsleyhospital.nhs.uk/assistive-technology/resources-and-information/howto-videos/?tx_category=technique-demo&fbclid=IwAR0GL0pQkuK2qFYCf8zO-aOgj14hjj1P4AZ37heEx0ij_XD3f9zBg0EYMKw)
* **Other:** https://www.cdacanada.com/resources/access-to-healthcare/resources/useful-links/

**My Communication Rights and Accommodation Needs**

**Patient Name:** **Date:**

**Emergency Contact:**  **Tel:**

List all the ways you communicate:

List everything the healthcare provider should do when communicating with you:

List important things that healthcare providers should know about you and your health:

**I have a communication disability and request the following reasonable accommodations under the Canadian Charter of Rights and Freedoms and Human Rights Legislation while I am under your care:**

1. Please keep a copy of this document visible at the top of my chart.
2. Please keep a copy of this document posted in a prominent, visible place near me at all times while I am in the hospital.
3. Please communicate with me using clear, plain language what the options are, the risks and benefits of each, and what the proposed course of action is.
4. **I need the communication-related accommodations listed above to communicate effectively and to provide informed consent.**
5. If I am able to communicate using my requested accommodations, please ask my opinion about everything.
6. If you have any trouble providing my requested communication supports, please make a video call to **my emergency contact** who can help. The video call allows my contact to see what I am communicating.
7. If I am unable to communicate at any time and do not have a trusted communication support person present, my emergency contact should be contacted by video **before** any decision about or change to my care is made.
8. Unless I communicate otherwise, I do not consent to any decision to withhold treatment just because I have an underlying disability, or based on the assumption that my life is not as valuable as a nondisabled person, or that I will suffer less if I do not receive treatment.