



ACCESSIBILITY AT DRIVE-THRU MEDICAL SITES

Drive-thru medical sites are one way that hospitals and health departments provide intermittent medical services (such as administering COVID-19 testing and vaccinations) with greater ease and/or safety for the people they serve. Typically consisting of pop-up tents and traffic cones, these temporary sites may be located in a parking lot at the hospital or a retail store or in a state fairground.

The sites are especially useful for medical testing and vaccinations during times of an outbreak since keeping people in their vehicles can help to minimize exposure to a contagious disease. In these cases, the vehicle may be approached by a medical provider who is wearing personal protective equipment (e.g. face mask, gloves, and a smock), and the person may be instructed to lower their window to allow a 4-inch gap, through which the provider communicates with, performs the test or vaccination on, and exchanges written information with the person being tested.

Whether these drive-thru medical services are funded and/or operated by the state, county, or city or a private business, the Americans with Disabilities Act (ADA) requires that the services are accessible to people with disabilities. This fact sheet lists considerations and strategies to promote accessibility at drive-thru medical sites, including those sites where people being tested or vaccinated may be asked to exit their vehicles.

Disability consumer groups can help

Involve the disability community in planning and implementation. [Centers for Independent Living](#) are locally-based organizations, staffed by people with disabilities, that can offer guidance and support to ensure programs and activities are readily usable by and accessible to people with disabilities. Disability consumer groups, including those listed in the “Resources” section of this fact sheet, can provide practical information on how to remove barriers and provide access in specific situations.

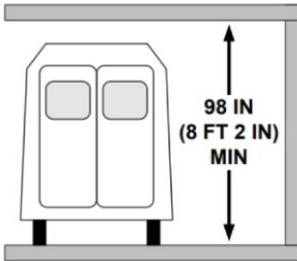
Train staff on disability etiquette

There are a number of disability language and etiquette resources, including those listed at the end of this document, which emphasize the following pointers:

- Communicate with the person being tested or vaccinated directly.
- Use plain language when communicating things, whether spoken or written.
- Allow extra time, and don't rush or interrupt the person you are testing or vaccinating.
- For people who are blind or have low vision, ask permission to touch the person, and let them know when you're reaching out to them and handing them something or giving them a vaccination. Staff can also learn human guide techniques in order to assist someone from their vehicle to another onsite location, if applicable.

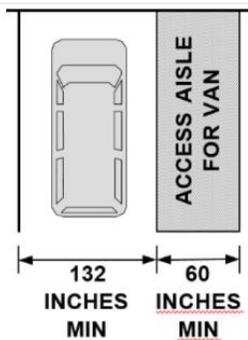
Accommodation requests

- Ask the people being tested or vaccinated to state their accommodation needs during the registration phase and before their arrival to the site.
- If you expect people to register using a website, ensure that the website is accessible. Offer to take accommodation requests by phone and email.

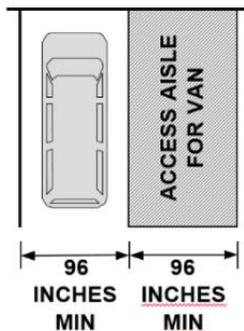


Wheelchair-user access

- Minimum clearance for wheelchair-accessible vans to approach and pass through the site is 8 feet and 2 inches high (see graphic)
- In order for people who use wheelchairs to exit their vehicles at the drive-thru site (if instructed to do so), an access aisle (clear space) alongside the vehicle is needed. The access aisle must be at least 60 inches wide if the lane is 132 inches wide, and the access aisle must be at least 96 inches wide if the lane is 96 inches wide. (see graphic)



OR



Service animals

Under the ADA, service animals are defined as dogs (or miniature horses) that are specifically and individually trained to perform a task or tasks for the person with a disability. These animals are permitted to accompany the person with the disability anywhere that people who are tested or vaccinated are allowed to go so long as the animal doesn't pose a direct threat to the safety of the person or others. Therefore, people who are instructed to exit their vehicles and/or travel to another location in order to receive services elsewhere must be allowed to take their service animals with them.

Effective communication

Staff communication with people who have disabilities must be as effective as it is for people without disabilities. This includes efforts to notify those who are eligible about the opening of drive-thru medical sites.

For people who are deaf or hard of hearing:

- Covering providers' mouths with masks could hinder communication for Deaf people who use lip-reading as part of their overall communication strategy. This will include many older people with age-onset hearing loss. Be prepared to communicate in different ways.
- If onsite ASL interpreters are provided and they wear protective smocks and gloves, give them gloves that provide high color contrast against the smocks (e.g. if the smocks are white, use black gloves).
- Use standard questions on a form (in bold, large font) that testers or vaccinators can point to.
- Use printed instructions and descriptions of procedures (swab, shot, etc.) so that people are prepared.
- For written communication, testers or vaccinators can use a small dry-erase board, which can be disinfected.
- Consider having small pads of paper and pencils for patients to use (and keep).
- Use charts or picture communication boards with graphics for visual communicators.
- Encourage testers and vaccinators to use gestures to communicate whenever possible
- Offer assisted listening systems and devices. A mobile device, such as a smart tablet, can be used for communication. Use a rugged case to protect the device from falls, and use a bio-bag and disinfection measures to prevent cross-contamination. The device can also be mounted on a stand with casters to roll the device to the patient's window and to minimize handling of the device itself.
- Set up a communication system at the site so that people with ASL needs can be connected with the onsite ASL interpreter with little delay.
- Video remote interpreting (VRI) is an option if an in-person ASL interpreter cannot be scheduled
- Information on VRI resources, communication apps, and other communication strategies can be found at ["COVID-19: Deaf and Hard of Hearing Communication Access Recommendations for the Hospital"](#)

For people who are blind or have low vision:

- State your name and title clearly, and repeat this introduction if there are multiple personnel involved so that the patient can identify who is talking to them.
- Verbally describe each step of the procedure, using specific directional words like “left” and “right,” etc. instead of “here” and “there”.
- Provide adequate, dimmable, directional lighting for all items that require close-up reading.
- Offer to read any documents aloud to the person.
- Offer to handwrite for the person to fill out a form, etc.
- To mark a signature area, use a plastic signature guide, which can be disinfectied. (see graphic)



Additional measures for greater accessibility

Consider if it would be safe and achievable to implement any of the following ideas (as applicable) for even greater accessibility of service:

- Modifications of policies and procedures so that onsite services may be provided to city bus, paratransit, and senior shuttles passengers (decide if passengers can remain in the vehicle or must exit the vehicle).
- Walk-up services for people who cannot arrive onsite aboard a vehicle, especially if drivers are scarce.
- TV screen at the entry to the site that plays a video instructing drivers on where to go and what to do. The video is in all formats –plain language, audio-described, with ASL and captioning.
- Strong WIFI signal, to which patients can connect their communication devices and other assistive technology.
- Self-administered medical test kits mailed to people who are unable to leave their homes or arrive by vehicle to the drive-thru site. For people who are blind or have low vision, test instructions would need to be available in alternative formats (e.g. large print, braille, audio file, or video conferencing); and it would be helpful to provide self-addressed, postage-paid return packaging or a variety of ways to submit the kits to the lab.

Resources

[COVID-19: Deaf and Hard of Hearing Communication Access Recommendations for the Hospital](#)

[National Association of the Deaf](#)

[FEMA Office of Disability Integration and Coordination](#)

[California Office of Emergency Services Access & Functional Needs](#)

[Lighthouse for the Blind and Visually Impaired](#)

[California State Independent Living Council](#)

[Deaf/Hard of Hearing/Deaf-Blind Medical Placard, Telecommunications for the Deaf INC. \(TDI\)](#)

[List of Technology Tools \(for people with hearing disabilities\), Telecommunications for the Deaf, INC. \(TDI\)](#)

[COVID 19 Picture Communication Board \(PowerPoint file\), University of Colorado Denver, Center for Inclusive Design and Engineering](#)

[National Disability Navigator Disability Language & Etiquette](#)

[Guide to Interacting with People Who Have Disabilities, U.S. Dept of Homeland Security, adapacific.org](#)

[Tips for Effectively Communicating with the Whole Community in Disasters, U.S. Dept of Homeland Security](#)

[Emergency Preparedness Publications and Resources, Pacific ADA Center](#)

[Accessibility Checklist for Existing Facilities, New England ADA Center](#)



Pacific ADA Center Toll-free: 800-949-4232 (V/TTY); Email: adatech@adapacific.org

The Pacific ADA Center is a member of the ADA National Network. This fact sheet was based on a similar document created by the Northwest ADA Center. This document was developed under grant from the Administration for Community Living (ACL), NIDILRR grant #90DP0081. However, the contents do not necessarily represent the policy of the ACL, and you should not assume endorsement by the federal government.

Alternate formats available upon request.

Revised 01/28/2021