PHARMACIES & SERVING PEOPLE WITH DISABILITIES

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www.cdihp.org/products.html#access_briefs)

- Importance of Accessible Examination Tables, Chairs, and Weight Scales
- Review of Legal Research on Accessible Medical Equipment
- Health Care Facilities Access
- Choosing and Negotiating an Accessible Business Location
- Providing Information in Alternative Formats
- Accessible Web-sites
- Improving Accessibility with Limited Resources
- Tax Incentives for Improving Accessibility
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- Medical and Diagnostic Imaging Centers - Making Referrals and Providing Services

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1. INTRODUCTION

This brief will assist you in providing quality pharmacy services for people with limitations in mobility, hearing, seeing, understanding, remembering, and learning. It reviews communication needs of people with visual, hearing, learning, and cognitive disabilities, and mobility assistive aids for people with hand-dexterity weakness and difficulties in swallowing. It explains how you can better assess your customers’ communication and mobility needs; and produce and/or recommends aids to improve your patients’ understanding of critical medication information such as instructions, precautions, contradictions, and refill information. Investing in learning about and training pharmacy staff on accessibility issues, is good for customers with disabilities and is central to achieving quality customer service.

This brief also contains sources (vendors) for the conversion and production of written information into alternative formats (i.e. large print, audio, Braille, and pictograms); assistive devices (i.e. automated pill reminders, alarm watches and medication reminder services); and sample guidance documents for customers and pharmacy staff to aid in the assessment of understanding and medication planning charts to help with remembering.

Although it provides suggestions, the guide is not meant to be the definitive word on communication and mobility aids for pharmacy services. Future changes in technology, the communication needs of people with and without disabilities, and societal trends will continue to re-shape the area of pharmacy communication access and mobility devices to improve medication adherence.

Medications are the important health care technology to prevent illness, disability, and death in older people and people with limitations in mobility, hearing, sight, and understanding, remembering, and/or learning. Of all groups, older persons and people with chronic diseases and conditions benefit the most from taking medications, and risk the most from failing to take them properly.¹

Communication Access Laws

The responsibility to offer written medication information in alternative formats, such as audio, large print, audio, or Braille, and auxiliary aids such as assistive listening devices is covered under the American with Disabilities Act (ADA’s) effective communication mandate. This requires state and local government and health care providers to communicate effectively with individuals who are deaf, hard-of-hearing, or have a speech, vision or learning disability. Communication access involves providing content in methods that are understandable and usable by people with: reduced or no ability to: speak, see, hear and limitations in learning, remembering and understanding. The goal is to provide effective and accurately understood information, so people with disabilities receive health and preventive care that is equally effective as that provided to others.

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1A. BARRIERS TO ACCESSIBLE PHARMACY SERVICES

Lack of Effective Communication

As the U.S. population ages, limitations in mobility, speech, hearing and understanding rise. Low health literacy among elderly people and those with disabilities is a growing problem. Almost half of the people in the elderly population have low reading skills, and reading ability appears to decline with age. A recent study of patients 60 years and older at a public hospital found that:

- 81 percent could not read and understand basic materials such as prescription labels and appointments.²

In addition, the World Health Organization reports that only around 50% of people typically follow their doctors' orders when it comes to taking prescription drugs -- and the rates are lower for certain medical conditions. Only 43% of patients take their medicine as prescribed to treat acute asthma. Between 40% and 70% follow the doctor's orders for depression medication. Just 51% of patients take the prescribed doses of high blood pressure medicine.³

Effective health communication can help raise awareness of health risks and solutions provide the motivation and skills needed to help reduce these risks. Effective communication can make medication information available to assist in people with in understanding their medication regimes and in making complex choices; such as selecting health plans, care providers, and medication treatments.⁴

- Non-Adherence

Medication Adherence is “the extent to which a person's behavior - taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider.”⁵ Medication adherence also means taking the correct amount of the prescribed medicine at the proper time.

- Nearly two-thirds (64%) of 2,507 US adults report that they have simply forgotten to take their medication, with 11 percent saying that this has happened "often" or "very often."⁶
- Approximately 125,000 people with treatable ailments die each year in the USA because they do not take their medication properly.⁷

Effective communication is the ability to understand and remember critical information, and is key to a person’s ability to take part in their participation and decision-making, and best achieved through a multi-modal approach, using more than one form of communication (i.e., verbal, written, pictures, audio). There is No single currently available assistive technology or that can meet the needs of all or even the majority of people with disabilities. People with physical and communication limitations a not be grouped under one umbrella, therefore, multiple means of communicating drug information are necessary.⁸
1B. IMPROVING THE ACCESSIBILITY OF PHARMACY SERVICES

First rule … Ask your customer how they prefer to communicate and receive information regarding:

- Ordering and refilling medication
- Delivery options
- Consultation process: why, when and how to take medication
- Understanding precautions, including side effects and drug interactions
- Reading and understand insert information
- Remembering to take medication
- How they can ask questions they may have later

1B. i. Assessing and Facilitating Understanding

Make it clear to patients that they themselves perceive the medication as being important.

- Provide clear instructions
- Tailor the drug regimen to the patient's individual schedule
- Review the importance of compliance with patients
- Teach patients to self-monitor
- Establish regular contact with patient
- Provide cognitive aids for the patient
- Ask the Patient to buy and use a medication container

**Medicine Knowledge Assessment**

A medication knowledge assessment can be used to assess a person's knowledge and ability to read and comprehend information necessary for appropriate medication use. Information from the Medication Knowledge Assessment can serve as the basis for a focused knowledge improvement plan.

**Medicine assessment surveys should contain, but are limited to:**

- Name of the medication. (Can the person read the label?)
- Why are you taking the medication? (For what disease or condition?)
- How much are you taking? (Number of pills)
- When to take the medication? (E.g., morning, before meals, twice a day)
- Effects to look for. (Both positive and negative)
- Where do you keep the medication? (To ascertain special storage conditions)
- When is the next refill due? (And plan or method for obtaining refills.)
- Place a check mark next to each question that the person can correctly answer.

You can use the results from the assessment to identify knowledge and communication gaps and develop an improvement plan by working with your customer, their family, physicians and others.

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*For a sample medication assessment tool, see Appendices 3A. MEDICATION KNOWLEDGE ASSESSMENT TOOLS.*
2. RECOMMENDATIONS FOR WORKING WITH PEOPLE WITH DISABILITIES and Activity Limitations

2A. PHYSICAL

2A. I. LIMITED Hand DEXTERTY/ STRENGTH

Many people have disabilities which result in temporary or permanently impaired hand and/or arm functioning such as arthritis, tendonitis, hand tremors, and broken or strained hand and arm muscles.12 spinal cord injury (SCI), Parkinson’s, Multiple Scleroses (MS), or Cerebral Palsy (CP); may also result in reduced muscle strength and flexibility, fine motor control and hand-eye coordination. These conditions can cause the inability to open product packages and medication containers, administer non-oral dosage (e.g., injections, patches, inhalers), use medical devices, or manipulate home testing equipment (e.g., glucose monitoring).13 This needs bullets, it is confusing. One list of conditions and bullets of limitations would be clearer.

EXAMPLES OF ASSISTIVE DEVICES

The following devices are low-cost solutions (services and devices) to assist with medication adherence for people with hand strength and/or dexterity limitations. Pharmacy staff should offer these assistive devices for sale or give them to customers.

* Containers

A. Easy to open lids - Some people may be able to use ordinary screw caps as an alternative to childproof closures (Figure 1).

B. Pill containers - That are easy to open: Figure 2 illustrates a child resistant bottle with a lid closures that require less pinching and griping to open (Figure 2).

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12 Talisman Technologies LLC - One Dose Pill Dispenser system. shaan@talisman-technologies.com
13 Weatherchem, the NutraGen II flip-top for dispensing larger-sized pills. www.weatherchem.com
• **Larger bottles** - Many people find it hard to handle small bottles; offer to put medicines in larger containers.

**C. Pill Punch-out and cutter** - Blister packs (Figure 3) are difficult for most people, and almost impossible if a person has hand strength and dexterity weakness. Pharmacy staff can remove or repackage tablets, stock, or provide low-cost pill removal devices, (Figure 4) and/or provide pill cutters (Figure 5).  

![Figure 3 - Blister packaging](image)

![Figure 4 - Pill Bob Dispenser](image)

![Figure 5 - Pill-Cutter](image)

**D. Dome shaped bottle openers** made of non-slip material provide a grip that allows people with decreased strength, function and/or sensation to easily open pill bottles and other screw-top bottles (Figures 6).

![Figure 6 - Multi Grip Bottle Opener](image)

![Figure 7 - Evri-Twist Opener](image)

**Other Assistive Aids**

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d See Appendices 3D. Devices and Services listings (sample web-listings)
e Ibid. what is this???
f Ibid.
g Ibid.

This feels inconsistent.
E. **Eye drop dispensers or guides** can help people with shaky hands and/or limitations in hand-eye coordination, or people with chronic eye conditions such as glaucoma, or undertaking cataract surgery. A low-cost solution is to provide or stock eye drop dispensers (Figure 8) and eye guides (Figure 9).

![Figure 8 - Large grip eye drop dispenser](image1)

![Figure 9 - Eye drop guide](image2)

F. **Easier-to-use inhalers** – Due to lack of dexterity, weakness, and visual limitations, some people are prone to problems when using inhalers. Depending on the medication needed, some models require less dexterity to use.

![Figure 10 - Accuhaler inhaler](image3)

![Figure 11 - Pulvinal inhaler](image4)

**Additional Considerations**

Other items that will help people with disabilities are:

- Pre-measured liquid dosages
- Pre-filled syringes
- Offer or suggest pill organizers (see Section 2b. iii. Difficulty Remembering, Concentrating and / or Understanding, and Appendices 3-4c, Devices and Services listings)

I do not believe we are writing these in the first person. More than retailers will read it.

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h Sample of eye drop dispenser from Opticare eye drop dispensers. [www.cameron-graham.co.uk](http://www.cameron-graham.co.uk)

i Sample of eye drop guide from E-Z Eye Med, [www.e-zeyemed.com](http://www.e-zeyemed.com)


k Ibid.
Use medication and dosage forms that are easy to understand (see Section 2b. iii. Difficulty Remembering, Concentrating and/or Understanding and Appendices 3a. Simple and Complex Medication Reminder Charts (sample))

**Ordering and Refills** - services should include:

- Telephone, mail-order, on-line ordering for new orders and refills
- Pharmacy delivery service

**2A. II. DIFFICULTY SWALLOWING**

People can have difficulty swallowing due to a number of physical and/or neurological conditions including stroke, traumatic brain injury (TBI), and Parkinson’s, Alzheimer’s.

- Pill pulverizers are available (Figure 14). Consult with a physician if considering switching to medications that can be split (Figure 12) or crushed (Figure 13), or capsules that can be opened and mixed with soft foods.14

- Identify alternative dosage forms that might be easier to swallow, e.g., liquids, and smaller tablets.

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2 Sample Pill Crusher from [www.swansonvitamins.com](http://www.swansonvitamins.com), [www.medshopexpress.com](http://www.medshopexpress.com)

3 Sample Pill-Pulverizer from [www.medshopexpress.com](http://www.medshopexpress.com), [www.medichest.com](http://www.medichest.com)
2B. SENSORY

Sensory limitations include: impaired vision/blindness, impaired hearing/deaf, deaf-blind, and/or difficulty speaking, remembering, concentrating, learning and/or understanding. People with sensory limitations are diverse within their disabilities. A communication solution for one person, may or may not work for another person with the same disability.

For example, as an in-patient, one deaf person may use American Sign Language (ASL) to communicate with their pharmacist, but as an out-patient (customer) the same person prefers their instructions using pictograms and email to ask questions, and receive medication insert materials. This person also uses a vibrating pager to remind them to take their medication. Yet, another person acquiring their deafness later in life does not know American Sign Language has minimal English and health literacy skills, prefers to write notes during their in-person consultations, can read the insert information but needs it in a larger font. This is not a good example. We want to contract two people with the same disability type needing different things based on the discussion above. One deaf person may need a sign language interpreter and a second may request an oral interpreter. The example provided is a separate issue, that is how people can request different accommodations in different situations. It needs more work.

2B. I. DIFFICULTY REMEMBERING, CONCENTRATING AND/ OR UNDERSTANDING

Most people depend on medication labels and patient leaflets for important drug information. However, people whose comprehension or memory is impaired, often have difficulty understanding and remembering due to fatigue, disordered thinking, a learning disability (intellectual impairment), or as a result of the ageing process. Many solutions are low-cost and can easily be done on-site such as pictograms and instructions in larger font. More advanced medication reminder devices and services are available for purchase and are discussed in this section. To much and could make them think all people who have loss of memory also have all the other needs to be broken up. Memory, then disorientation. Also better for accommodations can be spelled out better.

“REMEMBERING” is the key factor to a person taking their medicine in the correct amount and at the right time.15

Solutions are as different as people; there is not one fit for all groups. Experts agree that effective communication requires a multi-modal approach, meaning you should consider using a combination of services and assistive aids. Talk to your customers who may benefit by purchasing the devices or services discussed in this brief.

Tips for working with people with difficulty understanding and remembering:
Customers want to know why they are taking medicines, how to take them and whether they will have side effects. **Use more than one form of instruction**;

- **Speak slowly and clearly**; use simple language;
- Confirm understanding; **have person repeat information**;
- In addition to the information printed on the label, **provide written information using simple language** to support verbal instructions by using simple notes to take home;
- **Color code medications**, and post-its can be used for simple instructions, perhaps using symbols (e.g. sun for day, moon for night) and drawings, if appropriate and acceptable to the customer;
- Ask customers about their routines. Can they add their medicine regimen to something they do regularly?
- Ask customers if there is another person who can help them with medicines. If so, **tell this person and the customer**; and
- **Introduce reminder strategies** tailored to the individual, such as pill organizers, calendars, phone reminder systems, and electronic medication dispensing devices.

### EXAMPLES OF SERVICES AND ASSISTIVE AIDS

#### A. Pictorial Aids

The use of pictorial aids increases the understanding, remembering and overall medication adherence; and is especially helpful for people who show confusion about their medication regimens, do not understand their disease, or are uncertain about the reasons for taking their prescribed regimen.

“The use of pictorial aids enhances a customers’ understanding of how they should take their medications, particularly when pictures are used in combination with written or oral instructions.” Pictograms and illustrations work best when combined with medication calendars, verbal and written instructions, which are often labor-intensive. However, pictograms and illustrations can be labor-intensive; the following suggestions will simplify the process and are low-cost.

**Suggestions**

1. **Create a 1-page, double-sided handout** with the most common pictograms used. Have these easily available to staff, circle which pictograms apply to a particular medication. For example, using the 4 main categories: dosage, frequency, precautions, and additional information, you can put together a general sheet, and
circle the description that applies. For the complete list of 81 pharmacy pictograms, see U.S. Pharmacopoeia.  

2. Create a “storyboard” of pharmacy pictograms using guidelines set by the International Pharmaceutical Federation (FIP). The FIP also suggests that pictograms should be a story (i.e. a series of pictures), rather than one complex diagram describing a small series of actions. See Appendices 3a. i. (sample) Pharmacy Pictogram Storyboard for a sample template.

3. Pharmacy Pictogram Computer Program The MEPS Pictogram Project can benefit people who have limitations in understanding, remembering as well as deaf individuals using pictograms designed by the U.S. Pharmacopoeia. Refer to Appendices 3a. ii. Pharmacy Pictogram Computer Program for a sample

B. Color Coded Rings and Caps – may benefit people with sensory limitations and low vision. One example is Target’s “ClearRx” program introduced in 2005. Prescription bottles (Figure 15) are flattened with easier-to-read labels and plastic color-coded rings, helping to identify medications for each family member. Also available are color-coded flip and tab lids for syringe vials (Figure 16).

Consider:

✓ labeling with different colors of tape, or
✓ use colored rubber bands around certain prescription bottles

17 International Pharmaceutical Federation (FIP) To download free computer pictogram program: http://worldhealthpictograms.com/WHP.htm
18 U.S. Pharmacopeia www.usp.org
19 Target’s Pharmacy ClearRx For more information see www.target.com
20 Sample of color coded syringe vials can be found at http://www.isss.biz/flip-off-seals.htm

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Center for Disabilities and Health Policy (CDHP)
C. **Medication reminder charts and visual medication calendars** – are beneficial to most all customers, but are especially useful for people with sensory limitations in conjunction with other items such as pictograms and automated medication reminders. Help can be provided by going through the chart and filling in times and medications.

D.

E. Show a picture. A “tick” chart is typically more complicated and includes pictures and names or various medications for a specific condition. For example, treatment regimes for HIV/AIDS can be extremely complicated. Charts serve as reminders for particular medications, showing what it looks like, size, and color. Charts can include, but are not limited to:

- what medication they are taking,
- why they are taking it,
- who their doctor is,
- when they take it,
- description of the medication,
- whether to take food with, and
- vaccination due dates.

⭐ See Section *Appendices – 3A. Medication Reminder Charts* for samples of simple and complex medication charts. Why have an attachment just provide examples here.

F. **Medication reminder (phone, pager and text) services**\(^{21}\) - Using voice message broadcasting systems, companies provide services to people wanting notification by a pre-recorded phone call to their home, cell phone, pager, or PDA, reminding them to take their medication.

G. **Medication reminder software**\(^{22}\) - Medication reminder programs can be downloaded to a computer, PDA, or smart-phone. Features include routine or PRN drug categories, days’ supply, hourly frequency, frequency, take now, and track refills.

H. **Simple medication organizers**

![Seven-day pill organizer](image17.png)  
![Seven-day/ 4 times/day pill organizer](image18.png)

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21 See *Appendices 3-D - Devices and Services listings (sample web-listings).*

22 Ibid.

23 Ibid.

24 Ibid.
I. Multi-alarm medication reminder watches, pagers and automated dispensers

![Vibrating Watch](image1.png)

![E-pill Vibrating Pager](image2.png)

![Automated Medication Dispenser](image3.png)

Figure 19 - (left) Vibrating alarm watch, Figure 20 (center) - E-pill vibrating pager
Figure 21 (right) - Automated medication dispenser

2B. II. BLIND AND LOW VISION

INTRO. THIS IS

People who are blind or low vision are often dependent on friends and family to help with daily needs and often forced to spend. People who cannot read prescription labels or distinguish different medications must rely on memory or depend on someone for help, and may not take their medications correctly or at all. Only 1% of the “blind” are totally blind. Most have some vision although it may not be usable for activities of daily living. Legally blind means a loss of 90% or more of vision, some legally blind people can read very large print, many cannot. Low vision are individuals who experience loss between 70 and 89% of their vision.

With vision loss there are many medication safety issues, including a person's ability to read prescription labels, information sheets, determining bottle color and markings, distinguishing medication, and see gauges on testing devices.

**NOW DO TWO PARTS ONE ON WHAT BLIND PEOPLE NEED AND ONE ON LOW VISION.**

With vision loss there are many medication safety issues, including a person's ability to read prescription labels, information sheets, determining bottle color and markings, distinguishing medication, and see gauges on testing devices.

For people with vision loss or blindness, barriers can differ depending on the nature of the visual impairment. For example, the needs of people with glaucoma having tunnel vision are different from those with macular degeneration who have central vision loss. Also, people who are blind have different issues from individuals with low vision.

"The American Society of Consultant Pharmacists (ASCP) Foundation and the American Foundation for the Blind (AFB) developed the "Guidelines for Prescription Labeling and..."
Consumer Medication Information (CMI) for Persons with Vision Loss." The Guidelines provide pharmacists and pharmacies with specific recommendations for making medication information accessible to customers with vision loss. Additionally, it serves as a resource for persons with vision loss and organizations serving blind and low vision population. See Section 3D. Access Guidance Documents - 3D. i. Pharmacy Services and People with Disabilities for a complete citation and contact information.

FIRST CONSIDER WHO:

✓ would benefit from large-print prescription labels and medication factsheets,
✓ require medication factsheets in audio formats. For prescriptions this may include reading the information into a recorder the patient provides.,
✓ request information in Braille (only a small percentage of people with vision loss),
✓ has access to Internet resources,
✓ has access to assistive technology, such as audible prescription label readers, recorders, or scanners,
✓ has other impairments in addition to vision loss, such as cognition, physical function, or hearing, affecting the ability to access prescription information or manage medications, or
✓ may require assistance of another person to manage their medications

LOW VISION

. Low-cost solutions like enlarging the print on labels and insert information, along with advances in technology, i.e. talking blood glucose monitors, help many people with low vision or blind read their prescription bottles and maintain their independence.

PROVIDING INFORMATION- Simple low-cost ways to provide medication information (ask the customer if they would benefit or if they require):

A. Larger Print

✓ Creating electronic important information using a 16 or 18 point san serif typeface with good leading and spacing (Note: print sample and show to customer) This information can then be printed out or emailed to the patient.

![Large Print](Image)

Figure 22 – Samples of large print using 16, 18, 20, and 22 point Arial bold font

✓ Use a photocopier to enlarge existing information leaflets. Make sure the print density and clarity are not compromised in the process;

✓ Keep a large sheet magnifier at the counter that can be used to read instructions or identify items;

B. Recording and Sending Information
✓ Sending information to people by email. Many vision impaired computer users have software that turns text into speech and allows for easy text enlargement on the computer.;

✓ Taping information to an audio tape, or copying to a computer disk or USB “flash” drive, depending on a person’s choice and computer skills;

Figure 23 - Thumb or “flash” drive (left)  Figure 24 - audiotape (center)  Figure 25 - CD/DVD (right)

DISPENSING MEDICATION

✓ Put different medicines into different sized or shaped containers

✓ Place brightly colored or luminous tape on containers to distinguish them

✓ Write out the names of products, medicines and important instructions in large clear letters using a black felt-tip pen

✓ Suggest or provide weekly pillbox systems with color contrast and/or raised lettering on compartments. See Section 2b. i. Difficulty Remembering, Concentrating and/or Understanding: Medication Organizers

GENERAL RECOMMENDATIONS FOR PRESCRIPTION LABELS

• Use the largest sized font the label will allow.

• Provide a separate larger label or card with larger print if required.

• Use sans serif, standard font (not narrow or condensed), such as Arial, Verdana, or APHontTM. APHontTM, developed specifically for low vision readers and the font embodies characteristics that have shown an enhanced reading speed and comprehension.

• Use upper and lower case, not ALL CAPS.

• Use bold typeface for labels. Do not use italic, oblique, or condensed type.

• Use non-gloss paper and label stock. Do not cover label with tape.

• When affixing labels to a manufacturer-supplied bottle, do not cover medication name and on original label.

• Provide a written description and picture of the medication, if possible. For an alternative, refer the customer to the Web sites providing pictures of medication.

• If the patients is totally blind incourage them to feel each type of pill to know who they are different. A system can be worked out with the blind person for different shapted stick ons can be used to remind them which bottle is which.

• If the pharmacy offers prescription label information in large print, this should be prominently posted at the prescription counter or communicated directly to each customer. See Section 3C. Sample Pharmacy Posting Notices – 3C. i. Large Print
ASSISTIVE DEVICES

A. Prescription Bottle Magnifiers – Power clip-on magnifiers are available in 2x or 3x and designed to fit on most standard prescription bottles.

![Prescription Bottle Magnifier](image1.png) ![Pill Bottle Magnifier](image2.png)

BLINDNESS - Refer to the American Foundation for the Blind’s web-site for the most current information on the following assistive aids and devices. Put the website here.

A. Talking Glucose Monitors - Offer audible, no-coding, step-by-step setups that will “talk” the user through meter settings, such as time and date, glucose unit of measurement. Some have tactile features allowing the blind user to “feel” buttons (Figure 28).

![Talking Glucose Monitors](image3.png)

B. Voice Prescription Labeling (VPL) Systems – Voice prescription labeling has become more available with more vendors entering the market. Recordable labeling allows pharmacist, family member or the customer to record up to 60-seconds of information.

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27 Prescription bottle magnifier, See It Bigger, [www.seeitbigger.com](http://www.seeitbigger.com)
28 Prescription bottle magnifier, Dignity Model 00104-4, Allegro Medical, [www.allegromedical.com](http://www.allegromedical.com)
29 American Foundation for the Blind, [www.afb.org](http://www.afb.org)
30 Samples of Talking Blood Glucose Monitors from Diagnostic Devices Inc. (DDI), [www.ProdigyMeter.com](http://www.ProdigyMeter.com) and Accu-check – Voicemate - [www.accu-chek.com](http://www.accu-chek.com)
However, many systems have their own positives and negatives. For example, some are more cost-effective than others depending on the number of medications used. Work with your customer to find the best solution. Below are a few samples.

![Talking RX](image1)
![Script Talk](image2)
![Voxcom III](image3)

**Figure 30 - Talking RX**

**Figure 31 - Script Talk**

**Figure 32 – Voxcom III**

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31 Talking TX audible prescription system from [www.talingrx.com](http://www.talingrx.com)

32 Script Talk audible prescription system from [www.envisionamerica.com/scriptalk](http://www.envisionamerica.com/scriptalk)

33 Voxcom III verbal labeling system from [www.maxiaids.com](http://www.maxiaids.com)
2B. III. DEAF, HARD OF HEARING

There are two distinct groups of people who are deaf and hard of hearing:

- People who are **pre-lingually deaf** (someone born with insufficient hearing to acquire speech, or lost their hearing prior to the age at which speech is acquired). These people primarily use American Sign Language (ASL) to communicate. To people who are pre-lingually deaf, English or any other spoken language is their second or third, and many find it difficult, or impossible to understand, read and/or write.

- People who **acquire hearing loss**, tend to be older and may conceal their impairment because of negative stereotyping. Many may use hearing aids, some do not, but may need them. Over half of people over 60 have some degree of hearing loss, and as population ages, so will the percentage of people with hearing loss.

DEAF

Most deaf people communicate with hearing people **through a combination of methods** such as **signing**, **writing**, **speech**, and **lip reading**. Always determine the person’s preferred method of communicating.

OUT-PATIENT PHARMACY

In the out-patient setting, scheduling a sign language interpreter may not always be possible or preferred by the customer, as it is not time efficient. However, if the customer requests an interpreter, one should be scheduled as soon as possible. Meantime, other means of communicating with the customer will be needed to explain medication regimes.

Interpreters are usually required if the information is complicated, for example if the patients was obtaining new medications that had to be taken at different times, some with food, some without, and each had risks the patients needed to understand.

**VIDEO RELAY SERVICE (VRS)** MANY DEAF PEOPLE USE A PORTABLE PHONE NOW FOR THIS. RECOMMEND THAT AN APPOINTMENT BE MADE FOR THE DEAF PERSON TO MAKE A PHONE APPOINTMENT FROM THEIR HOME SO THEY CAN USE THIS SERVICE.

Tips for working with people who are hard-of-hearing or deaf:

- Do not shout or exaggerate speech, garble words, or obscure mouth with hands
- Don’t place things such as pencils, gum, or food in your mouth
- Talk in a quiet place so that neither you nor they are distracted.
- Consider installing a ticket system or visual display for people waiting for prescriptions.
- If lip reading is the person’s preferred communication method:
  - Use your regular voice volume and lip movement
  - Maintain eye contact when you speak
- Face the person
- Use gestures
- Repeat yourself, using different words; confirm understanding of information
- Provide writing tools
- Supplement with simply stated written information
✓ Confirm understanding of information
✓ Always use short precise clauses, pictures, and diagrams
✓ Keep an electronic version of materials produced - This allows you to enlarge and print easily and quickly.

🌟 Refer to Section 2B. i. Difficulty Remembering, Concentrating and/or Understanding. A-Pictorial Aids for examples of pharmacy pictograms
PROVIDING IN-PATIENT MEDICATION

In addition to the tips provided above, people who are deaf and in an in-patient setting, an in-person sign language interpreter should be made available to explain and answer any questions the person may have of the prescribed medication.

VIDEO RELAY SERVICE (VRS) – Allows a deaf or hard of hearing person to make a telephone call via an Internet video connection between the user and the relay center which is staffed with sign language interpreters.

More hospitals are using portable video relay service units (Figure 33) for multi-language interpreters as well as American Sign Language (ASL). While some people who are deaf do not prefer this method, and find in-person interpretation more effective; it can be beneficial when interpretation services are needed on an emergency basis, for short term conversation such as medication consultations, or when an in-person interpreter is not available.34

Figure 33 – Portable Video Relay Service (VRS) unit

Relay Service for Persons who are Hard of hearing, Deaf or Speech-Impaired

Consider installing and training staff on the use of a TTY and using the Telecommunications Relay Service to communicate with your deaf, hard of hearing, or speech-impaired customers.

A TTY is a special device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate by allowing them to type messages back and forth to other TTY users. A TTY consists of a keyboard, display screen, and a modem. Calls placed to or from a non-TTY user can be placed through a (toll-free) Telecommunications Relay Service.

If you need to contact a deaf or hearing-impaired person by telephone that is away from the pharmacy, dial 711. An operator will answer and ask the number that you are calling.

RELAY NUMBERS

• Deaf and hard-of-hearing: dial 711 (Nation-wide)
• Speech-to-speech (STS): numbers vary from state-to-state. Refer to www.fcc.gov/cgb/dro/sts.html for a listing in your area. Need to describe what this is.

34 For more information on using video replay service for sign language interpretation, see National Association of the Deaf at www.nad.org
**HARD-OF-HEARING**

**Assistive Listening Devices (ALDs)** - Many people who experience age-related hearing impairments report that they hear speech but have difficulty understanding, particularly in the presence of background noise. Assistive listening devices are a low-cost solution to improving the understanding of information being provided by the pharmacist in a busy pharmacy environment, and can keep the conversation more private and confidential.

![Assistive Listening Device](image)

Figure 34 – Assistive Listening Device

- Pharmacy’s can offer the use of assistive listening devices, this should be **prominently posted at the prescription** counter or communicated directly to each customer. See *Section 3C. Sample Pharmacy Posting Notices – 3C. i1. Assistive Listening Devices*

**Ordering and Refills** - services should include:

- Telephone (including staff trained in use TTY and/or relay service), mail-order, email, on-line ordering and refills, and
- Pharmacy delivery service

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35 Appendices 3-D - Devices and Services listings (sample web-listings).