



Tips for Interacting with People with Disabilities

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We Welcome Your Comments

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Disability Savvy Quiz

Test your disability-literacy. Take this quiz to check your awareness of preferred practices as you meet people who have disabilities.

Answers to the quiz are at the end of this article, *“Tips for Interacting with People with Disabilities.”* Read this article for more information and to better understand the answers to any questions you have answered incorrectly.

Please indicate whether each statement is true or false. If you are not sure, place a “?” next to your answer.

- ___ 1. Disability is a very common characteristic and occurrence within the human condition.
- ___ 2. People with disabilities include those with one or more activity limitations such as reduced or no ability to see, read, walk, speak, hear, learn, understand, remember, manipulate or reach controls, and/or respond quickly.
- ___ 3. Most people, if they live long enough, will age into disability. As time alters our bodies, disability becomes a natural occurrence.
- ___ 4. There is an 80 percent chance that you will experience a temporary or permanent disability at some point in your life.
- ___ 5. People with disabilities have the same range of personality traits, interests, and desires as everyone else.
- ___ 6. Do not assume that a person with a disability needs assistance. Ask before acting. If you offer assistance, wait until the offer is accepted, then wait for or ask for instructions.
- ___ 7. If you are addressed by someone with a disability who is accompanied by someone, respond directly to the person with the disability.
- ___ 8. If service counters are too high for people of short stature and people using wheelchairs, stand on your toes or a stool to establish eye contact.

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- ___ 9. Know the location of accessible routes, parking spaces, rest rooms, dressing rooms, and telephones used by people with disabilities.
 - ___ 10. It is rude and embarrassing for children to be curious and ask questions about a person's disability.

When interacting with people with physical disabilities, which of the following are false?

- ___ 11. Shake hands when it is appropriate. People with limited hand use or who use prostheses can usually shake hands.
- ___ 12. Hanging on to a person's wheelchair communicates interest and friendliness.
- ___ 13. When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat for yourself so the two of you are at the same eye level.
- ___ 14. Ask for permission before moving someone's cane, crutches, walker, or wheelchair.
- ___ 15. All of the following are commonly overlooked barriers:
 - a. Vehicles blocking ramps.
 - b. Housekeeping and cleaning carts blocking hallways and rest rooms.
 - c. Potted plants, benches, ashtrays, trash cans and other items blocking access to ramps, railings, and elevator call buttons.
 - d. Parking personnel using an accessible parking space as waiting areas.
 - e. Snow and ice on walkways, ramps and parking areas.

When interacting with people who have intellectual disabilities, which of the following are false?

- ___ 16. When presenting information, use a clear, concise, concrete, and simple manner. Sometimes added gestures, pictures, diagrams, or demonstrations are helpful.
- ___ 17. If you are not being understood, change your way of communicating. For example, demonstrate how to use a key to open the door. When needed, repeat information using different words or a different communication approach. Allow time for the information to be fully understood.
- ___ 18. When offering help, wait until your offer is accepted before assisting.
- ___ 19. A slow or no response means the person is not aware of you or what you said. Keep asking the question until you get a response.

When communicating with people who have speech disabilities, which of the following are false?

- 20. Always help people who are struggling to finish their sentences.
- 21. If you have trouble understanding a person's speech, do not be afraid to ask them to repeat, even three or four times, what they are saying.
- 22. It is better that people know that you do not understand rather than pretending to understand, making an error or doing the wrong thing.
- 23. Take time to understand how a message is being communicated to you when a person is using a communication device such as a letter or word board or augmentative and alternative communication (AAC) system.
- 24. Do not simplify your own speech or raise your voice. People with speech disabilities can hear and understand you.

When communicating with people with hearing disabilities, which of the following are false?

- 25. To get the attention of a person with a hearing loss, lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to establish if the person can read your lips.
- 26. Most people who are hard of hearing or deaf read lips.
- 27. When people lip-read, be sensitive to their needs by positioning yourself to face them and the light source. Keep your hands and food away from your mouth when speaking. Avoid chewing gum and smoking while speaking.
- 28. When speaking to a person with a hearing disability, use a louder tone of voice.
- 29. If a person who is deaf is using an interpreter, always speak directly to the interpreter.
- 30. Slow your speaking rate if you tend to be a rapid speaker.
- 31. If the person cannot lip-read, you can try writing notes. Be aware, however, that people who are deaf may not be proficient in written English as American Sign Language (ASL) may be their primary language.

When offering assistance to a person who is blind, which of the following are false?

- 32. Speak directly facing the person. Your voice will orient the person. Use your natural speaking tone.
- 33. When giving directions, be specific and describe obstacles in the path of travel.
- 34. The use of “clock clues” may be helpful: “the desk is at 2 o’clock.”
- 35. When offering assistance as a guide, take the person’s non-cane arm.
- 36. Directions should correspond to the way they are facing. The movements of your arm will let them know what to expect. Do not grab or pull people.
- 37. When leading a person through a narrow space or aisle, put your arm they are holding behind your back as a signal for them to walk directly behind you. Give verbal instructions as well, i.e. “We are going through a narrow space.”
- 38. When showing a person to a chair, place their hand on the back of the chair. They usually will not need any further help in seating.
- 39. If a person is using a service animal, the animal’s attention should not be sidetracked. Do not pet or talk to the animal.
- 40. When making change, count bills separately and identify each denomination as you hand them bills back to the person. Do the same with coins.
- 41. Offer to read written information like menus, labels, statements, etc., to the person if they are alone or with other people unable to read.
- 42. When reading information, read just the essential material to a person who is unable to read.
- 43. If Braille documents are available, such as menus, offer them, but do not be surprised if people prefer to have the information read to them.
- 44. Most people who are blind cannot read Braille.

For people with significant allergies, asthma, chemical and other environmental sensitivities, and respiratory-related disabilities, which of the following are false?

- 45. Up to 30% percent of the U.S. population report adverse reactions to particular chemical exposures such as pesticides, remodeling activities, new carpet, cleaning agents, air fresheners, deodorizers, tobacco smoke, and fragrances and fragranced products. This affects their ability to access public places.

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- 46. Eliminate use of mechanical dispensers or fragrance delivery systems which may be affixed to walls or ceilings, or may be part of the building's ventilation system. These devices are used to disperse air fresheners, deodorizers, disinfectants, scents, or scented products.
 - 47. Requesting that people refrain from using scented shampoo, hair spray, perfume, scented powder, cologne and after-shave reduces allergic reactions. Newly dry cleaned clothes and clothes washed in fabric softener, including the “dryer sheet” type, can also trigger reactions.
 - 48. Use fragrance-free, low toxicity cleaning products including rug shampoo, dry carpet cleaners, dishwashing detergents, hand soaps, lotions, toilet paper, and cleaners.
 - 49. Use odor-free pens for flip charts and white boards.

Regarding disability-specific language, the following are all acceptable terms, except (check all that are offensive):

- 50. Wheelchair bound and confined to a wheelchair.
- 51. He was afflicted with, victim of, stricken with, or suffers from polio.
- 52. Birth defect.
- 53. Dumb, deaf mute, dummy.
- 54. Mute.
- 55. Normal person, whole person, healthy person, able-bodied person as compared to a disabled person.
- 56. People with disabilities, Disability community.
- 57. Stroke patient, multiple sclerosis patient.

Regarding disability-related language, check those statements that are false:

- 58. Choose disability-related terms that describe diversity in accurate and respectful ways.
- 59. Disability-related language should be precise, objective, and neutral in order to avoid reinforcing negative values, biases, and stereotypes.
- 60. Avoid referring to people by their disability i.e., “an epileptic.” A person is not a condition. Rather, they are “people with epilepsy” or people with disabilities.

Tips for Interacting with People with Disabilities

Who are People with Disabilities and Other Activity Limitations?

About 30 percent of people living in the United States experience some difficulty with “basic” movement, or cognitive, sensory, or emotional limitations. The most common, reported by more than 20 percent of those surveyed, relates to basic physical actions such as walking, bending, and reaching. About 13 percent reported problems with vision or hearing, and about three percent reported emotional or cognitive difficulties. (Altman 2008) Even these numbers are not inclusive of a variety of people with functional limitations; for example, those with speech and language limitations.

There Are No “The Disabled” And There Is No “One Size Fits All.”

Disability should not be thought of as a condition that affects the “special” or “unfortunate few.” Disability is a common characteristic and occurrence within the human experience. There are no “the disabled” and there is no “one size fits all.” People with disabilities have the same range of personality traits, interests, and desires as everyone else. People with disabilities are a part of the world’s diversity.



Most generalizations about disabilities have numerous exceptions. Two individuals with the same type of functional limitations can have very different abilities and needs. Not all blind people are completely without some vision, read Braille or use white canes. Not all people who have low vision can read large print. Like everyone, people with disabilities and activity limitations live with different histories, resources, skills, and attitudes.

Defining Disability Broadly

It is important to think about disability broadly. Traditional narrow definitions of disability are not appropriate. Disability is not limited to wheelchair users and people who are blind or deaf. Individuals with disabilities include those with one or more activity limitations such as a reduced ability or inability to see, read, walk, speak, hear, learn, remember, understand, manipulate or reach controls, and/or respond quickly. Some disabilities are quite visible, while others are hidden such as heart disease, emotional or psychiatric conditions, arthritis, significant allergies, asthma, chemical and other environmental sensitivities, respiratory conditions, and some visual, hearing, and cognitive disabilities.

Longer life expectancies and decreasing death rates from heart disease increase the numbers of people living with chronic, nonfatal, but disabling conditions. (Reis 2003) As the population ages, as people with disabilities rise in proportion to demographic changes, and as medical and technology advances continue to keep more people with disabilities, chronic conditions, and activity limitations alive, healthy, and functioning independently, plans that include everyone make the most sense.

People with disabilities and activity limitations include those who have:

- Conditions which interfere with walking or using stairs (joint pain, mobility device user – wheelchair, canes, crutches, walker)
- Reduced stamina, fatigue, or tire easily (due to a variety of temporary or permanent conditions)
- Respiratory conditions (due to heart disease, asthma, emphysema, chemical or environmental sensitivities or other symptoms triggered by stress, exertion, or exposure to small amounts of dust or smoke, fragrances and fragranced products, cleaning agents, and other chemical fumes, etc.)
- Emotional, cognitive, thinking, understanding, remembering or learning difficulties
- Vision loss
- Hearing loss
- Difficulty speaking so others can understand them
- Temporary limitations resulting from, but not limited to:

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- o Surgery
 - o Accidents and injuries (sprains, broken bones)
 - o Pregnancy (Kailes 2002)

Disability Should Not Be Viewed As A “You Have” Or “You Don’t Have” A ‘Disability

The concept that either people have a disability or do not have a disability perpetuates misperceptions about the nature of disability and activity limitations. Do not view disability as a “you have” or “you don’t have” a disability. Activity limitations and abilities range in severity and duration (partial to total, temporary to permanent) and affect almost everyone at some point in their lives.

A Broad Definition of Disability Leaves No One Behind

Using a broad definition shows intent to include a broad range of people and leave no one behind.

Accommodating People with Disabilities Often Translates into Being Better Able to Serve All People

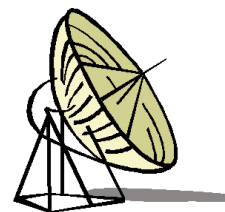
The approach to include people with disabilities should not be viewed as one more “special interest” group that drains resources. Anyone can acquire a disability at any moment. Preparing to accommodate people with disabilities often translates into being better able to serve all people.

People with Disabilities and Activity Limitations Are a Part Of Every Segment Of the Population

Individuals with disabilities live in the country and the cities, go to school and work at home and in high-rise buildings. Most people with disabilities and activity limitations are integrated into and are actively involved in all parts of our society.

All efforts to improve programs and services for people with disabilities should use a broad definition of “disability” that includes people of all ages, from early life to old age, and with full range of learning, understanding, emotional, hearing, speaking, visual, and physical abilities. If you think about those who have a disability, are likely to acquire a disability, people close to you who are affected by disability, then disability affects or will affect you.

People with disabilities and people who are aging will soon constitute the majority of the population. If you live long enough, you may age into disability. As time changes our bodies, activity and functional limitations become common. There is an 80 percent chance that you will experience a temporary (sprained ankles, broken bones, significant joint pain, etc.) or permanent disability at some point in your life.



Incorporate people with disabilities and activity limitations into the fabric and the culture of programs and services, so that the issues are not viewed as “special,” “sidebar,” or “in addition to,” but part of the daily radar screen of business as usual.

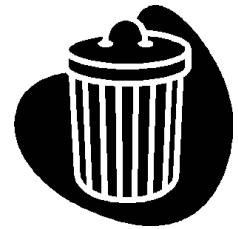
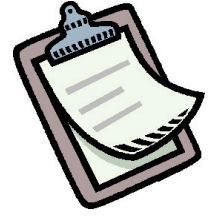
People with Disabilities and Activity Limitations

General Tips

- Focus on the person, not on the disability.
- Offer people with a disability the same dignity, consideration, respect, and rights you expect for yourself.
- If you don't know what to do, allow the person to help put you at ease.
- Do not be afraid to make a mistake. Relax.
- Do not patronize people by patting them on the head or shoulder.
- Treat adults as adults. Address people with disabilities by their first names only when extending the same familiarity to all others present.



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- Do not assume that a person with a disability needs assistance. Ask before acting. If you offer assistance, wait until the offer is accepted. Then wait for or ask for instructions. Respect the person's right to indicate the kind of help needed. Do not be offended if your help is not accepted. Many people do not need help. Insisting on helping a person is the same as taking control away from them.
 - If the person with a disability is accompanied by a friend or family member, look at and speak directly to the person with the disability rather than to or through the other person.
 - Do not assume that a person with a disability is more fragile than others. These feelings may make you reluctant to ask certain questions that should be asked.
 - If service counters are too high for some users, such as people of short stature and people using wheelchairs, step around counters to provide service. Keep a clipboard or other portable writing surface handy for people unable to reach the counter when signing documents.
 - Know the location of accessible routes including parking spaces, rest rooms, drinking fountains, dressing rooms, and telephones.
 - Understanding disability access issues and responding accurately, quickly, and respectfully to requests for information, directions, or assistance conveys genuine welcome.
 - Watch for and remove these common barriers:
 - Vehicles blocking ramps.
 - Housekeeping and cleaning carts blocking hallways and rest rooms.
 - Potted plants, benches, ashtrays, trash cans, and other items blocking access to ramps, railings, and elevator call buttons.
 - Parking personnel using an accessible parking space as waiting areas.
 - Snow and ice on walkways, ramps, and parking areas.



Language Issues

- Choose disability terms that describe diversity in accurate and respectful ways.
- Disability-specific language should be precise, objective, and neutral in order to avoid reinforcing negative values, biases, and stereotypes.
- Avoid referring to people by their disability i.e., “an epileptic.” A person is not a condition. Rather, they are “people with epilepsy” or “people with disabilities.”
- People are not “bound” or “confined” to wheelchairs. Wheelchairs are used to increase mobility and enhance freedom. It is more accurate to say, “wheelchair user” or “person who uses a wheelchair.”
- It is not necessary to avoid these expressions
 - When around people who are blind:
“Did you see that game?”
“See you later.”
 - or around people who are deaf:
“Did you hear about John?”
 - or around people who use wheelchairs:
“Let’s walk to the store.”
“Run over to the dorm to pick it up.”



Examples of Preferred Terms regarding People with Disabilities

Acceptable - Neutral*	Unacceptable - Offensive
He had polio She has multiple sclerosis	He was afflicted with, stricken with, suffers from, victim of polio, multiple sclerosis, etc.
He has arthritis	He is arthritic
She has cerebral palsy	She is cerebral palsied, spastic
A person who has had a disability since birth A congenital disability	Birth defect
A person who uses a wheelchair A wheelchair user	Confined to a wheelchair / wheelchair bound
She has a disability	She is crippled
A person who has a speech disability A person who is hard of hearing A person who is deaf	Dumb, deaf mute, dummy (implies an intellectual disability occurs with a hearing loss or a speech disability)
A person who has a spinal curvature	A hunchback or a humpback
He has a mental illness He has an emotional disability He has a psychiatric disability	He is chronically mentally ill, a nut, crazy, idiot, imbecile, moron
People of short stature	Midgets, dwarfs
A person who has a speech disability	Mute
A person without a disability as compared to a person with a disability	Normal person, whole person, healthy person, able-bodied person as compared to a disabled person
She lives with a disability	Overcame her disability
A person who has a developmental disability or intellectual disability	Retard, retardate, mentally retarded, feeble-minded, idiot
Use only when a person is actually ill	Sick
Use only when a person is actively being seen or treated by a health care provider	Stroke patient, multiple sclerosis patient
Seizure	Fit
Older people with disabilities	Frail

* Always subject to change and continuing debate

Other words to avoid because they are negative, reinforce stereotypes, and evoke pity include:

Abnormal	Invalid	Misshapen	Burden	Lame
Spaz	Disfigured	Maimed	Unfortunate	

Interacting with People with Cognitive, Intellectual or Psychiatric Disabilities

A cognitive, intellectual, or psychiatric disability can affect a person's understanding, memory, language, judgment, learning, and related information processing and ability to communicate effectively. These disabilities include individuals with intellectual disabilities, head injury, strokes, Down syndrome, autism, Alzheimer's disease, and emotional disabilities.

- Offer information in a clear, concise, concrete, and simple manner. Sometimes added forms of visual communication such as gestures, facial expressions, pictures, diagrams, or demonstrations are helpful.
- If you are not being understood, adjust your method of communicating. For example, demonstrate how to use a key card to open the door. When necessary, repeat information using different words or a different form of communication. Allow time for the information to be fully understood.
- Use common words and short simple sentences. Try to limit one idea per sentence.
- A slow response or lack of response does not necessarily mean the person is not aware of you or what you said. Allow time for people to process your words, respond slowly, or respond in their own way.
- Make sure the person understands your message.
- When offering help, wait until your offer is accepted before doing anything.
- Do not assume all people can read well or read at all. Use simple pictures or drawings to show instructions. Treat and interact with the person who has an intellectual disability as an adult.
- If a person is with someone who is helping them to communicate, always direct your attention and your message to the person, not the assistant.



Interacting with People with Speech Disabilities

There are people whose speech is difficult to understand. There are also people who are unable to speak so others can understand them. People unable to communicate using natural speech may use a variety of methods that allow them to communicate. Some (NOT ALL) people with limited speech also have difficulty understanding what people say to them because of their disability, age, a hearing loss, cognitive difficulties, and/or language differences.

- Do not raise your voice. People with speech disabilities can hear you.
- Give individuals your full attention and take time to listen carefully.
- Always repeat what the person tells you to confirm that you understood. Never pretend to understand if you have not.
- Ask questions one at a time.
- Give individuals extra time to respond.
- Take time to understand the message when a person is using a communication device such as a letter, a word board, or a device that produces speech.
- Pay attention to pointing, gestures, nods, sounds, eye gaze, and eye blinks.
- Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech, do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
- If you still cannot communicate, try using paper and pen or ask them to spell the message. Do not guess.
- Other strategies to try to help understand the communication include asking if they use a communication board or book or a speech generating device and if they have it with them and if there is someone who can help them communicate?



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- Ask them to:
 - “Show me how you say YES.”
 - “Show me how you say NO.”
 - “Show me how you point.”
 - Yes – 1 blink
 - No – 2 blinks
 - Help – 3 blinks
 - Teach people to indicate these phrases:
 - “I don’t know”
 - “Please repeat”
 - “I don’t understand”
 - For phone calls, try using the Speech-to-Speech Relay Service by calling 711, a form of Relay Services that provide Communications Assistants (CAs) for people with speech disabilities. This includes those who use speech generating devices and who have difficulty being understood on the phone. CAs have strong language recognition skills and are trained individuals familiar with many different speech patterns. The CA makes the call and repeats the words exactly.
 - Note that talking with an individual using an augmentative and alternative communication (AAC) system is often significantly slower than communicating through natural speech.
 - Ask if it is all right for you to try a finish their sentences. Some people are okay with this, and others find it annoying.
 - Give people time to answer you and consider using open-ended questions (like who, what, where, when, why, etc. rather than only “yes” “no” questions). People who use AAC often must plan ahead for situations where there is a lot to communicate in a short time frame, such as giving a presentation during a staff meeting. Fortunately, today’s AAC devices offer the option of preparing messages needed in advance of situations. With that in mind, it is extremely helpful for people who use AAC devices to know as far in advance as possible what topics, questions, or other communication expectations are coming up, allowing them to be as prepared as possible for these situations.

Interacting with People with Hearing Disabilities

Hearing loss falls along a continuum, from people who are totally deaf to many more who are hard of hearing and may or may not use a variety of sound amplification devices. Sometimes an individual's ability to speak is also affected.

- Ask people how they prefer to communicate.
- To get the attention of a person, lightly touch the individual or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to establish if the person can read your lips. Not all people can lip-read. For those who do, be sensitive to their needs by positioning yourself facing them and the light source. Keep your hands and food away from your mouth when speaking. Avoid chewing gum and smoking while speaking.
- Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will be of no help.
- Slow your speaking rate if you tend to be a rapid speaker.
- Make sure you have good light on your face.
- Do not run your words together.
- Avoid complex and long sentences.
- Pause between sentences to make sure you are understood.
- If you are giving specific information such as time, place, addresses, phone numbers, it is good practice to have it repeated back to you.
- If you cannot understand what is said, ask people to repeat it or write it down. Do not act as if you understand unless you do.
- If the person cannot lip-read, try writing notes. Never assume that writing notes will be an effective way to communicate with all people who are deaf. Some may not be strong in written English, since ASL is their primary language, which is very different from English as a language.



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- If a person who is deaf is using an interpreter, always speak directly to the person, not the interpreter.
 - If you cannot make yourself understood, try writing notes or drawing pictures.

Interacting with People with Visual Disabilities

Visual disabilities, similar to hearing disabilities, fall along a continuum, from people who have no vision to people who have low vision and may be able to read large print.

- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them so they will not be talking to empty space.
- Speak directly facing the person. Your voice will orient the person. Your natural speaking tone is sufficient.
- When giving directions, be specific and describe obstacles in the path of travel. Clock clues may be helpful, such as "the desk is at 6 o'clock." Avoid pointing or using vague terms like "that way."
- Directions should be given for the way they are facing. For example, "the restroom stall is about seven steps in front of you."
- When serving as a guide, ask, "Would you like to take my left (or right) arm?" The movements of your arm will let them know what to expect. Never grab or pull people.
- When leading a person through a narrow space such as an aisle, put your arm they are holding on to behind your back as a signal that they should walk directly behind you. Give verbal instructions as well, such as "we will be walking through a narrow row of chairs."
- When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.



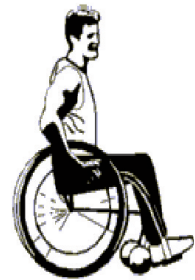
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- Before going up or down steps, come to a complete stop. Tell people the direction of the stairs (up or down) and the approximate number of steps. If a handrail is available, tell them where it is.
 - People do use escalators, but may prefer elevators. Ask which they prefer and if they need any assistance.
 - When showing a person to a chair, place their hand on the back of the chair. They usually will not need any more help in being seated.
 - If a person is using a service animal, the animal's attention should not be sidetracked. It is important not to pet or speak to the animal.
 - When making change, count dollar bills separately and identify each bill amount as you hand them back to the person; i.e., five fives, three ones. This is not needed with coins, as coins are easier to identify by touch.
 - Offer to read information like menus, labels, and statements to the person if alone or with other people who are unable to read. When reading information, ask if they would like the full document read or would like to choose specific headings to have read.
 - Offer Braille materials, if available, but do not be surprised if people would rather have the material read to them. Many people who are blind do not read Braille.
 - When offering information in alternative formats (Braille, large print, disks, audio) ask people what format works best for them.
 - When providing help to sign a document, ask if they want you to show them the location of the signature line.



Interacting with People with Physical Disabilities

Mobility and physical disabilities also fall along a continuum, from people who have mild to significant limitations which can limit movement, strength, and endurance.

- If shaking hands is appropriate, do so. People with limited hand use or who use prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.
- Leaning or hanging onto a person's wheelchair is similar to leaning or hanging onto a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it. Stand next to the person's wheelchair, rather than leaning or holding onto it.
- When pushing people using a wheelchair, let them know that you are ready to push. Be aware of the distance between the chair and other people to avoid clipping their heels. Avoid sudden turns of speed changes and carefully watch for changes in levels and pavement cracks and potholes. When moving up or down steps, steep ramps, or curbs, ask wheelchair users how they would like to proceed.
- When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so the two of you are at the same eye level.
- When giving directions, consider and be specific about distance, weather conditions, and barriers such as stairs, steep hill, ramps, and construction areas.
- Ask for permission before moving someone's cane, crutches, walker, or wheelchair.



Interacting with People with Significant Allergies, Asthma, Chemical and other Environmental Sensitivities, and Respiratory-related Disabilities

Up to 30 percent of the U.S. population report adverse reactions to particular chemical exposures such as pesticides, remodeling activities, new carpet, cleaning agents, air fresheners, deodorizers, tobacco smoke, and fragrances and fragranced products. Those affected can experience mild to debilitating or life-threatening reactions. People who are disabled by chemical sensitivities react to more and more substances and products at lower and lower exposure levels.



The practices below are not a “ban” on scented products, but a request to voluntarily refrain from using scented products so they become less of a barrier to access.

- Maintain a smoke-free environment. Restrict smoking to outdoor areas at least 50 feet from building entrances, fresh air intakes, and operable windows, or designate a smoking area that meets these criteria.
- Eliminate use of mechanical dispensers or fragrance delivery systems, which may be attached to walls or ceilings, or may be part of the building's ventilation system. These devices are used for the spreading of air fresheners, deodorizers, disinfectants, scents or scented products. Fragrance emission devices/systems and perfume and deodorizer ‘stick-ons’ are commonly used in restrooms and vehicles.
- When there is a choice, choose facilities with windows that open to permit fresh air to circulate.
- Avoid conventional pesticides for lawn care and structural pest control. Use Integrated Pest Management (IPM) Practices, which promote low impact, least toxic means of addressing a problem.
- Avoid activities involving cleaning, construction, painting, maintenance, and remodeling, roofing, and pesticide applications, if necessary, during working hours; fumes can be sucked into heating, ventilation, and air conditioning systems and distributed throughout the building.



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- Provide advance notice when problematic substances are to be used.
 - Use unscented products that emit low or no volatile organic compounds (VOCs are a broad category covering room-cleaning solvents and fumes from new carpets and furniture) like solvent-free paint.
 - Keep the ventilation system well-maintained and free of contaminants.
 - Install and maintain localized exhaust systems to remove fumes from restrooms, cooking areas, copier rooms, etc.
 - Locate fresh-air intakes away from outdoor pollution sources such as trash containers, parking lots, or loading docks.
 - Prevent the growth of mold by regulating humidity, providing adequate ventilation, and by repairing leaks and replacing water damaged materials.
 - Request that people avoid the use of fragrances and fragranced personal care products such as perfume, cologne, after-shave, shampoo, conditioner, hair spray, scented powder, hand and body soaps and lotions. Post the request in public places including entrance(s) to the building or facility and restrooms. Many fragrance-free personal care and laundry products are easily available and provide safer alternatives.
 - Request that people avoid wearing newly dry cleaned clothes and clothes washed or dried with fabric softener, including the “dryer sheet” types.
 - Use fragrance-free, low toxicity cleaning products including rug shampoo, dry carpet cleaners, dishwashing detergents, hand soaps, hand sanitizers, hand and body lotion, toilet paper, and cleaners.
 - Use unscented, nontoxic water-based markers for flip charts. Avoid the use of white boards because the markers and particularly the products used to clean the surface are a significant source of VOCs.
 - Consider developing a fragrance-free workplace policy, and provide workshops so people can begin to understand why these requests are important.

ANSWERS TO DISABILITY SAVVY QUIZ

All the answers are true except for the following, which are false:

8. If service counters are too high for people of short stature and people using wheelchairs, step around the counter to provide service. Keep a clipboard or other portable writing surface handy for people unable to reach or to use the counter when signing documents.
10. Kids are curious about life and have natural uninhibited curiosity when they see someone with a disability. Scolding kids about asking questions makes them think there is something bad about disability. Take clues from people with disabilities; most do not mind answering kids' questions.
12. Leaning or hanging onto a person's wheelchair is similar to leaning or hanging on a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it. Stand next to the person's wheelchair rather than leaning or holding onto it.
19. A slow response or lack of response does not necessarily mean the person is not aware of you or what you said. Allow time for people to answer.

When communicating with people who have speech disabilities...

20. Do not interrupt or help people finish their sentences.

When communicating with people with hearing disabilities...

26. The majority of people who are deaf do not read lips, and those that do never do so with 100 percent accuracy. The typical accuracy rate is 20 to 40 percent. Even the best lip-readers pick up less than 50 percent of words spoken.
28. Use a normal tone of voice unless you are asked to raise your voice. Shouting or exaggerating your words will be of no help.

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29. If a person who is deaf is using a sign language interpreter, always speak directly to the person, not the interpreter.

When offering assistance to a person who is blind...

35. When offering assistance as a guide, ask, “Would you like to take my left (or right) arm?” and allow people to decline or accept.
40. When making change, count bills separately and identify each denomination as you hand them bills back to the person. This is not necessary with coins since they are known by touch.
42. When asked, read ALL information to a person who is blind. This allows them to judge what is essential material.

Regarding disability-specific language, the following are all acceptable terms...

50. People are not “bound” or “confined” to wheelchairs. Wheelchairs are used to increase mobility and enhance freedom. It is more accurate to say, “wheelchair user” or “person who uses a wheelchair.”
51. “He had polio.”
52. A person who has had a disability since birth has a congenital disability.
53. Dumb, deaf mute, and dummy imply an intellectual disability occurs with a hearing loss or a speech disability. Instead use: a person who has a speech disability, or is hard of hearing, or is deaf.
54. A person without speech or a person who has speech impairment.
55. A person without a disability as compared to a person with a disability.
57. Use the word “patient” only when a person is actively being seen or treated by a health care provider.

REFERENCES

Altman, B. and Bernstein, A., *Disability and Health in the United States, 2001–2005*, (Hyattsville, MD: National Center for Health Statistics, 2008).