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Decalogue for the Management of People with Blindness or Visual Impairment in Emergency Departments and Emergency Medical Services

Decálogo para la atención a personas con ceguera o deficiencia visual en los servicios de urgencias hospitalarios y en sistemas de emergencias sanitarias

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Introduction

Care in out-of-hospital emergency services and hospital emergency departments represents a challenge for people with visual impairment or blindness. In environments where clear and effective communication, spatial orientation, and autonomy are crucial, these patients encounter significant barriers that can generate high levels of stress, anxiety, and disorientation, compromising the quality and equity of health care.[1,2] According to estimates from the World Health Organization (WHO), there are 43 million blind people and 295 million people with moderate or severe visual impairment worldwide,[3] highlighting the need to adapt healthcare protocols to the needs of these patients.

Scientific evidence indicates that people with sensory disabilities have a higher risk of hospitalization, difficulties in communication with healthcare professionals, and lower satisfaction with the care received.[4,5] The lack of specific protocols adapted to this reality and insufficient ongoing training for healthcare professionals further worsens the situation.[6,7]

To address this issue, the "Decalogue for the care of people with blindness or visual impairment in emergency and urgent care services" was developed within the framework of a collaboration agreement between Fundación ONCE and the Spanish Society of Emergency Medicine (SEMES). It is a tool designed to provide emergency professionals with practical and ethically responsible guidance to ensure equitable care and respect for the rights of people with visual disabilities in emergency settings.

Decalogue

Barriers in emergency and urgent care services compromise clinical safety and violate the right to equitable healthcare. To reduce these risks, the following recommendations have been developed to ensure the best possible care:

1. Autonomy. Ask before helping, respecting the person's decision-making capacity. **Do not assume that the person needs help at all times.** Listen to their instructions and respect them, allowing them to make decisions about their care whenever possible.

2. Communication. Speak clearly and normally, without overloading with information. Do not raise your voice or use exclamations that may startle. Touch their arm to indicate you want to speak and allow them to hold your arm or shoulder if they wish. If they are left alone, inform them that you are leaving and who they will remain with.

3. Identification. Verbally announce and **identify your presence, your name, and your role** upon arrival.

4. Contextualization. Explain details about where they are, where they are going, and what procedure will be performed. **Use terms that help spatial and temporal orientation.** Warn about obstacles in the environment and what is nearby. The environment should be as orderly and uncluttered as possible. Doors and windows should be either fully open or fully closed.

5. Priority care. Upon arrival at hospital emergency departments, **patients should be identified using a safety alert (electronic means) and unnecessary waiting times should be reduced or avoided.** It is important that all healthcare professionals are informed to ensure a safe environment.

6. Companion. **Allow a person designated by the patient to accompany** and/or guide them at all times if they wish.

7. Guide dogs. These **should remain with patients during care and ambulance transport whenever safe and feasible.** In the ambulance, they should travel in the patient care cabin or front seats, ensuring safety with ap-

propriate restraint systems. The receiving hospital should be notified, as access with animals may be restricted in some emergency departments. In such cases, care for the dog must be ensured until it can be reunited with the patient or another trusted person takes responsibility.

8. Emergency call (1-1-2). **Access to emergency services must be ensured through mobile applications using tools such as TalkBack or Braille Line,** which may also be used by people with deafblindness. Difficulties may arise in communicating location or the condition of others involved.

9. Ambulance transport. Auditory perception is essential for visually impaired patients, so unnecessary noise should be minimized and patients should be warned about alarms (medical devices, radio communication, sirens, etc.). **Provide context about the environment, procedures, and route.** It is essential to explain what is happening outside, how they will enter the hospital, where they will be taken, and what will happen next. Contextual orientation reduces anxiety and improves safety.

10. Training. Health care professionals must be trained in guiding techniques to provide safe and respectful care. This training should be mandatory for professionals working in emergency services.

Conclusions

Communication and environmental barriers are the main factors that hinder equitable access to care.[1,4,7] Integrating infrastructure, spaces, and professional training into health care processes enables the development of care based on universal accessibility and person-centered design.

This decalogue provides a practical guide aligned with the principles of the United Nations Convention on the Rights of Persons with Disabilities,[8] which establishes the need to ensure accessibility and non-discrimination in healthcare services.

Adopting these recommendations improves the safety and experience of patients with blindness or visual impairment. It also strengthens the cultural and ethical competence of healthcare professionals, promoting an organizational culture centered on the individual and aligned with the principles of universal accessibility, equity, and respect for human dignity.

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ADDENDUM

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