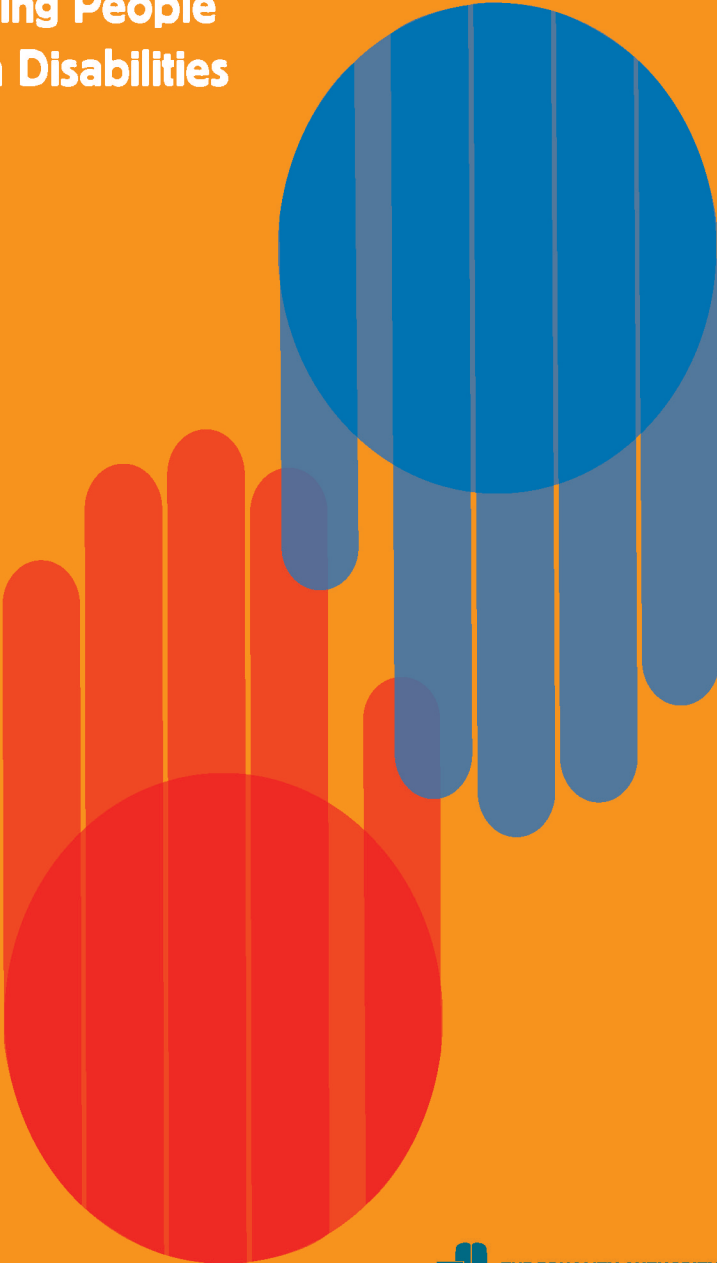


# Community Pharmacies Serving People With Disabilities



THE EQUALITY AUTHORITY  
AN tÚDARÁS COMHIONANNAIS

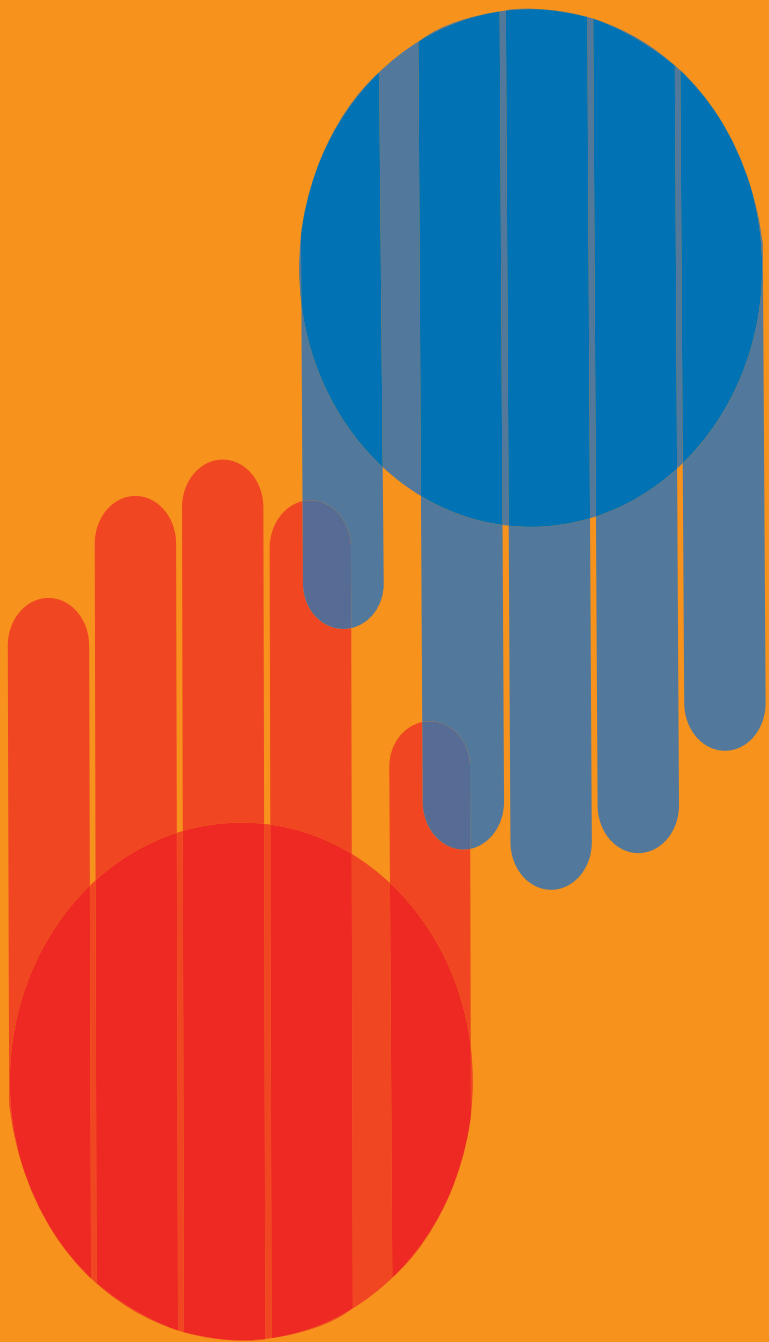


**Community Pharmacies  
Serving People  
With Disabilities**



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# Foreword

This publication is a joint initiative of the Irish Pharmaceutical Union and the Equality Authority. The starting point for the Irish Pharmaceutical Union in relation to this joint initiative is a commitment to supporting quality customer service in community pharmacies. The starting point for the Equality Authority is a mandate under equality legislation to promote equality of opportunity and combat discrimination. This includes a particular focus on the requirements in this legislation in relation to making reasonable accommodation for people with disabilities.

This joint initiative is shaped by a shared understanding of the centrality of equality for achieving quality customer service. Equality in customer service focuses attention on ensuring that

- Customers do not experience discrimination, harassment or victimisation on any of the nine grounds covered by the equality legislation (gender, marital status, family status, age, disability, sexual orientation, race, religion and membership of the Traveller community).
- Adjustments are made to take account of the practical implications of customer diversity across the nine grounds with a particular focus on making reasonable accommodation for customers with disabilities.
- There is a proactive approach for customers across the nine grounds making full use of the positive action provisions in the equality legislation.

These are all elements that are required if quality in customer service is to be achieved.

This publication focuses attention on the specific challenge of making reasonable accommodation for customers with disabilities. It seeks to support community pharmacies to build on their current good practice and to achieve planned and systematic approaches to achieving a service that is accessible and relevant to people with disabilities.

Practical guidance is provided on steps that can be taken to secure a quality customer service for people with disabilities. It is based on approaches that could be developed in relation to equality for employees with disabilities. These are approaches that could also be built on to achieve a wider accommodation of diversity of customers and employees across the nine grounds covered under equality legislation.

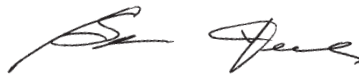
The Irish Pharmaceutical Union and the Equality Authority hope that this publication will serve as a stimulus for new initiatives by community pharmacies in making reasonable accommodation of customers with disabilities and in placing equality at the heart of their work to promote quality customer service. Both organisations are committed to a wide dissemination of this publication and to supporting a broad implementation of the ideas and suggestions it puts forward.

We are grateful to Maureen Gilbert who has drafted this publication and supported the development of this joint initiative with her customary expertise and commitment.



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Niall Crowley  
Chief Executive Officer  
Equality Authority



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Seamus Feely  
Secretary General  
Irish Pharmaceutical Union

# Introduction

Community pharmacies provide highly valued services at the heart of every town and village in the country. Community pharmacies are often the first port of call for people seeking medical advice and they are characterised by the trust that they engender in their customer base. Community pharmacies can take pride in the service they offer with their emphasis on knowing their customers and their needs.

This is not a context that leads to complacency. The community pharmacy sector is constantly looking for ways of improving the range, quality and delivery of the vital and valued services that it provides and of evolving its commitment to quality customer service.

Most community pharmacies give consideration to the specific needs of their customers with disabilities. It can be difficult, though, to know exactly what is required and what will work best for such a broad group. This can result in a piecemeal approach.

*Community Pharmacies Serving People with Disabilities* aims to assist pharmacists by offering practical advice concerning the often easily implemented but always significant and achievable changes which they can make to ensure that they provide a quality service to customers with disabilities. It seeks to support a planned and systematic approach within community pharmacies to meeting the needs of their customers with disabilities. It identifies a range of initiatives to build on current practice and evolve the quality of their service to people with disabilities.

***Community Pharmacies Serving People with Disabilities* is firmly based on common sense. Following the simple suggestions it contains will ensure that community pharmacies provide a quality service to their disabled customers and enhance their reputation**



**as service providers who respond effectively to the needs of everyone in their local communities.**

The focus for *Community Pharmacies Serving People with Disabilities* is the customer with disabilities. However the guidance provided is easily adapted for a focus on employees with disabilities.

## **What community pharmacies are required to do for customers with disabilities under the Equal Status Acts**

The Equal Status Acts, 2000 to 2004 prohibit discrimination, harassment and victimisation (with exemptions) in the provision of goods and services, education and accommodation on the following grounds: gender, marital status, family status, sexual orientation, religion, age, disability, race, membership of the Travelling community.

With regard to people with disabilities the Acts require that providers of goods and services:

- do not discriminate (including indirect discrimination by association and discrimination by imputation) against people with a wide range of disabilities, including people with mobility, sensory, mental health and intellectual impairments (see Appendix 2).

- accommodate the needs of people with disabilities through making reasonable changes in what they do and how they do it where, without these changes, it would be very difficult or impossible for people with disabilities to obtain those goods or services – unless it costs more than a nominal cost.

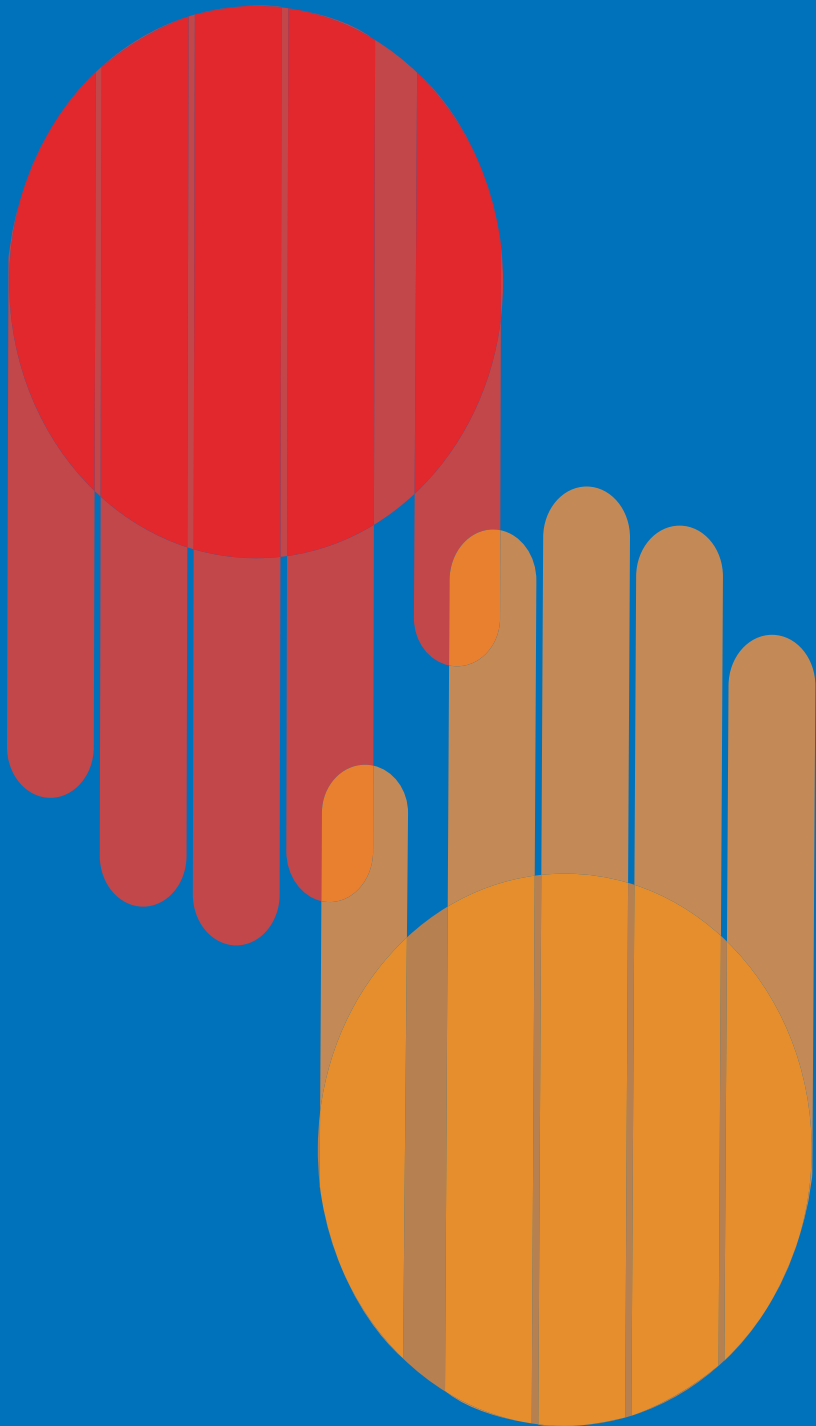
**Nominal cost exemption: Service providers are not obliged to provide special treatment or facilities where the cost involved is greater than a nominal cost. The meaning of nominal cost will depend on the circumstances of each case. In decisions of the Equality Tribunal “nominal cost” has been interpreted in a relative sense. Nominal cost for an enterprise with a high level of resources will not be the same as for enterprises with limited resources.**

**Studies in the US show that more than half of accommodations made for people with disabilities cost nothing.**

Reasonable accommodation involves making these reasonable changes. It is not discretionary. It is the law. It is also **a simple, easily achievable aspect of quality customer service and ordinary common courtesy.**

The Equal Status Acts allow service providers to take positive action to promote equality of opportunity for people with disabilities and to cater for special needs. **Community pharmacies can take steps to ensure that people with disabilities can access the full range of their goods and services.**

Community pharmacies' obligations under the Equal Status Acts are complimented by their duty of care to their customers, as expressed in Clause 9 of the 1996 Community Contractor Agreement. Specific and / or innovative methods of communication may be needed to ensure that issues such as medication, dosage, potential drug therapy problems are explained in the most appropriate way to people with disabilities, especially those with sensory impairments or whose comprehension is lower than average.



# Who are people with disabilities?

The term “disability” doesn’t just apply to people who use wheelchairs or people who are blind. The Equal Status Acts define disability broadly and comprehensively (see appendix 3). It includes a wide range of people, such as:

- people who have limited mobility, perhaps because of arthritis or some other common condition
- people with visual impairments, perhaps caused by an age-related condition
- people who are deaf or hard-of-hearing
- people who have limited use of their hands
- people whose speech is hard to understand
- people who have learning disabilities or intellectual disabilities
- people with mental health difficulties.

This encompasses a broad range of impairments, for example from partial sight to total blindness and from life-long health issues to temporary concerns such as a broken leg or sprained wrist. While some people have only one impairment, many experience several. Some customers may not refer to themselves as “disabled” but are nonetheless covered by the legislation.

When all these people are taken into consideration it is clear that a significant proportion of the population has a disability of one sort or another. There are people with disabilities in every community in the country. The challenge is to ensure they are all getting the best out of the services offered by community pharmacies.

People with disabilities are also diverse in their identities. They include men and women with disabilities, young and old people with disabilities, gay and lesbian people with disabilities, carers with disabilities and traveller and other minority ethnic people with disabilities. This diversity has implications for their needs and how these are most effectively met.

## Barriers

People with disabilities face a range of obstacles in their daily lives. These include barriers which make it difficult or impossible for them to access what they want from their community pharmacy. The barriers can often be subtle. They may not be put in place deliberately but they still inhibit access and optimal service use. The barriers that people with disabilities face include:

- **communication:** for example, inappropriate or disrespectful language, speaking too quickly or unclearly, providing information only in small print.
- **physical environment:** for example narrow doorways, steep steps, poor lighting and signage, cluttered layout and lack of access to buildings generally.
- **negative attitudes towards customers with disabilities:** for example, patronising attitudes and making assumptions about people's abilities and inabilities.
- **the way services are provided:** for example, inflexible ways of doing things, poor training of staff, unnecessary or complicated procedures.

**Reasonable accommodation will help to overcome some of these obstacles. Positive action can eliminate them.**

**Quality customer service can be enhanced by examining premises, procedures, practices and services to make sure that they are not unintentionally inhibiting access for people with disabilities. Such an audit provides a valuable basis for a planned and systematic approach to making reasonable accommodation for customers with disabilities. It will assist in ensuring no indirect discrimination occurs.**

## **Some practical advice on how to make reasonable accommodation**

The Equal Status Acts require community pharmacies to make reasonable changes in what they do and how they do it where without these changes it would be very difficult or impossible for people with disabilities to access the goods they sell or the services they provide, unless it costs more than a nominal cost.

**Knowing what disabled customers need will help community pharmacies to provide reasonable accommodation. Ask them!**

The starting point for providing reasonable accommodation of a customer with disabilities is a discussion to assess their needs and how best to meet these. This discussion should take place in a setting that allows for privacy. There is an onus to consider any reasonable proposal put forward by the customers with disabilities.

Many kinds of reasonable accommodation cost very little or nothing at all, like **making sure customers with disabilities are aware of the full range of services on offer**. Some can be part of **regular routines**, like **ensuring that floor surfaces are safe** for everyone to walk on or **briefing staff about disability-related issues**. Some require a little more forethought, such as **improving layout or signage**. Making sure that **access for people with disabilities** is taken into account when upgrading premises or carrying out routine maintenance can be very cost-effective.

**Reasonable accommodation benefits everyone.** For example, **installing automatic doors** is well worth the financial outlay – it accommodates people making deliveries and people pushing buggies and carrying heavy bags, as well as being essential for people with mobility impairments.

Because all pharmacies and their premises are different it is not possible to set out a generic list of actions to be taken. The ideas in the framework that appears below are not exhaustive and are meant to provide a simple guide to some common aspects of making reasonable accommodations.

## **1. Consulting current and potential customers with disabilities**

Talking to people with disabilities will help to get ideas about what changes might need to be made to improve service to disabled customers. It is important to check with customers with disabilities to see if they are being excluded unintentionally. Community pharmacies can seek the views of people with disabilities by:

- putting up a notice asking for ideas in relation to reasonable accommodation for people with disabilities to be put in a suggestions box.

- asking people who collect prescriptions for people with disabilities if it would be possible to talk directly to the disabled customer.
- inviting regular customers with disabilities for a chat about how the pharmacy and its service can be improved to suit their needs better.
- asking the opinion of other disabled people known to staff.
- contacting local disability groups and asking their advice.

## 2. Premises

Firstly, people with disabilities need to be able to find the premises and get inside. Initiatives that can be taken by community pharmacies to make sure that this is possible include:

- clearing the pavement outside the shop of obstructions, such as parked bicycles, signboards and bins.
- eliminating steps and trip hazards outside the premises.
- contacting the local authority about improving the pavement and providing a disabled parking place outside the pharmacy.
- making sure exterior signs are clear and obvious.
- ensuring that the entrance to the pharmacy is well-lit.
- making sure that there are no steps, lips or saddles at the door and that it is wide enough to admit wheelchair users (at least 800mm clear opening width).
- using textured rubber matting to indicate the position of the entrance to visually impaired people.
- installing automatic doors or, at least, doors that are easy to open.



Secondly, people with disabilities need access to the goods and services that the pharmacy offers. Initiatives to achieve such access will make a safer and more convenient shopping environment for everyone.

Initiatives that community pharmacies can take with regard to layout to make such access possible include :

- making sure that aisles are wide enough to allow everyone to get around easily (in the ideal situation they would be at least 1500mm wide).
- making sure that counters, customer service points and cash desks are visible, easy to approach and at the right height (at least one section of each should be only 750mm high).
- making adjustments to the layout of the pharmacy to make it easier for everyone to use.
- eliminating steps and changes of level in the shop.
- keeping aisles free of obstructions and free-standing displays.
- making sure that shelving or other materials do not protrude into circulation space.
- making sure that as much stock as possible is available at heights that everyone can reach – the zone 450-1300mm above finished floor level is the most accessible for everybody.

Initiatives that community pharmacies can take with regard to other aspects of the premises to make such access possible include:

- improving lighting and ensuring that there is no glare.
- ensuring that notices concerning opening times and available services are displayed clearly.
- improving internal signage so that customers don't have to go round the whole shop looking for something. Where possible, use symbols as well as words.

- eliminating trip hazards, using non-slip floor coverings which are kept dry and replaced when worn.
- making sure that price labels are well-placed, in large bold print and are generally easy to see and read, with tactile indicators where possible.
- ensuring that equipment intended for public use is available at accessible locations and heights and is as easy as possible to use.
- installing an induction loop system throughout the premises – if this is not possible, at least at the prescription counter and in any consultation areas.
- ensuring that there are enough seats for customers with disabilities and others who find it hard to stand for long.
- making sure that everything in the shop is maintained in good working order.

Finally people with disabilities need to be able to leave the premises quickly in an emergency. Initiatives that community pharmacies can take to address this need to include:

- installing alarm systems that incorporate flashing lights as well as sounders.
- ensuring that emergency exits are clearly marked with tactile materials and accessible to everyone, and that the routes to them are free of obstructions.

### **3. Customer service**

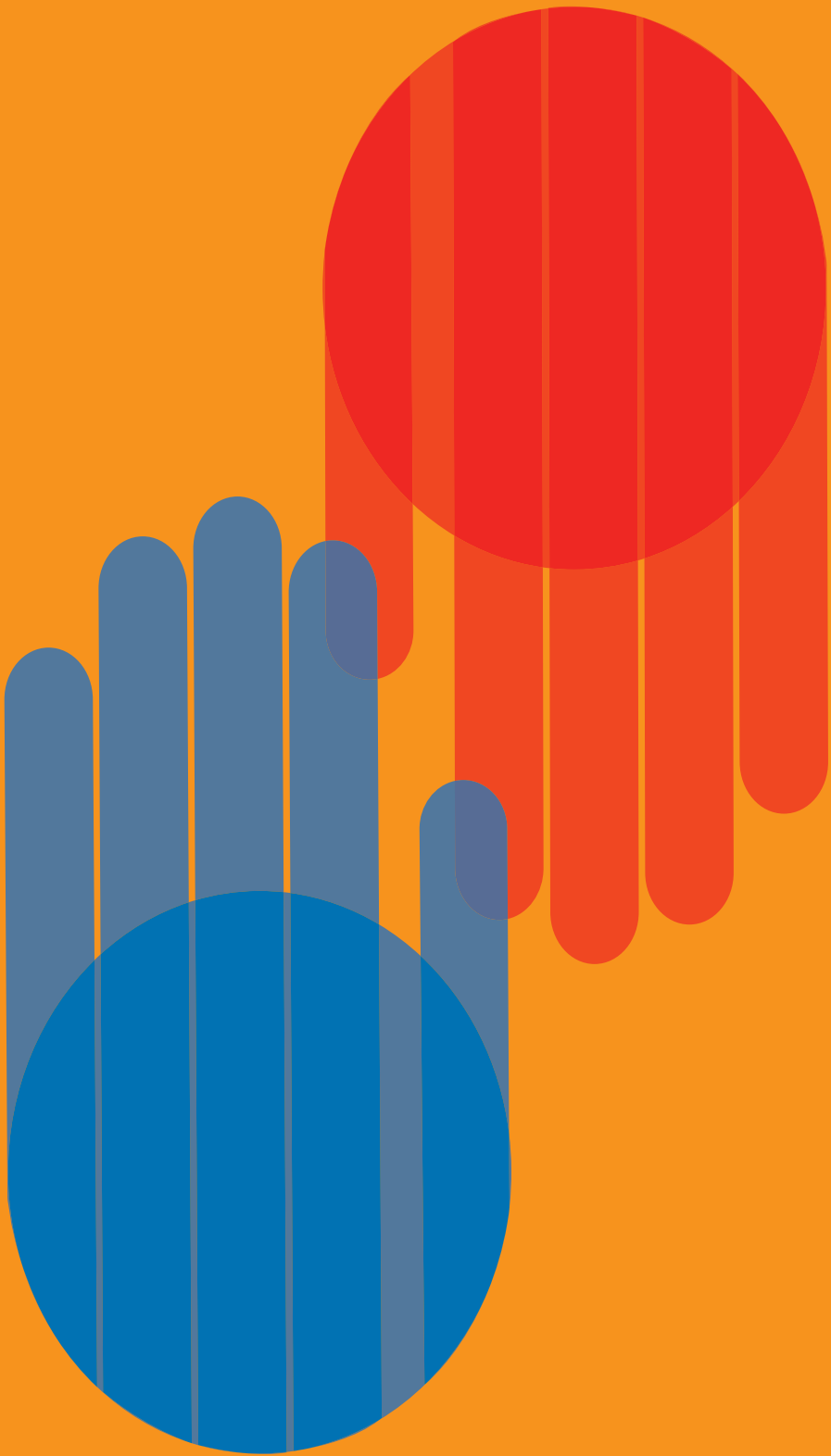
Like everyone else, people with disabilities want to be treated with appropriate respect and courtesy. Like everyone else, they want to be independent and only seek assistance when it is necessary. At the same time they need to know that if they do ask for assistance they will be facilitated efficiently.

Overall service initiatives that community pharmacies can take to ensure that they facilitate customers with disabilities efficiently with the assistance they need, include:

- including a section in the pharmacy's customer care plan on providing quality services for people with disabilities.
- identifying a staff member with overall responsibility for approaches to making reasonable accommodation for customers with disabilities.
- ensuring that all new services are accessible to people with disabilities.
- ensuring that services such as screening services, in-store demonstrations and advice sessions are accessible to people with disabilities – and that they know they are welcome to attend.
- including a section on assistance to people with disabilities in the pharmacy's safety statement and plan.

With regard to medicines and other products, initiatives that community pharmacies can take to facilitate customers with disabilities efficiently with the assistance they need include:

- providing information in symbolic form, in large print, in raised print or Braille or on tape for people who cannot read standard print.
- simplifying instructions and information for people with lower than average comprehension.
- using pill charts, Venalink, Nomad or an equivalent system to assist vulnerable customers to take their medication appropriately.
- providing medications in containers appropriate for people with poor hand function or who are visually impaired.



- monitoring customers who find it hard to cope or who are at risk of non-compliance or taking medication inappropriately.
- explaining new developments in products and services to people who may have difficulty in accessing information independently from notices, the media or other generally available sources.
- providing sign language interpretation as required by customers who are deaf.
- ensuring false assumptions are not made about customers with disabilities (e.g. in relation to sexual relations or pregnancy) such that the service provided is inappropriate.

With regard to communication and staff attitudes, initiatives that community pharmacies can take to facilitate customers with disabilities efficiently with the assistance they need include:

- providing training for staff so that everyone who works in the pharmacy can serve disabled customers confidently and respectfully and knows how to offer and provide appropriate assistance.
- making sure that everyone who works in the pharmacy is aware of disability-friendly features of the premises and services.
- making sure everyone working in the pharmacy uses appropriate language about disability – see appendix 1 for a quick guide to terminology that will not cause offence.
- having staff move to a brighter area to accommodate someone who is lip-reading – making good eye contact in bright surroundings will assist all customers and fosters an open, accessible, customer-focused atmosphere.
- making it clear that guide dogs and other service dogs are welcome on the premises.

## **4. Marketing the services of community pharmacies to people with disabilities**

Many community pharmacies are already taking steps to accommodate the needs of disabled customers. Not all people with disabilities have yet got that message. Many may be unaware of the range of services that pharmacies provide.

Community pharmacies need to let people with disabilities know about what they do and about the steps they are taking to provide reasonable accommodation. Initiatives they can take in this regard include:

- telling people with disabilities about support services on offer (e.g. home delivery).
- promoting their services in ways that target people with disabilities (e.g. communicating directly with local disability groups, using local radio as well as local newspapers).
- encouraging people with disabilities to make suggestions for improvements and to tell staff what they need.
- placing a notice in a visible place in the pharmacy highlighting their commitment to making reasonable accommodation for customers with disabilities.
- ensuring customers with disabilities know who to approach when they require reasonable accommodation.
- discussion with the individual customers with disabilities to assess their needs and how best to meet these.

## 5. Ensuring standards are maintained

Monitoring and evaluation help to ensure that community pharmacies:

- meet their standards.
- maintain an optimum level of service quality to people with disabilities.

Initiatives that community pharmacies can take to monitor and evaluate their services do this by:

- keeping disability on the agenda at staff meetings and at regional IPU events.
- ensuring that staff training on these issues is kept up-to-date.
- monitoring level of use by customers with disabilities.
- conducting customer satisfaction surveys.
- encouraging regular feedback from disabled customers and local disability groups.

**Some of the actions detailed above are common courtesy. Some will require changes to be made. Others are just part of what community pharmacies do already. Service providers who pride themselves on treating all customers with thoughtfulness and respect are well on their way to providing reasonable accommodation. Reasonable Accommodation is part of any quality customer service.**

# Benefits

Changes made to accommodate people with disabilities will:

- make all customers feel valued.
- make the pharmacy accessible to a wider market.
- make the premises easy to get round.
- make people who work in the pharmacy more aware of the needs of all customers.
- provide a service that people want to return to.
- benefit other customers – and the people who work in the pharmacy.
- enhance the pharmacy’s positive public image.
- improve customer and community relations.

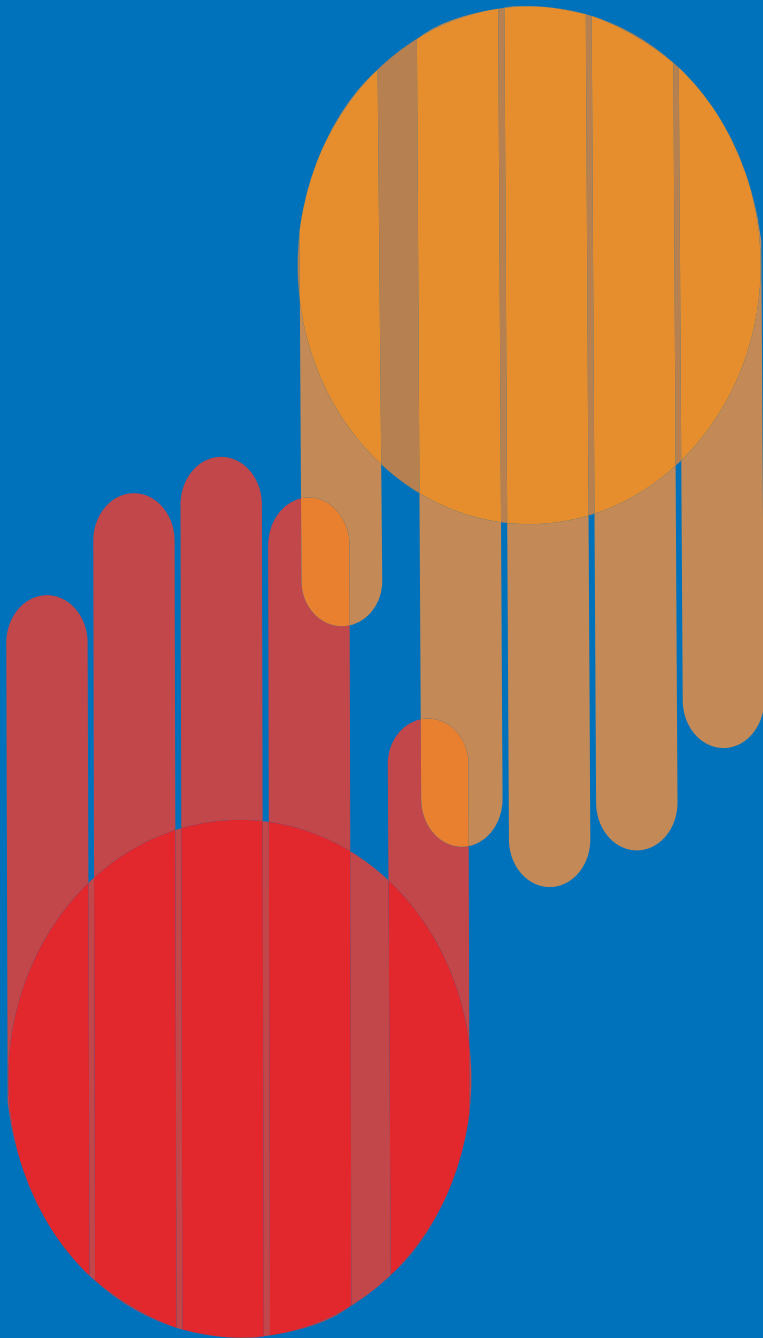
**All of this will have a positive knock-on effect on business.**

In addition, **people with disabilities can be very loyal customers.**

**By putting people with disabilities at the centre of service planning and delivery community pharmacists can get it right for practically everyone!**

The approaches developed to making reasonable accommodation of customers with disabilities can usefully be tailored to meet the needs of employees with disabilities. These approaches can also be further developed to accommodate a wider diversity of customers across the nine grounds identified in the equality legislation – gender, marital status, family status, age, disability, sexual orientation, race, religion and membership of the Traveller community.





# How to get more information

- For further information and regular updates about reasonable accommodation visit the Equality Authority's website: [www.equality.ie](http://www.equality.ie). The Equality Authority's Locall helpline 1890 245545 is also available to assist with information on the equality legislation or with support materials.
- The IPU's website – [www.ipu.ie](http://www.ipu.ie) – is also an invaluable source of useful information on a wide range of related topics.
- For more information on how to make all premises as accessible as possible consult Building for Everyone, published by the National Disability Authority (NDA) in 2002 and available through public libraries or directly from the NDA (01 608 0400).
- For further information on the Equal Status Acts, 2000 to 2004, contact the Equality Authority for information booklets on the Acts.

# Appendix 1: Language can be important

You can cause offence unwittingly by using inaccurate language when addressing people with disabilities or talking about disability. Here are a few points to remember:

- the term **person with a disability** or **people with disabilities** does not cause offence
- many people find terms like “the disabled” or “the handicapped” offensive
- people with disabilities often find words like “victims”, “suffering from”, “tragic”, “brave” etc patronising.

Medical terms and descriptions (e.g. “she’s arthritic”, “he’s an epileptic”) can cause offence. If you need to refer to different categories of people with disabilities the following language helps:

- wheelchair users (people are not “in wheelchairs” or “confined to wheelchairs” – by contrast, they can be a liberating form of transport)
- people with mobility impairments
- people with visual impairments
- people who are deaf or hard of-hearing
- people with learning disabilities or intellectual disabilities
- people with mental health difficulties
- non-disabled people (not “normal” or “able-bodied” people).

## Appendix 2: How the Equal Status Act defines discrimination

There are a number of elements to the definition of discrimination. Discrimination occurs if a person is treated less favourably than another person in a comparable situation on the basis of membership of any of the nine grounds.

It covers differences in how the person

- is treated,
- has been treated or
- would be treated.

It covers where the membership of the discriminatory ground

- currently exists,
- has existed but no longer does,
- may exist in the future or
- is imputed to the person concerned.

Indirect discrimination happens when there is less favourable treatment by impact or effect. It occurs when, for example, a student is refused access to a school not explicitly on account of a discriminatory reason but because of a provision, practice or requirement which the student finds hard to satisfy. If the provision, practice or requirement puts people who belong to one of the grounds covered by the Acts at a particular disadvantage then the school will have indirectly discriminated, unless the provision is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.

Discrimination by association happens when a person associated with another person (belonging to the discriminatory grounds) is treated less favourably because of that association.

## **Appendix 3: How the Equal Status Act defines people with disabilities**

In the Equal Status Act, 2000 “disability” means:

- (a) the total or partial absence of a person’s bodily or mental functions, including the absence of a part of the person’s body
- (b) the presence in the body of organisms causing, or likely to cause, chronic disease or illness
- (c) the malfunction, malformation or disfigurement of a part of a person’s body
- (d) a condition or malfunction which results in a person learning differently from a person without the condition or malfunction
- (e) a condition, illness or disease which affects a person’s thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour

and shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in future or which is imputed to a person.





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