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Healthcare organization management — Pandemic response (respiratory) — Guidance on medical support for socially vulnerable groups

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Management des organisations de soins de santé — Réponse en cas de pandémie (respiratoire) — Recommandations relatives au soutien médical pour les groupes socialement vulnérables

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Foreword

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This document was prepared by Technical Committee ISO/TC 304, *Healthcare organization management*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

Coronavirus disease 2019 (COVID-19) is the infectious disease caused by the most recently discovered coronavirus that is currently affecting many countries around the world. The World Health Organization (WHO) declared the outbreak of the novel coronavirus "a public health emergency of international concern" on 30 January 2020 and a global pandemic on 11 March, 2020.

Public health crises pose a threat to lives, escalate socioeconomic crises, and jeopardize survival. These crises affect all members of society, but pose a greater threat to those already affected by structural inequalities. If the dignity of socially vulnerable groups is compromised due to a pandemic resulting from an infectious disease, such an infringement constitutes the violation of the dignity of all individuals who are equal as human beings.

Caring for socially vulnerable groups is important as it can strengthen social structures. According to *Strengthening and adjusting public health measures throughout the COVID-19 transition phases, policy considerations for the WHO European Region*, published by the WHO Regional Office for Europe, strengthening social structures needs to be considered as a way of reducing socioeconomic damage, which can contribute to the reinforcement of social cohesion and engagement while ensuring that no one is left behind. In doing so, society can also meet the need for medical and social services, thereby ensuring the health and recovery of its members.

Thus, this document provides guidance to enable humanitarian aid providers and local communities to plan, establish and support a set of minimum multi-sectoral responses in terms of essential social welfare services and medical support for socially vulnerable groups, in an effort to respect human rights based on the dignity of all members of society in the event of a respiratory epidemic disaster.

The implementation of this document requires comprehensive cooperation among various actors involved in humanitarian aid. In the midst of a global pandemic of an infectious disease, it is difficult to expect that any single local community or organization has the capability to implement all necessary minimum responses on its own. This document can be utilized by all humanitarian aid actors to coordinate and organize the necessary forms of support. It is particularly important for local communities and authorities to actively engage at all levels; and their engagement is essential in order to successfully adjust and implement support measures, enhance local capacity, and ensure sustainable support.

Healthcare organization management — Pandemic response (respiratory) — Guidance on medical support for socially vulnerable groups

1 Scope

This document provides guidance on essential social welfare services and medical support for socially vulnerable groups, who are likely to be in greater danger in the event of a respiratory epidemic disaster.

This document applies to those:

a) providing essential social welfare services for socially vulnerable groups in the event of a respiratory epidemic disaster;

b) providing essential medical support for socially vulnerable groups in the event of a respiratory epidemic disaster.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

— ISO Online browsing platform: available at https://www.iso.org/obp

— IEC Electropedia: available at https://www.electropedia.org/

3.1
coronavirus
virus that is part of a large family of viruses that can cause illness in animals or humans

Note 1 to entry: In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The coronavirus discovered in 2019 causes the coronavirus disease COVID-19.

[SOURCE: ISO 5472:2022[13], 3.3]

3.2
respiratory epidemic disaster
disaster in which the spread of a respiratory infectious disease causes increasing damage and ends slowly with the development of vaccines, cures or herd immunity

[SOURCE: Korean Society for Traumatic Stress Studies[12]]

3.3
socially vulnerable group
group of people who are highly vulnerable in physical, environmental or financial terms in the event of a respiratory infectious disease outbreak, including people who are financially unable to maintain a basic safe environment, who are physically unable to evacuate or respond quickly by themselves in the event of a disaster, or who are vulnerable to disaster due to their environmental factors

Note 1 to entry: In this document, "socially vulnerable group" refers to a group of people who face difficulties in communication, mobility, and other aspects, requiring assistance from social service providers to access adequate medical services. They include *elderly persons* (3.4), *persons with disabilities* (3.5), persons with chronic or underlying diseases, and persons with difficulties in *health literacy* (3.6).

3.4
elderly person
human being over the age of 65 years

[SOURCE: ISO/IEC TR 20322:2023[12], 3.1, modified — Note 1 to entry has been removed.]

3.5
person with disability
person with one or more impairments, one or more activity limitations, one or more participation restrictions, or a combination thereof

[SOURCE: ISO 21856:2022[15], 3.23]

3.6
health literacy
ability of individuals to gain access to, understand and use information in ways which promote and maintain good health for themselves, their families and their communities

[SOURCE: ISO 7101:2023[18], 3.34]

4 Types and vulnerabilities of socially vulnerable groups

4.1 Types of socially vulnerable groups[1]

Socially vulnerable groups refer to people who can be placed in greater danger in the outbreak of a respiratory infectious disease. Such groups can be classified in physical, environmental and financial terms.

a) The physically vulnerable group includes elderly persons, persons with disabilities and persons with chronic or underlying diseases, who have difficulty in evacuating or responding by themselves in the event of a disaster.

b) The environmentally vulnerable group refers to foreign residents, travellers and workers (including illegal immigrants), who are vulnerable to a disaster on a temporary or long-term basis due to communication difficulties caused by cultural, living environment or language differences.

c) The financially vulnerable group refers to financially troubled people who do not have or are unable to manage a stable, basic source of livelihood. Such people have difficulty in conducting disaster prevention activities by themselves to prepare for a disaster.

4.2 Vulnerabilities of each type of socially vulnerable groups

Socially vulnerable groups have various vulnerabilities in the event of a disaster, such as communication and mobility difficulties and susceptibility to infection (see Table 1).

Table 1 — Vulnerabilities of socially vulnerable groups in the outbreak of a respiratory infection[2][10]

Group		Vulnerabilities in a disaster
Elderly people	Living alone	— The deterioration of physical functions due to ageing, regardless of their health status
	With mobility difficulties	— Difficulty in moving by themselves
	With dementia	— Difficulty in assessing situations, evacuating, and describing their conditions
People with disabilities	With visual impairment	— Difficulty in collecting information and assessing situations through their vision
	With hearing, speech and language impairments	— Difficulty in collecting information and assessing situations through their voice — Difficulty in describing their conditions through vocal language
	With both visual and hearing impairments	— Extreme difficulty in collecting information and assessing situations due to multiple disabilities — Extreme difficulty in evacuating quickly by themselves
	With physical disabilities	— Difficulty in moving without assistance
	With chronic or underlying diseases	— Need for certain medical equipment, medications, food and service — Difficulty in identifying their conditions by appearance
	With intellectual disabilities	— Difficulty in assessing situations by themselves and describing their conditions — Difficulty in adapting themselves to changing circumstances, which sometimes leads to panic attacks
	With developmental disabilities	— Wide variety of disabilities, including intellectual — Difficulty in assessing situations by themselves and describing their conditions — Difficulty in adapting themselves to changing circumstances, which sometimes leads to panic attacks — Difficulty in communal living
	With mental disabilities	— Difficulty in adapting themselves to changing circumstances, which sometimes leads to panic attacks — Need for long-term use of medication in many cases
	With higher brain dysfunction	— Difficulty in assessing situations and evacuating by themselves due to memory, attention and executive function disorders — Difficulty in communal living
People with chronic or underlying diseases		— Need for certain medical equipment, medications and food — Difficulty in identifying their conditions by appearance
People with difficulties in health literacy		— Difficulty in collecting information and assessing situations due to difficulties in health literacy caused by cultural, living environment, or language differences

5 Essential social welfare services and medical support for socially vulnerable groups

5.1 Target groups and considerations by vulnerability of socially vulnerable groups

Providing essential social welfare services and medical support for socially vulnerable groups requires consideration toward the vulnerabilities of target groups (see Table 2). Prior to such consideration, a checklist (Annex A) may be used.

Table 2 — Considerations for each vulnerability of socially vulnerable groups in providing essential social welfare services and medical support

Vulnera-bility	Communication difficulties ▼	Mobility difficul-ties ▼	Need for personal care ▼	Susceptibility to infection ▼	Communal living ▼
Target group	People with visual, hearing, language, or developmen-tal (intellectual vulnerable group) disabilities	People with mobil-ity difficulties (e.g. bedridden patients and motorized wheelchair users) People with chronic diseases Elderly people with mobility difficulties	People with disa-bilities who receive daily life support services	People with inter-nal organ disorders People with chronic or underlying dis-eases	People with dis-abilities who use facilities, such as residential facilities and community re-habilitation centres
	▼	▼	▼	▼	▼
Consider-ation	Improving access to information about infectious diseases	Providing mobility assistance services	Providing activity support servic-es and assistant services to ensure continuous care services	Improving infection prevention and con-trol, and enhancing essential medical support	Preventing infec-tions in facilities and assisting the upkeep of their services

5.2 Essential social welfare service support[3]

5.2.1 Communication support for groups facing communication difficulties

For groups experiencing communication difficulties, communication support is provided with the following content.

a) The main target group includes people with physical disabilities, brain impairments, visual impairments, and similar groups who face difficulties in mobility and require separate assistance:

   1) people with hearing and language impairments who have difficulty in communication through vocal language and therefore need assistance, such as sign language services;

   2) people with visual impairment who are unable to identify visual information and therefore need services that deliver information through voice;

   3) people who can communicate in vocal language but have difficulty in understanding the meaning of information, and therefore need communication support (e.g. people with intellectual, developmental, or mental disabilities, brain disorders, or people with difficulties in communication in health literacy).

b) Table 3 outlines major support services for each group to improve their access to information in the event of respiratory epidemic disaster.

Table 3 — Support services for improving each group's access to information

Vulnerable group	Communication support service
People with visual impairment	Providing print materials about infectious diseases, which can be converted from text to speech Including a QR code or voice code (a code that can be translated into braille or voice for people with visual impairment) in such print materials
People with hearing and language impairments	— Providing sign language interpretation and on-screen captions in news programmes and media briefings on infectious diseases, making captions mandatory and providing more convenient advice services through video advice with sign language and 24/7 text advice services
People with intellectual, developmental, or mental disabilities, or People with difficulties in communication in healthcare settings	Providing easy-to-understand information about infectious diseases, for example, by using less text and more images that facilitate easy understanding without language — Utilizing image boards that facilitate easier understanding of newly coined phrases and difficult words, such as "people under active monitoring" and "suspected cases"

5.2.2 Mobility assistance service support[4]

Mobility services are provided to groups which need assistance with transportation, following the guidance below.

a) The main target group includes persons with physical disabilities, developmental disabilities, and visual impairments, as well as elderly and frail persons who require additional assistance for mobility due to difficulties in movement.

  1) People who are unable to move by themselves and therefore need assistance (e.g. wheelchair users and bedridden patients) should be prioritized.

  2) The mortality rate can be considerably higher among patients with comorbidities when they are infected, and therefore they need mobility assistance when they visit a hospital for essential medical support.

b) The following considerations and support guidance apply.

  1) When persons with mobility difficulties need to move, for example, from their home through a healthcare facility to a quarantine facility:

     — a person in motorized wheelchair or with diseases process that include mobility difficulties is given priority to use wheelchair accessible vehicles (special purpose vehicles);

     — a bedridden patient is transported by an ambulance;

     — a person with visual impairment moves to their destination with assistance from their guardian or mobility assistance personnel before and after using a vehicle.

  2) As living support for people with mobility difficulties, necessities including food and personal protective equipment (PPE) as appropriate should be purchased for and provided to them.

  3) Common support services involve designating screening centres (hospitals) with wheelchair accessibility in each district. When people request assistance, such as through reservations, they are guided to these designated screening centres.

5.2.3 Personal care support[7][8]

For those utilizing daily living support services, personal care support should be provided based on the following guidance.

a) The main target groups include people such as persons with disabilities and elderly persons who receive daily life support services, including daytime activity services, due to limitations in their daily lives.

b) The following considerations and support guidance apply.

   1) Care service personnel should be provided with PPE for care workers in accordance with the infection situation of the care recipient (uninfected, under self-quarantine, or confirmed), if appropriate. After conducting this education, support staff should be deployed.

   2) Pre-emptive measures should be prepared and implemented to prevent mass infections in residential facilities for persons with disabilities (e.g. reducing the number of people using the facilities to reduce density and converting multi-person rooms to single or double rooms).

   3) In order to avoid disruptions in care services caused by the quarantine of either a caregiver or care recipient, supplementary compensation should be provided; and the pool of available workers for activity support services should be broadened.

   4) In anticipation of potential interruptions in care services due to temporary closures of childcare or disability facilities, as well as guardian or caregiver unavailability, emergency care systems, including family care and urgent care services, should be set up whenever feasible. See Table 4.

Table 4 — Types and details of emergency care service system in preparation for the potential suspension of care services

Type	Situation	Support details
Type 1 (unconfirmed cases)	People who receive care services that have been (or will be) suspended due to the spread of a respiratory infectious disease	Providing living rehabilitation therapist and psychological support. Assisting with daily life activities, e.g. meals, grocery shopping, taking medication and cleaning and cleaning
Type 2 (unconfirmed cases)	People who need emergency care services due to, for example, self-quarantine	Assisting a person under self-quarantine in hospital with outdoor activities, e.g. grocery shopping and delivering goods
Type 3 (unconfirmed cases)	People who need emergency care services due to, for example, self-quarantine	Living with a person under self-quarantine to assist them with daily life activities at home
Type 4 (confirmed cases)	Confirmed cases who need emergency care services due to their admission into hospital or residential treatment centre	Assisting a person with confirmed infection in hospital by care workers or caregivers with field experience

5.2.4 Infection prevention in community facilities and service support[5]

Service support should be provided for people who are in facilities for persons with disabilities, considering the following aspects.

a) The target groups are people who are in facilities for persons with disabilities[11].

b) The following considerations and support guidance apply:

   1) to assist people in facilities for persons with disabilities (e.g. residential facilities and community rehabilitation centres):

     — to prevent challenging situations caused by the suspension of support and difficult family caregiving due to service disruptions, infection prevention support should be provided for welfare facilities;

     — a system should be established that links relevant services to maintain essential services, deploy emergency care service workers, and support substitute workers at social welfare facilities, such as retirees and volunteers, as a priority;

     — preventive quarantine measures should be taken at facilities for persons with disabilities; and in preparation for the closure of such facilities due to infections, a local response system should be established that enables coordination among temporary facilities, local residential treatment centres and hospitals.

5.3   Essential medical support

5.3.1   Setting priorities for essential medical support services

In order to prevent indirect diseases and deaths and to prevent chronic diseases from becoming acute in the event of the suspension of medical services, priorities should be set for essential medical support services. The top priorities are as follows:

a)   essential prevention and treatment services, including vaccination, against infectious diseases;

b)   medication and healthcare support by healthcare workers to continue to manage chronic conditions including mental health difficulties;

c)   important facility-based treatment;

d)   intervention in time-sensitive emergency or health conditions and acute presentations in general;

e)   auxiliary services, such as basic imaging diagnostics, laboratories and blood banks.

5.3.2   Infection prevention and essential medical support

People belonging to high-risk groups should be prioritized and support should be supported as follows.

a)   The primary target includes people with high-risk conditions such as kidney disorders, heart conditions, liver disorders, respiratory disorders, and bowel or urinary disabilities. These high-risk groups should be given priority in terms of support, and other persons with disabilities should also be taken into account.

b)   The following considerations and support guidance apply (see Table 5).

   1)   People aged 65 and older are prioritized. Elderly persons with underlying diseases are categorized into the "high-risk group" and given necessary treatment, such as quarantine in hospital, when confirmed to be infected. More wards and hospitals should be secured to provide medical care and activity support services for persons with disabilities who are confirmed to be infected.

   When all family members are confirmed to be infected, they should be hospitalized in the same hospital or centre, if possible.

   2)   For people with kidney failure, in particular, hospitals that can provide dialysis to ensure their safe medical care should be secured if the hospital they attend closes or they are confirmed to have a respiratory infectious disease.

   Patients should be informed of the location of hospitals in their communities that provide dialysis, the number of people who use the service, and the time of their dialysis. Appropriate measures should be taken, e.g. designating specific times or days for the dialysis of people with a confirmed infection.

   3)   It should be ensured that patients have enough medication to last more than two weeks and continue to provide essential medical services including contact-free doctor consultations and proxy prescription.

   4)   PPE, if appropriate, should be provided for persons with disabilities as a priority and improve the convenience of purchasing PPE products.

Table 5 — Respiratory infectious disease prevention and essential medical support[6]

Type	Infection prevention and medical support
High-risk group	— Categorizing people with internal organ disorders, such as kidney failure and heart disorders, into people with underlying diseases, and giving them necessary treatment, such as quarantine in hospitals, based on considerations of their diseases as reflected in infectious disease response manuals
Essential medical support	— Temporarily allowing elderly persons and people with chronic diseases to have contact-free doctor consultations, e.g. telephone prescription and proxy prescription — Allowing patients under isolation to have dialysis, if needed, in accordance with the infectious disease response system, etc.
PPE support	— Providing appropriate PPE and hand sanitizers for residential facilities for persons with disabilities at the public funds (government's expense could be included) — Extending the eligibility for the proxy purchase of face masks for persons with disabilities as part of the mask supply and demand stabilization policy — Allowing anyone with a disability registration card to buy publicly distributed face masks by proxy for persons with disabilities — If possible, supporting the project to distribute free face masks to persons with disabilities through the proxy purchase of publicly distributed face masks

5.3.3 Basic preparations for providing essential medical support in an infectious disease disaster[9][10]

a) Preparations for essential medical services

Essential medical service personnel should know where people who are vulnerable to infectious diseases receive transportation and assistance services and repeatedly rehearse plans for disaster situations with necessary devices and equipment in preparation for disasters. The basic preparedness plan reflecting the requirements of specific vulnerable groups is specified in Table 6.

Table 6 — Basic preparedness plan for medically vulnerable groups in infectious disease disaster[16][17]

Type of patient	Basic preparedness to maintain essential medical treatment
Patients with brain function disorders	— Ensure that patients wear a medical ID bracelet or necklace. — Prepare documents containing information about their behaviour. — Deliver contact information of their family, friends and doctor.
Patients with diabetes	— Provide food for special diets. — Secure test kits for diabetes. — Prepare a non-refrigerated insulin delivery device. — Ensure that the patient wears a medical ID bracelet or necklace.
Patients undergoing dialysis	— Ensure that the patient knows the location of dialysis centres. — Begin emergency meals for the patient as soon as an emergency occurs. — Check that other people access dialysis fluid for their dialysis or medication. — Do not use an antiseptic solution before and during dialysis in a shelter. — Ensure that the patient wears a medical ID bracelet or necklace.
Patients relying on oxygen	— Secure a reserved oxygen supply machine with a power supply unit. — Prepare extra water for oxygen concentrator.
Patients who need diet therapy	— Preserve the appropriate amount of emergency food.

b) Life support equipment

People who rely on life support equipment or their guardian, caregiver (including dialysis machines, respirators, ventilators, and infusion pumps) must:

1) choose an alternative facility and provider that can help when the equipment does not work properly at home and service personnel is unable to operate;

2) register with the local electricity supplier as a customer relying on life support equipment;