

Working with people who are blind or have low vision

What is blindness or low vision?

Each person with [blindness or low vision](#) will have varying levels of vision. Not everyone sees total darkness. Some people may have residual vision and be able to perceive light, colour, or shapes. Some people may have blind spots but otherwise clear vision. If you are unsure, ask the person what they can see.

People with low vision will sometimes refer to themselves as being vision impaired or 'legally blind'.

A [range of eye conditions](#) can lead to blindness or low vision. Some people may be born blind. Others may develop blindness or low vision suddenly, as in the case of trauma to the eyes or optic nerves, or gradually, as in the case of progressive conditions. Aboriginal and Torres Strait Islander people experience blindness and low vision at [three times](#) the rate of the rest of the Australian population.

A person may use vision aids in different situations including glasses, magnifiers, text to speech software, canes and dog guides.

Consumer quote

“When I lost my eyesight suddenly, I didn’t become a radically different person. I want to be treated with as much respect as before my injury, but with consideration for my new needs.” – Karen

Reasonable adjustments

A **reasonable adjustment** is a change to standard processes, practices, procedures, policies, systems, communication equipment and/ or environment that supports equitable access to safe, effective and patient-centred treatment and care.

It is one way that you can enable me to participate in my care and improve my health outcomes.

Support me to physically access health services

- When booking my appointment, take the time to ask me if I have any access or participation needs so I can attend easily and safely. Check how I would like to receive an appointment confirmation. Confirmation by a phone call or text/email (that can be read by a screen reader) is usually preferred to a letter.
- Inform me of supports that may assist me to find my way to my appointment, such as Braille on key signs, high contrast signage, volunteer services and information desks. Consider navigation from local transport services, such as taxi drop off points, bus stops and the closest train station.
- Ask me if I would like you to describe the physical environment, such as the entrance of the building, reception area, waiting area and clinic rooms before I come to my appointment. This can help me to feel more at ease when I am attending a new environment.
- When I arrive, speak to me when I enter, meet me at the door and ask if I would like to be guided to reception.
- Ask if I would like you to show me to a vacant seat. Keep the waiting room and clinic spaces clear of physical obstacles for the duration of my appointment.

Provide health information that is accessible to me

- Ask how you can best assist me to fill out and sign forms. Ensure my privacy by not reading out my information in a public space.
- Provide me with options for receiving health information such as large print, Braille or audio recordings. Check what format I prefer. If English is not my first language, I may need information in other languages.
- Check with me what type of electronic content is accessible with my screen reader. Information is generally accessible when included in the body of an email. For example, type appointment information into the email, rather than sending me a scanned letter as an attachment.

Keep me informed during my healthcare visit

- Introduce yourself by name and job role each time you meet me and explain your role the first time we meet. Do this for additional staff or students in the room

and ask permission for them to observe and/or deliver my care. Let me know when you leave the room and say goodbye when the interaction is finished.

- Communicate any wait time, as I may not be able to see how many people are waiting.
- Help to familiarise me to my surroundings in the health service. Remember, I may feel disoriented and anxious in an unfamiliar healthcare setting, where I am reliant on unfamiliar people for all my needs.
- Explain any medications and the dosage you are administering, including why I need the medication. Explain all tests and procedures to me before you start. Ask for my verbal permission before touching me, even on the shoulder.
- Explain any take home materials, such as prescriptions or instructions. Ask if I would like you to read them to me. Explain any follow up appointments that I may require or any further actions I should take.

Help me feel safe and secure in the hospital environment

- Introduce me to other people in a shared ward. Show me where the staff call button is. Explain how to use it and what will happen if I use it.
- Do not unnecessarily move my belongings. Tell me if you do move anything and where my belongings have been moved to.
- I may not know if other people can see into the room I am occupying. Show me a private place to change my clothes, or what measures I can take to make my room private.
- Ask if I need assistance with mealtimes. To assist me to choose menu items, read all the meal details and allow me to make my own choices. Tell me when my meal arrives and where the tray is located.
- Explain to me what would happen in the event of an emergency alarm and what I should do. Reassure me that you will provide the assistance I need in an emergency evacuation.
- The Disability Discrimination Act allows qualified assistance dogs to accompany their handler in all public spaces, except for areas with stringent sterility requirements, such as surgically sterilised areas.

More information

- Blind Citizens Australia – [Health Advocacy toolkit](#)
- [Vision Australia](#)
- [Braille House](#)
- [Guide Dogs Queensland](#)

Online training

- [Access for All](#) training from Check-UP (General disability training for health providers)

Adapted from material developed by Metro South Health, Health Equity and Access Team.

SEE ME. HEAR ME. RESPECT ME.

IMPROVING HEALTHCARE
FOR PEOPLE WITH DISABILITY 