Infection protection measures of student services organisations and universities – how to implement them without hampering students with disabilities

Corona has brought about lasting changes in everyday life and work routines at universities. Health protection will also be a top priority in the 2020/21 winter semester. Student service organisations, (the Studentenwerke or Studierendenwerke) and universities have developed hygiene concepts to protect teachers, students and other university staff. People with disabilities and chronic illnesses have to rely on such measures being implemented which do not cause them any obstacles and, should this be necessary, on the provision of appropriate, individually designed arrangements.

1. Safe access to disinfectants and protective material for all
At universities and in student services organisations, there are a wide range of service facilities with control elements via which COVID-19 pathogens can be transmitted, e.g. while using the book return points in libraries or the self-service vendors in the canteens. In order to keep the danger of infection through physical contact at a minimum, universities and student service organisations should provide disinfectant, paper towels and other hygiene material in ample quantities at central points and places for special needs. Here, the special requirements of people with mobility and visual impairments have to be considered. Material has to be easy to find and access and ought to be usable without any assistance. The best option is for the student services organisations and universities to determine certain fixed places and communicate them via apps or the Internet. Disinfectant dispensers – whether as permanent fittings or as mobile points – ought to be freely accessible. The mounting or positioning height and the moving surfaces are to be adapted to the requirements of wheelchair users. Whenever possible, disinfectant dispensers should be made available as contactless disinfectant dispensers with sensors. This applies equally for one-way cloth dispensers and hand soaps.

2. Making “corona guidance systems” recognisable for visually impaired people
Severely visually impaired people often have difficulty maintaining prescribed distances (as a rule at least 1.5 m) without support. This ought to be considered in designing guidance concepts. For example, seat markings in lecture halls/canteens or floor markings supporting social distancing regulations should be easy to feel. Information ought to be made available on newly created one-way regulations or the setting up of additional barriers or cordons for observing social distancing regulations, if possible via an app. In certain cases, local instruction or training may be required, and assistance may have to be provided.

3. Taking off masks for the hearing-impaired
People with hearing impairments may have to rely on a dialogue partner’s gestures, mimicry and particular lip-reading in communicating. If necessary, for brief conversations, the latter should be allowed to pull down the facemask while observing social distancing and hygiene rules. In certain circumstances, the facemask could also be replaced by a transparent face visor. Installing transparent partition walls in areas open to visitors could improve infection protection in conversation and counselling situations without complicating communication.
4. Exemption from mandatory facemask wearing
People with underlying medical conditions are exempted from mandatory wearing of a facemask. They include e.g. people with respiratory complaints due to illness, skin diseases and, in some cases, mental illnesses. These people are recommended to have a corresponding certificate on them. State regulations (in German) can be consulted via: https://www.aktion-mensch.de/corona-infosseite/regelungen-fuer-menschen-mit-behinderung-zur-maskenpflicht.html

5. Right of way for people with disabilities
In times of only one to two persons being allowed to use a lift as a precaution against infection, it ought to be pointed out that people depending on lifts owing to a disability enjoy right of way when using them.

6. Exceptions from social distancing regulations
People depending on personal assistance because of a disability are at times unable to comply with social distancing regulations. Student services organisation and university staff members ought to be prepared for this.

7. Taking infection protection seriously – protecting members of COVID-19 risk groups
Some students, teachers and other staff of universities and student services organisations belong to COVID-19 risk groups owing to underlying medical conditions, or they may be living together with members of a COVID-19 risk group. When online studying activities are successively replaced again by attendance activities, they will depend to a special degree on the protective measures necessitated by the pandemic (in particular keeping a safe distance and wearing a facemask), also continuing to be observed by those not wearing a facemask. Irrespective of this, students required to observe social distancing regulations owing to an underlying medical condition and recommended to avoid suburban public transport and larger congregations of people in closed spaces further depend on studying and counselling services in a digital format. Appropriate provisions such as permission to hand in documents via postal services or via Email or better conditions for the use of libraries ought to individually supplement these measures.

8. Arranging for assistance and instruction and offering support
Student services organisations and universities ought to sensitize their members and staff to the various corona-related needs of students regarding infection protection measures and they should bear in mind that it might be necessary to instruct students or to offer assistance (e.g. at the counters and check-outs in the canteen or when tests are being sat). This can mean having to dispense with familiar routines.

9. Providing information barrier-free / updating campus apps
Important guidelines regarding the use of university and student service organisation facilities in corona conditions as well as all alterations of routine procedures called for by infection protection ought to be communicated barrier-free, e.g. also via the campus app or on its website. Appointing a central contact for issues regarding “infection protection – barrier-free” would be helpful.

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