



## CARING FOR PATIENTS WHO ARE BLIND OR VISUALLY IMPAIRED: A FACT SHEET FOR THE OUTPATIENT CARE TEAM

This fact sheet is intended to assist outpatient providers in supporting patients with visual impairment. Visual impairment may not be obvious. Use of a white cane or a guide dog is an apparent sign, but some patients who have remaining vision may only display subtle signs of vision loss such as: trouble walking safely or inability to find a chair; difficulty finding identification (ID) cards or inability to read small print; holding items close to the eyes to see; or not making direct eye contact during conversation. If you suspect a patient has a visual impairment, ask him or her. Awareness of these signs can promote a safe, positive and pleasant experience for the patient and staff.

### Consider physical environment:

- Ask about safety concerns, fall risks, and the ability to find and read signage at each encounter.
- Check the patient area for the location, size and contrast of signage, and for other obstacles to safe navigation such as unmarked steps, uneven flooring and obstructive furniture.
- Consider the impact of environmental lighting, color contrast, and glare on patient safety, both at home and in the clinic.

### Consider interaction:

- Face and address the patient directly. Make eye contact and address the patient by name.
- Speak directly to the patient in a normal volume and natural tone of voice.
- Introduce yourself by name and explain your function and purpose for care.
- Words such as “blind”, “visually impaired”, “seeing”, “looking” and “watching” are alright to say to someone who is visually impaired. Use of descriptive language, such as referencing color or patterns is also appropriate.
- Let the patient know when you enter and leave the area and/or room.
- Ask the patient whether describing the space layout would help. Use clock or compass directions (e.g., “you are facing north in the waiting room”, or “the door is to your left at nine o’clock”). Give basic description of a room layout such as tables and chairs.
- Frequently check on patients while they are in the waiting room. Encourage them to contact staff for needs such as navigating to the washroom.
- Remember that non-verbal cues (e.g., gestures), or vague directions (“over there”) are not helpful.



### Consider mobility assistance for patients who are familiar with Human Guide Techniques:

- Ask the patient if and when he or she would like mobility assistance.
- Ask the patient from which side he or she would prefer to be approached and guided.
- Extend your arm so that it touches the patient’s arm, allowing him or her to grasp and lightly hold your arm above the elbow.
- Do not pull or push the patient, or hold onto his or her arm.
- Walk at a relaxed, comfortable pace and let the patient set the pace.
- The patient will walk a step behind you while holding your arm. Indicate changes in terrain (e.g., stairs, flooring, transitions, slopes) by pausing briefly and describing the changes.
- When traveling through a narrow space such as a doorway or an aisle, put your arm behind you; the patient will step behind you. The patient’s hand should slide from above your elbow to right above your wrist. Return your arm to your side after you pass through; the patient will step beside you again and their hand will slide back up to above your elbow.
- When approaching a door, let the patient know if it opens toward you or away, and if the door opens from the right or the left. Pass through the doorway first; the patient will follow.
- When seating a patient, place his or her hand on the back of the chair. The patient will then seat him or herself. Do not attempt to push the patient into a chair.





- If moving any of the patient's belongings or equipment, ask permission and tell him or her where you are placing it.
- Guide dogs must be under the control of the owners at all times. Care and supervision of the animal is the responsibility of the patient or visitor. Staff should not engage or distract guide dogs in any way. Do not stare at, talk to, pet or feed a guide dog in a working harness.
- Be prepared to help the patient negotiate stairs in the event of an emergency or power outage where elevators cannot be used.

### Consider information (e.g., educational material, instructions, appointments, consents):

- Remember to maintain patient confidentiality in all interactions and protect personal health and identifiable information (PHI/PII) when reading or discussing information aloud. Obtain permission before discussing or disclosing PHI or PII with or in the presence of designated caregivers or family members.
- Ask the patient how he or she prefers to receive information (e.g., large printed material, electronic material, someone reading important material aloud), and how you can assist in completing forms or obtaining a signature, if needed.
- Encourage patients to use their own personal assistive technology in the clinic (e.g., magnifiers, smart phones that scan, image and speak text aloud).
- Patients with a visual impairment who use magnification aids may have slower reading rates. They will appreciate text with shorter words and shorter sentences. Consider bulleted or numbered information that contains the most vital text whenever possible.



- Consider having consent forms, instructions, prescriptions and other important forms and handouts available in large black and white print (>14 font) or as electronic copy. Use bold felt tip pens or markers for hand written material.
- Be patient; recognize additional time may be needed. Patients with visual impairment are often dependent on others for travel; thus, organizing appointments may require extra attention.
- Verify that the patient understands the most important information before leaving the clinic. Include family members and caregivers as appropriate.

### If you would like more information from specialists in treating blind and visually impaired patients, please contact:

Department of Veterans Affairs Blind Rehabilitation Service (BRS) at 202-461-7317

Department of Veterans Affairs Polytrauma Rehabilitation Field Advisory Committee at 708-202-5140

The Vision Center of Excellence (VCE) at 301-400-1130

### Resources and References:

- Americans with Disabilities Act (ADA) Checklist: Health Care Facilities and Service Providers:  
<http://www.afb.org/section.aspx?FolderID=3&SectionID=3&TopicID=32&DocumentID=529>
- Blind Rehabilitation Services – Blind Rehabilitation Service:  
[http://www.va.gov/BLINDREHAB/BRS\\_Coordinated\\_Care.asp](http://www.va.gov/BLINDREHAB/BRS_Coordinated_Care.asp)
- Caring for a Visually Impaired Patient:  
[http://www.nursingcenter.com/\\_PDF\\_.aspx?an=01212983-200809000-00006](http://www.nursingcenter.com/_PDF_.aspx?an=01212983-200809000-00006)
- Proper etiquette when working with individuals who are blind or visually impaired – American Foundation for the Blind:  
<http://www.afb.org/info/friends-and-family/etiquette/23>
- Caring for Patients Who are Blind or Visually Impaired: A Fact Sheet for the Inpatient Care Team:  
<http://vce.health.mil/media/resources/inpatientcare.aspx>

