Working with Disabled People in the Emergency Department

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Trips to the Emergency Department (ED) can be particularly challenging for people with disabilities. The following pointers are intended to aid clinicians who work with people with intellectual, developmental and physical disabilities in the ED context. While expediency and triaging may hinder opportunities to dialogue, clinicians may be surprised that a few minor shifts in communication can enhance the ED experience for all involved.

Tips for ED Clinicians

- Address your communication to the disabled patient, even if they have brought someone in a support role. If you are unsure what the patient?s supporter should hear or know, ask the patient for guidance.
- If feasible, contact a patient?s supporter, case coordinator, or primary care provider to learn the most effective way to communicate with your patient and any other necessary accommodations they might need.
- You cannot tell the quality of a disabled person?s life by looking at them; resist assumptions. Ask about baseline traits, characteristics and function. Like most people, even those with complex disabilities have family and work lives, goals, passions, and fears.
- Some people have sensory impairments that make the bright lights and loud noises of an ED painful to them and impairs their ability to communicate effectively. Ask patients if this is an issue for them and, if so, make accommodations if possible (e.g. room with a door rather than a curtain; dim lighting)
- Tell your patient exactly what you plan to do and obtain their consent before proceeding. This is particularly important if you need to assist with removal of clothing or changing body positions.
- Do not accept proxy consent for restricting a patient?s movement or to physically restrain them. If you do not have consent, chemical restraint is safer for the patient and staff, and less likely to cause trauma.
- Patients may experience post-traumatic triggers in the hospital environment due to previous experiences of being restrained, isolated, or otherwise stripped of their bodily autonomy. If a patient exhibits aggressive behavior, try to de-escalate the situation with calm, specific, communication. You may also want to enlist support people who the patient trusts in these efforts.
- Disabled people ? especially those whose impairments require frequent ED trips ? often have a keen understanding of their bodies. They are experts in the experience of their bodies.
- Be aware that resistance may convey multiple things. It can be a way of communicating a lack of assent or consent, but can also be triggered by sensory distractions, lack of movement control, impulsivity, fear, or trauma.
- For disabled people and their families and loved ones, advocacy is a survival skill. Avoid value-laden or pathologizing terms. Most people with disabilities have been in situations where their communication, boundaries, and needs have not been respected.
- A patient?s intuition and a clinician standard of care may come into conflict. Avoid creating power struggles by acknowledging the importance of this intuition and expertise. If you must follow protocol that goes against a patient?s request, explain why and do your best to negotiate.

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