Federal law requires that all public spaces, such as public health buildings, convention centers, fairgrounds, doctor’s offices, pharmacies, and other businesses comply with the Americans with Disabilities Act (ADA) to protect people from discrimination based on their disabilities.

Vaccination clinics must comply with the ADA. Any entity operating a vaccine clinic should have policies and procedures in place that include how it will serve people with disabilities, including steps to provide reasonable accommodations, to communicate effectively with people with disabilities, and a process for receiving and responding to ADA complaints.

Reasonable accommodation needs will vary from site to site, and for different individuals. Vaccine clinics should consider that people who are needing to access vaccinations will have a wide range of disabilities and many different access and accommodation needs. They may be deaf or hard of hearing. They may experience blindness or low vision. They may have an intellectual disability or cognitive impairment that impacts understanding of clinic process and procedures. They may use a wheelchair or other mobility devices. They may experience low stamina or fatigue, mental health conditions or behavioral support needs that may impact their ability to stand in line for long periods of time. They may require personal supports or assistance from a caregiver or companion throughout the process.

What is central to success is creating the opportunity for vaccine clinics to be physically and programmatically accessible (including scheduling and transportation considerations.) Clinic organizers should address communication and support needs, ensure volunteers and staff have information or training related to assisting people with disabilities, and develop a process for setting up vaccine appointments that meet the needs of people with disabilities and older adults. In many areas of the country, setting up vaccine appointments has become a significant barrier for people with disabilities and older adults, with inaccessible or confusing websites, complex registration processes, QR codes or other technologies that assume participants have access to a smart phone or broadband, and/or limited outreach to individuals who may not rely upon electronic forms of communication. Making registration and scheduling as straightforward as possible can improve access for everyone, not just people with disabilities and older adults.

Partnering with local disability and aging organizations is an effective approach that can ensure better access to vaccinations for these important-to-serve individuals. They can assist in understanding the needs of people with disabilities and older adults, including vaccine site design and implementation decisions.
ACCESSIBILITY

- Choose a centrally-located site that is physically accessible (e.g. level ground without slopes, zero-step, spacious), and that people can reach by mass transit.
- Coordinate with accessible transportation providers to offer low or no cost transportation to vaccine sites for appointment.
- Reserve adequate parking near the entrance (in addition to accessible spaces) for people with disabilities and their supports, and offer a drop off zone that allows for minimal walking.
- Provide an accessible, clearly marked “ADA/Accessible” entrance with assisters available, allowing entrants to bypass waiting in line (including people whose disabilities may not be apparent).
- Maintain pathways to and from the vaccine site and within the facility with clear, wide, level access (free of snow, leaves, orange cones, or other debris) for people who use wheelchairs and other mobility devices, avoiding steps and stairs.
- If doors do not include power openers, leave doors propped open or provide staff or volunteers to open doors.
- Ensure elevator access is available and prioritized for people with disabilities and older adults.
- Ensure that staff and volunteers have a basic understanding or access to information regarding reasonable accommodations, including service animals.
- Modify mask requirements for those individuals whose disabilities prevent them from wearing a face covering and ensure staff/volunteers understand this accommodation.
- Offer a “quiet room” space for individuals to wait in line, receive vaccines, and for the post vaccine observation period, for those who cannot tolerate large, noisy spaces.
- Have wheelchairs, including bariatric chairs, available for people who have mobility disabilities or experience fatigue.
- Ensure staff/volunteers are trained to accommodate individuals with non-apparent disabilities.

COMMUNICATION

- Have simple, plain-language explanatory materials on hand.
- Have large print and Braille versions of all written materials available.
- Offer readily-available staff or volunteers to assist with reading forms or documents for individuals who may require assistance with seeing, reading, or comprehending.
- Include American Sign Language (ASL) Interpretation along with other language interpretation available at the site.
- Offer staff or volunteers clear face coverings to assist people who depend on speechreading.
- Provide clear and easy-to-read external signage with photos/graphics indicating path to accessible entrances/exits.
- Provide additional signage indicating elevator priority for people with disabilities and older adults.
- Provide signage regarding wait times, for example: your wait time is 15 minutes.
- Have a clear, publicly posted policy recognizing that people with disabilities have the option to bring a support person with them at all stages of the process.
- Post clearly marked signage and information in plain language and translated to reflect the language needs of the community for people seeking assistance to find help, and ensure an adequate number of trained “assistors” available.
- Post signage and/or graphics clearly indicating the accessible path of travel outside and inside building for individuals who use wheelchairs or other mobility devices.

APPOINTMENTS

- Allow for multiple scheduling options: phone, website, direct assistance.
- Ensure that websites and apps are 508-compliant and accessible to people with various types of reasonable accommodation needs, including people using assistive technologies and screen readers.
- Minimize documentation and identification requirements to demonstrate eligibility. Communicate any expectations prior to the appointment clearly and simply.
- Allow for “group” scheduling – for example, people from the same household or people with disabilities and older adults with their caregivers or home health workers.
- Support and engage existing community-based organizations serving people with disabilities and/or older adults as partners to assist in outreach and implementation efforts, and to identify solutions in collaboration to provide a more accessible experience for individuals with disabilities and older adults.
Thank you to the following organizations who contributed information and ideas for this document:

- **ADvancing States**
- **American Association of People with Disabilities**
- **American Association on Health and Disability**
- **Anthem**
- **Association of Programs for Rural Independent Living**
- **Association of University Centers on Disabilities**
- **Autistic Self Advocacy Network**
- **Georgia Tech | Center for Inclusive Design & Innovation (CIDI)**
- **Marion County Health and Human Services**
- **National Association of Area Agencies on Aging**
- **National Council on Independent Living**
- **Oregon Council on Developmental Disabilities**

*Organizations with state and local aging and disability networks. Additional networks include:

- **ADA National Network**
- **National Association of Councils on Developmental Disabilities**
- **National Disability Rights Network**

For more information and resources related to COVID-19 issues for people with disabilities and older adults, visit the [Administration for Community Living Covid-19 Response website](https://acl.gov/COVID-19).