

FAST - Facilitating Accessibility in Support of Tourism
Accessible Travel Facilitator (ATF)

Module Content Outline

Modules and Unit Distribution

Distribution of Modules:

Module	Leading Partner	Units
Module 2- Dealing with people with physical, sensory and cognitive impairments	SPI	<ul style="list-style-type: none">• Unit 1: Sensory, physical and cognitive impairments• Unit 2: Identifying relevant health care services and entities in the region.• Unit 3: How to deal with unforeseen travel problems

Module Outline

Module: Module 1 - Dealing with people with physical, sensory and cognitive impairments.

Module Overview
This module is divided into 3 units that will focus on specific needs on how to deal with people with physical, sensory and cognitive impairments by understanding what is sensory, physical and cognitive impairments, know the different forms of sensory physical and cognitive impairments and be able to identifying relevant health care services and entities in the region.

Module Objectives:

The aim of this module is to skill future ATF with specific competences to enable the ATF to deal with people with physical, sensory and/or cognitive impairments, and assist them during their stay at a particular tourist destination and/or during the trip itself. This module also aims to provide basic concepts of first aids.

Upon completion of this Module, you should be able to:

- Understand what are the needs, limitations and difficulties of people with physical, sensory and cognitive impairments
- Know how to locate/identify health care services in the region (e.g., doctors, pharmacies, etc.)
- Know how to apply creative solutions to unforeseen accessibility issues or other obstacles
- Know how to apply basic first aid as an initial rapid response to a medical emergency, through the application of simple and effective techniques to reduce the severity of the situation, improving a victim's chances of survival

Units in the module:

Module 1: Dealing with people with physical, sensory and cognitive impairments & First aids basic concepts
Unit 1: Sensory, physical and cognitive impairments <ul style="list-style-type: none">• What is sensory, physical and cognitive impairments?• What are the different forms of sensory physical and cognitive impairments?• What are the needs, limitations and difficulties of people with physical, sensory and cognitive impairments
Unit 2: Identifying relevant health care services and entities in the region. <ul style="list-style-type: none">• Identify and roadmap the most important health care services and support entities in the region• Know how to act and who contact in case of any emergency
Unit 3: how to apply creative solutions to unforeseen accessibility issues or other obstacles <ul style="list-style-type: none">• Identify potential problems that may occur during the trip/stay• Know how to anticipate any possible problem and understand how to overcome in case of any problem occurred

Unit 1: Sensory, physical and cognitive impairments

Unit 1 Overview

- Sensory, physical and cognitive impairments
- Different forms of sensory physical and cognitive impairments
- Needs, limitations and difficulties of people with physical, sensory and cognitive impairments

Upon completion of this Unit participants should be able to:

- Understand what is sensory, physical and cognitive impairments;
- Identify the different forms of sensory physical and cognitive impairments;
- Understand the needs, limitations and difficulties of people with physical, sensory and cognitive impairments when travelling.

Learning methodology

Build a blended learning solution by mixing classroom sessions with online courses to make the learning process more personally interactive and enjoyable. All learning materials will be available online in a toolbox so learners can have access any time, from any place. This allows learners to read the more theoretical contents before the practical sessions in which activities and exercises should be carried out and doubts can be clarified. Practical exercises will also be made available in the online toolbox. We recommend to agree an initial plan of the classroom sessions and online sessions.

Each classroom sessions should start with a detailed explanation of the agenda and topics, then a discussion on learning materials read before the session (Q&A session) so that learners can clarify any doubts and finally practical exercises should be developed by learners (individually or in groups) to help consolidate the knowledge acquired.

A. Introduction, development of the content:

The growing awareness of the concept of Universal Accessibility is a path that had one of its milestones achieved in 1970 by the introduction of the well-known International Symbol of Access worldwide. Since then, there has been an increasing consciousness by most European and non-European countries on the need to actively promote accessibility for all, resulting on some key documents such as the publication of the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities of the United Nations (rule number. 5), in 1994.

At a European level, it ought to be mentioned the importance of the publication of the European Concept for Accessibility (ECA). Conceived on its present form in 1996 on a conference in Doorn, the Netherlands, the ECA is based on the Universal Design 7 principles, which apply to the design of buildings, infrastructure, building and consumer products, namely: equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for zero, low physical effort, size and space for approach in use. The ECA Concept serves as a reference work for the provision of environments, which are convenient, safe and enjoyable to use by everyone, including people with disabilities. It reflects the following 3 principles of integral accessibility:

1. **the range principle:** Integral accessibility guarantees, in a physical sense, the possibility of reaching and using spaces and the furnishings, which are intended for use for all the people within the range of the 'extended scope';

2. **the independence principle:** Everyone within the range of the extended scope must be able to use the accessibility facilities independently;
3. **the naturalness principle:** Everyone within the range of the extended scope must be able to feel that the accessibility facilities are 'natural'.

However, when it comes to accessibility assessment, one may encounter more than physical barriers/obstacles. In fact, there are three kind of barriers/obstacles that may compromise the access to universal accessibility (Eichhorn & Buhalis, 2011):

- **Physical** barriers - are connected to the infrastructures and are easy to identify but extremely difficult to overcome by visitors with disabilities, special those at the mobility level. This may include public areas, transportation means, hotels, restaurants, monuments and museums, show rooms, and shops, etc
- **Human** barriers - are difficult to identify but extremely important for the "tourism experience". Some attitudes can origin an "interpersonal inhibitor", consisting, thus, of behavioural barriers.
- **Information** barriers - Important for the preparation and the decision-making about a visit and also fundamental when visiting the destination to avoid bad experiences. These barriers can be in part easy to solve by using the new technologies to transmit information, hence having a close relation with the concept of Digital Accessibility.

Every user deserves a first-rate digital experience on the web. Someone with a disability must be able to experience web-based services, content and other digital products with the same successful outcome as those without disabilities. The awareness of this particular information barrier and commitment to its inclusion is the goal of Global Accessibility Awareness Day (GAAD), a global event that shines a light on digital access and inclusion for people with disabilities.

One can also look at the tourism experience through the lens of the possible inhibitors a person may encounter (Devile, 2014). These can be defined as:

- **Intrapersonal** – psychological aspects having to do with the individual's own physical or cognitive functioning (personality, motivations, feelings and emotions, personal fears, individual beliefs and previous tourist experiences, etc.);
- **Interpersonal** – interaction of the individual with his/her social context and/or service providers (both behavioural/human and informational barriers);
- **Structural** - aspects outside the individual (lack of time, financial constraints, transport difficulties, climate and infrastructure). These are important when deciding to travel and when choosing the destination itself.

Following the Manila Convention's article 4 (1980), which outlined the importance of the universal access to holidays and freedom of travel and tourism, we must then reflect on how these barriers and inhibitors have to be overcome in order to guarantee an Accessible Tourism.

According to Carvalho (2018), Accessible Tourism is a form of tourism that involves collaborative processes between stakeholders in order to offer universally designed products, services and environments to be able to eliminate physical, human or information barriers, enabling people with special access requirements, including mobility, vision, hearing and cognitive dimensions of access, and their companions, to practise tourism with equity and dignity looking always for the maximum independence.

As tourists themselves, may come *in all shapes and sizes*, it's essential to design universal products, services and environments that meet peoples' needs, particularly when it comes to individuals that may present:

- **Impairment** (relates to bodily functions) - loss or abnormality of a body function that can be anatomical, physiological or psychological, e.g. a missing limb or diagnosed mental disorder.
- **Disability** (relates to activities) - inability or restricted ability to perform an activity within the normal human range, e.g. being unable to walk.
- **Handicap** (relates to social roles) - disadvantage resulting from impairment or disability that limits the social role of an individual, e.g. being unable to work somewhere due to limited access.

In fact, around 120 million EU citizens are affected by a disability or any sensory, physical and/or cognitive impairments and this is a number expected to rise progressively as a consequence of the demographic ageing. Thus, it is important that people affected by any of these kinds of impairments have the necessary and qualified assistance so they can travel safely.



Source: [unsplash](#)

A key issue on this topic, then, is to understand what are Physical, Sensory and Cognitive impairments.

A **Physical impairment** (or Motor impairment) is the partial or total loss of physical faculties that include walking, balance, holding and manipulating objects, pulling, pushing, lifting and reaching. Many activities involve simultaneous use of more than one of these skills.

A **Sensory impairment** relates to an impairment in one or more senses – vision, hearing, touch, taste and smell - thus reducing a person's ability to perceive, understand and act in various situations. Typically, when one of the senses is missing or impaired, an individual learns most of the times, to some extent compensate for a disability by developing the use of the remaining senses. There might also exist cases where a person may present Multisensory Impairment, meaning there is, for instance, a hearing loss and visual impairment.

As for people with a **Cognitive impairment**, they do not have an ability to learn and understand as most people do, to process information at the same speed or in the same way as others and may therefore find it difficult to follow instructions, to understand where they are, to identify people or to behave in an appropriate manner in a given setting. It ranges from mild to severe (demencia) and include cases such as Autism, Alzheimers or cognitive deficit. In general, it relates to mental abilities problems (cognition, intellect, interpretation, learning and memory), whereas situations such as losing things is often is an MCI (Mild Cognitive Impairment).

When it comes to dealing with people with these kinds of impairments, it is crucial to first check the person's level of autonomy. This can be done by talking to them, understanding their needs,

and realizing whether this is a temporary or permanent condition and, on this last case, if it has been a birth condition or has been acquired afterwards.

As general rules, when it comes to dealing with people with disabilities and/or impairments, one must always be respectful and give them the same consideration as it would be given to other people. That means, for instance, treating an adult as an adult, a teenager as such and a child like a child, and not be overprotective, particularly with adults. Additionally, one must pay particular attention to not exclude people with disabilities and/or impairments from normal activities. Nevertheless, the concept of adaptation must always be omnipresent, especially as different types of disabilities/impairments have their specifications that require more attention and care. Below, we present some clarifications and suggestions.

Physical Impairment

The key point for a person with a physical impairment is to have a “barrier-free” environment, building adjustments and special equipment or installations.

In this way, it is important to eliminate uneven surfaces or loose walking surfaces, as they may be difficult or impossible to cross. Non-slip floor surfaces are also important. Furthermore, one should find supporting walking aids such as a mechanical or electric wheelchair, crutches, walker/rollator, walking canes, as well as support handrails on both sides of a ramp or staircase, for safety and support. Always bear in mind they may not be able to manage steps and may need ramps or lifts.

As people with physical impairments only manage short distances, they may need seating where they can stop frequently, to rest, regain strength or catch their breath. Moreover, walking aids, wheelchairs or scooters for rent or loan should be available in specific venues.

Additionally, always remember they may need another person to help them walk or use the wheelchair. If you think the person might be struggling, don't hesitate offering help and if accepted, ask how you should proceed. People have their own individual techniques for climbing stairs or do other activities, and sometimes an inadequate attempt may be problematic. However, in some cases, help is crucial: if a person with a disability falls immediately offer to help. Therefore, the procedure should always be asking first, even if the attempt to help might be refused.

Particularly on the case of a person who uses a wheelchair, you ought to bear in mind that for a seated person to look up for too long might be exhausting. If at all possible, remember to sit down, so that both of you may be at the same eye level. Remember that the wheelchair is part of the person's body space, almost an extension of their body, meaning that leaning on the wheelchair is just as unpleasant as doing so in a regular chair where a person is sitting. Moreover, when pushing a person in a wheelchair, you should always be careful not to hit those in front of you and to turn the chair around should you stop to talk to someone. In this way, the person will be able to join the conversation as well.

As a final note, feel free to use terms like "walking" and "running" as people with physical disabilities naturally use these same words.

Sensory Impairment

People with an impaired or reduced sense of touch or feeling include those who may have nerve damage, paralysis or missing limbs. They can have problems in sensing any kind of objects that

they have to interact with and may be at risk of injury from objects that are very sharp, very hot or very cold.

A **Hearing impairment** is one of those hidden impairments. It may include partial hearing loss or complete deafness. Their access needs will be related particularly to the communication and access to information. People who are born with a hearing impairment or deafness communicate mostly using sign language. Sign languages used by the Deaf community vary from country to country, so it is important to know which sign language Deaf visitors use for interpretation purposes.

When starting an interaction with a person with a hearing impairment, wave to them or gently touch their arm so that they turn their attention to you and you will be able to talk. Stand in front of them, leaving your mouth visible so that they are able to lip-read and try not to stand against the light, but in a bright place. You should also avoid making abrupt gestures or holding objects in front of your mouth. Make sure to speak clearly, pronouncing well the words (but without exaggeration), using your normal speed unless you are asked to do it slower. Additionally, be more expressive so that deaf people can notice the subtle changes in tone of voice that indicate the feelings (joy, sadness, sarcasm or seriousness), by using facial expressions, gestures and movement of your body. Moreover, you ought to always maintain eye contact as if you look away the deaf person may think the conversation is over.

You should also bear in mind that the deaf person doesn't always have good diction, meaning that if you are having some troubles understanding what they are saying you don't have to be shy about asking them to repeat it. They usually don't mind repeating it as many times as necessary. However, another interesting communicative tool might be through notes. The key is to be able to communicate. Should the deaf person be accompanied by an interpreter, address the person and not the interpreter.

Another key aspect is patience and concentration. As deaf people might have different ways to communicate (through written communication, sign language or even other codes), you should always remain calm and anxious free. As some of their methods may be slow, you can always help the deaf person to find the right word or try to communicate using questions with yes or no answers.



(Missing source)

People with **vision impairments** are exposed to several types of dangers. Their access needs will vary according to the person's level of sight and will be related mainly to the access to information, safety of movement and orientation in an unknown environment.

Some good examples may be found in Ljubljana, Slovenia, where one can spot Tactile aids for visitors with vision impairment in the Ljubljana Castle or a Tactile path on the floor in the Slovene Ethnographic Museum.



Source: Martins, L.; Gabriele, F. (2013)

When interacting with a person with a sensory impairment, one should bear in mind that not always a visually impaired person needs help. Nevertheless, if the person seems to be in difficulties, don't hesitate to offer your assistance, always asking first how. If your assistance as a guide is accepted, place the person's hand on your bent elbow and the person will follow the movement of your body as you walk. Should you cross a narrow corridor where only one person can pass, put your arm behind so that the blind person can continue to follow you.

As a guide make sure you warn of steps, slippery surfaces, potholes and other obstacles along the way. As for explaining directions, be as clear and specific as possible, preferably stating distances in metres (e.g., "about ten metres ahead of us"). Make also sure to notify the person when you are going to walk away.

When it comes to communication, unless they also have a hearing impairment, always speak in a normal tone of voice. Even though without realising it, some people have the tendency to speak in a higher tone of voice when talking to blind people. Feel free to use words like "see" and "look" as visually impaired people use them naturally.

Also remember that guide dogs should not be played with as it has the responsibility of guiding the non-sighted owner and must not be distracted from this role.

Cognitive Impairment

Those with cognitive problems may need assistance and simplified, well-structured information to enable them to be safe and to enjoy a visit. This means they require both audible and visual

messages that are concise, easy to understand and relatively frequent. In this way, it might be better to use signs, symbols and pictograms than rely on printed word.

'Easy Reading' is a form of writing that has been developed to inform people with learning difficulties in a simpler way. They may need clear and repeated instructions with simple wording, so as to follow a tour successfully and safely, and to keep with the group. It can be helpful to combine text information with universally recognisable symbols, such as graphics (pictograms, etc.) that are in accordance with international standards

When addressing a person with intellectual disabilities you should act naturally and treat them with the same respect and consideration you would give to any other person, and not ignoring them. This means treating them as a child if they are a child, as a teenager if they are such, as an adult, if they are an adult. Thus, it is important to be natural, say friendly words, greeting and saying goodbye to them as you would do to anyone else and helping them only when necessary.

You must, then, avoid overprotecting the person and should let them do or try to do everything they can do on their own. Moreover, don't underestimate their intelligence as people with disabilities, although they may take longer to learn, can acquire many intellectual and social skills.

A particular note should also be addressed concerning Cerebral palsy. **Cerebral palsy** is a consequence of brain damage, whose origins may be caused before, during or after birth, causing disorder over the body's muscle controls. As the person with cerebral palsy is not a child, nor is he or she the carrier of a serious or contagious disease, be always respectful and treat him or her as an adult.

When dealing with a person with cerebral palsy, bear in mind their specific needs and that they may present difficulties on walking, making involuntary movements with their legs and arms and have strange facial expressions. Make sure you respect the person's pace and always be patient when listening to them, as most of them have difficulty speaking. Nevertheless, one must not confound this difficulty and slow rhythm with intellectual disability.

Additional to these, there is a very wide group of visitors that may have access requirements. These include not only visitors with disabilities but also seniors, children, people with a variety of chronic diseases and other issues. Examples include the case of ageing adults, a developing child, the diversity of statures (large, small, ...), people with a speech impairment (dumb, dysarthria), allergies and other Sensitivities, Epilepsy, or just the fact of not being able to understand the language. Other conditions worth mentioning are the lack of ability (physical or cognitive) or sensory processing disorders (for instance, hypersensitivity).

B. Learning activities and material required:

C. Reflection and setting phase:

This unit is intended to provide an overview of relevant information on what are the specific needs, limitations and difficulties of people with physical, sensory and cognitive impairments and how to create a good relationship with them. It is very important to understand their reality to be able to deal with them and their daily obstacles and challenges without making them feel uncomfortable, excluded or unhappy.

D. References and material recommended for further study:

Web-links:

- <https://www.nationaldisabilityinstitute.org/capacity-building/empowered-cities/the-needs-of-people-with-disabilities/>
- <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>
- https://www.jsna.centralbedfordshire.gov.uk/jsna/info/7/vulnerable_groups/132/physical_disabilities_and_sensory_impairment
- <https://www.lsr-online.org/uploads/physical-and-sensory-disability-report.pdf>
- <http://www.eca.lu/index.php/about-us>
- <http://www.eca.lu/index.php/documents/eucan-documents/15-eca-history-part-1/file>
- <https://www.univeur.org/cuebc/downloads/PDF%20carte/65.%20Manila.PDF>
- <https://repositorio.ul.pt/handle/10451/22718> (Tese Prof. Ilidia Carvalho, 2015)
- Eichhorn & Buhalis, 2011: Accessibility: A key objective for the tourism industry: https://www.researchgate.net/publication/292258255_Accessibility_A_key_objective_for_the_tourism_industry
- https://www.researchgate.net/figure/Example-of-tactile-floor_fig4_261861118
- Devile, 2014: <https://ria.ua.pt/handle/10773/14080> (Portuguese version)

Unit 2: Identifying relevant health care services and entities in the region.

Unit 2 Overview

- What should be prepared in advance before going on a trip abroad
- Gather important destination information: location of hospitals and clinics, phone numbers for emergency services and country's local embassy.

Upon completion of this Unit participants should be able to:

- Know how to prepared before going abroad
- Plan the trip details so if something occurs during the trip he/she will be able to contact the right person/organisations

Learning methodology

Build a blended learning solution by mixing classroom sessions with online courses to make the learning process more personally interactive and enjoyable. All learning materials will be available online in a toolbox so learners can have access any time, from any place. This allows learners to read the more theoretical contents before the practical sessions in which activities and exercises should be carried out and doubts can be clarified. Practical exercises will also be made available in the online toolbox. We recommend to agree an initial plan of the classroom sessions and online sessions.

Each classroom sessions should start with a detailed explanation of the agenda and topics, then a discussion on learning materials read before the session (Q&A session) so that learners can clarify any doubts and finally practical exercises should be developed by learners (individually or in groups) to help consolidate the knowledge acquired.

A. Introduction, development of the content:

When travelling abroad, there are three types of materials every traveller should gather beforehand:

- Personal Information;
- Destination Information;
- Basic medical kit.

Personal Information

Besides your ID related documents, it is recommended that all travellers should carry a card with their blood type, chronic illnesses, necessary medications, immunizations, and allergies—preferably in English and their destination's local language. Moreover, if someone is under a chronic condition treatment and is taking medicine, they ought to always carry a doctor's note with names of prescriptions (including a generic option), that may need refilling. Remember to always have the insurance card and the insurer's contact information on hand in case of assistance with coverage.

You should also make copies of important documents—including passport and credit card—and store them somewhere safe in case they get misplaced. Additionally, it might also be prudent to discuss with a doctor the travel itinerary (particularly if a more challenging one), necessary vaccines, and potential health concerns.

Destination Information

When gathering **destination information**, it is essential to check for the location of the nearest health care centres, especially the closest hospital and pharmacy, phone numbers for emergency services like ambulances and your country's local embassy.

If going somewhere less frequently visited, do previous research to figure out where you might go if you get sick. If you will be visiting a more remote place, it is sensible to sign up for medical evacuation insurance so you can get the help you need – this might be particularly vital for people with physical impairments. There's the chance you'll have limited phone or internet service while traveling, so writing down this information and keeping it somewhere safe might be wise.

Furthermore, it might be prudent to get know the local primary, secondary, tertiary (and, sometimes, quaternary) health care network on its whole.

The **primary care** level is a people-centred service that addresses the majority of a person's health needs throughout their lifetime including physical, mental and social well-being. It is usually the first stop for most of the symptoms and medical concerns and includes health promotion, disease prevention, treatment, rehabilitation and palliative care. In most cases this means being seen by a primary care physician, also called a general practitioner or family physician and is where one may get regular screenings, general checkups, and wellness visits. A primary care provider might be a doctor, a nurse practitioner or a physician assistant.

On the other hand, the **secondary health care** is concerned with specific expert care, most often provided in hospitals or clinics by a wide range of specialists such as psychiatrists, cardiologists, obstetricians, dermatologists, paediatricians or gynaecologists. Secondary services may include planned operations, specialist clinics (for instance, cardiology) or rehabilitation services, such as physiotherapy. It is, thus, more specialised and focused on providing medical treatment for patients struggling with severe or complex health conditions, such as cancer, pneumonia, sudden infections or broken bones. Although it depends on each country's health system,

patients may have to first see a primary care provider for a referral prior to being able to access secondary care.

The **tertiary health care** regards more advanced and highly specialised medical care, frequently provided over an extended period of time. Available at a Regional or National level, these are often only found in great city centres, meaning that most people may have to travel to reach a tertiary care centre. These care services include more complex palliative, medical and surgical interventions, such as specialist cancer management, neurosurgery, cardiac surgery, transplant services, plastic surgery, treatment for severe burns, or advanced neonatology services.

As for the recently created **quaternary care**, it can be defined as an extension of tertiary care with the use of highly specialised techniques and not wide availability, being very limited to a number of national or international centres. This also includes experimental medicine and some types of uncommon diagnostic or surgical procedures.

Additional to these, and especially on the cases of people with disabilities and/or impairments, it might be sensible to check for:

- Nearby shops where one can purchase or rent equipment such as wheelchairs or bathtub benches,
- Health care providers' contacts;
- Knowledge of certified guides to escort travellers with disabilities/impairments;
- Further information regarding adapted vehicles for transportation.

Basic medical kit

Finally, you should always pack a **first aid kit**. This should include the basics: band aids, pain relievers, disinfectant, antibiotic ointment, hand sanitizer, insect repellent, backups of any necessary prescriptions, and medication for easily treatable ailments like allergic reactions and diarrhoea. You may also consider taking malaria pills and chlorine tablets to disinfect water, depending on the location you are travelling to. It can be confusing and frustrating to seek for over-the-counter medications in unfamiliar countries or foreign languages.



Figure 1 – First Aid Essentials - Source:

Should you feel the need to seek for medical help, start by contacting your travel insurance provider to see if and where you'll be covered. No one will stop you from showing up at a medical facility while abroad, but there's the risk you may have some significant costs or that you may simply not get the help you need. If you do go to a medical facility, make sure you can

communicate clearly with your doctor or hospital: if you're unable to speak a country's language, it's imperative to find an English-speaking healthcare provider.

You can also explore the International Association for Medical Assistance to Travelers (IAMAT) website (<https://www.iamat.org/>) to check for links to databases with travel medicine specialists and other important contacts. Additionally, you may request your hotel's concierge to help you find a doctor or hospital.

Another possible option is to simply seek for a pharmacy: in many countries, pharmacists are authorised to prescribe over-the-counter medications for ailments such as sore throats, rashes, fevers, and upset stomachs, meaning that you may not have the need to actually go to a doctor.

Regardless of all these contents, it is highly sensible that you get the **European Health Insurance Card**. This is a free card that gives you access to medically necessary, state-provided healthcare during a temporary stay in any of the 27 EU countries, Iceland, Liechtenstein, Norway and Switzerland under the same conditions and at the same cost (free in some countries) as people insured in that country. It includes benefits in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth. These cards are issued by your national health insurance provider.



Figure 2 – European Health Insurance Card - Source: Expatica.com

Please bear in mind that the European Health Insurance Card **is not an alternative to travel insurance** as it does not cover any private healthcare or costs such as a return flight to your home country or lost/stolen property, as also your costs if you are travelling for the express purpose of obtaining medical treatment. Moreover, it does not guarantee free services, as each country's healthcare system is different, meaning that services that cost nothing at home might not be free in another country.

B. Learning activities and material required:

C. Reflection and setting phase:

This unit is intended to provide an overview what to take into consideration before going abroad to avoid uncomfortable situations. Health issues can occur any time to any one and it is important

to know what to do and who to contact to help you in a difficult situation. We give some tips of what type of information you should collect before travelling.

D. References and material recommended for further study:

Web-links:

- <https://www.nationaldisabilityinstitute.org/capacity-building/empowered-cities/the-needs-of-people-with-disabilities/>
- <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>
- https://www.jsna.centralbedfordshire.gov.uk/jsna/info/7/vulnerable_groups/132/physical_disabilities_and_sensory_impairment
- <https://www.lsr-online.org/uploads/physical-and-sensory-disability-report.pdf>
- <https://www.verywellhealth.com/primary-secondary-tertiary-and-quaternary-care-2615354>
- https://www.physio-pedia.com/Levels_of_Healthcare
- <https://www.lonelyplanet.com/articles/how-to-find-healthcare-abroad>
- <https://ec.europa.eu/social/main.jsp?catId=559>

Unit 3: How to deal with to unforeseen travel problems

Unit 3 Overview

- Most common travel problems and how to deal with them

Upon completion of this Unit participants should be able to:

- Deal with any type of travel problems
- Know how to react without panic

Learning methodology

Build a blended learning solution by mixing classroom sessions with online courses to make the learning process more personally interactive and enjoyable. All learning materials will be available online in a toolbox so learners can have access any time, from any place. This allows learners to read the more theoretical contents before the practical sessions in which activities and exercises should be carried out and doubts can be clarified. Practical exercises will also be made available in the online toolbox. We recommend to agree an initial plan of the classroom sessions and online sessions.

Each classroom sessions should start with a detailed explanation of the agenda and topics, then a discussion on learning materials read before the session (Q&A session) so that learners can clarify any doubts and finally practical exercises should be developed by learners (individually or in groups) to help consolidate the knowledge acquired.

A. Introduction, development of the content:

When picturing on our mind the idea of travelling, the majority of us will think of an ideal trip, where everything will go as thoroughly defined. Unfortunately, unforeseen problems such as the ones presented below may arise on any travel experience. However, you'll learn that for every problem there is a solution, and that the creativity and the resourcefulness behind of it may become one of the joys of travelling.



Figure 1 – cheapism.com

Getting lost is something that can happen to anyone as spatial awareness differs from person to person and may be compromised by other factors (humour, state of mind, weather, among others). While in the past you would have the need to get a map for every country, modern technology has presently given a huge help solving this problem. In this way, before leaving to your destination, download the offline map for the places you will be visiting.

Even so, getting lost may be accompanied with some stressing moments full of anxiety. It is vital not to panic and, if possible, to take a seat and take some slow breathes. Moreover, if you feel

it's safe to do so, ask for directions as strangers are generally helpful. And even if you don't speak the language, you can simply show them the written address.

Getting sick is another unwishful situation that can occur when travelling. It may come in various forms, especially:

- Travel sickness – It happens when signals of your inner ear don't match up with your visual signals, causing a general discomfort and, sometimes, nausea. Its origins are usually transportation-related, and may vary from person to person (some people get sick on boats, others on buses, airplanes, etc.). They may also result from specific smells or even something visually disturbing. As a general rule, the key is to get distracted and take your mind off the feeling, either via conversation, music, counting things out the window, etc. Replace the sensory malfunction with another sensory input. Access to fresh air and a drink of water may also be helpful.
- Jet lag – A less common situation, it happens when your natural body clock gets out of sync after crossing time zones. The most common consequences include fatigue and tiredness, especially because you are unable to get proper sleep. Besides just letting yourself get some proper rest (which will probably mean missing time at the start of your trip), a simple solution is to get some exercise and be as active as possible.
- Insect bites – If you're going to a place where mosquitoes or other bugs are known to bite, cover yourself up and carry a repellent with you and avoid the 'busiest' times, (usually dusk and dawn). Some bites can just be itchy but others can be dangerous. It is important, thus, to get some local advice on how to deal with this situation. And if you get bitten and start to feel sick, seek medical advice immediately.
- Sunburn – It's essential to always check the weather conditions before travelling, especially UV levels. In fact, even a cloudy weather may cause you a sunburn, so make sure to include a protector on your bag. Ideally, you should apply it 30 minutes before going out and then every two hours afterwards or every one hour if you are swimming or sweating. If you get a sunburn, apply some aloe vera or some ice as an alternative (but never directly) to cool it down.
- Food poisoning - Nausea, stomach cramps, vomiting or diarrhoea are some of those food poisoning consequences that may result from drinking or eating contaminated liquids and/or food, jeopardising your trip for days. On a first moment, the best practise is to simply let your body clean itself and drink plenty of fluids. Should it carry on, then you should take some medicine – that is why you should always carry anti-diarrhoea tablets with you. Additionally, avoid taking dairy and alcohol and, once you start feeling better, take soups or broths before building back up to solid foods.

While **not speaking the language** is a common situation every traveller may face and can be quite stressful, it can also be a fun situation as well and may trigger some enjoyable moments for you to remember afterwards. The key is to not be shy to communicate, even if it means to simply use body language, sign language, gestures and smiles. Moreover, don't be afraid of meeting new people because you don't know words as the use of these other forms of communication can work as a fun ice-breaker.

Missing a flight is a travelling problem where its solution will depend on whose fault it was. If you missed it because you simply could not make it, then there's little you can do besides trying to explain to the airline staff in a calm, reasonable manner your situation. With luck, you will might be able to get on the next flight. Otherwise, it's important to start thinking about the additional things you've booked. In some cases, if you think there's even a possibility you won't make it then check your ticket rescheduling rules. Still, the best solution is to always arrive with plenty of time.

However, due to external reasons (weather conditions, previous flight delays, etc.) missing a flight may not be your fault. In these cases, it is essential to speak to the airline staff (always remaining calm and reasonable) and try to look for alternatives. Some airlines may offer compensation, a free hotel or a free upgrade. It all depends on the individual situation.

Also, flight-related, **not arriving your baggage** is a particularly frustrating travel problem, especially if it happens on the way to your travel destination. If your bags don't arrive be sure to speak with the airline staff and find out the exact procedure. Some airlines deliver misplaced bags to your hostel while others need you to go there and collect it. As prevention, you ought to take with you on your carry-on luggage a change of clothes and some toiletries. This way you will be able to freshen up.

Additional to those, and particularly on the cases of people with disabilities/impairments, other unforeseen problems may arise. Some examples may be:

- To break your wheelchair on the airplane;
- Not having a big enough lift for the electrical wheelchair;
- No reliable ramp to enter the monument that was supposed to be visited;
- No Braille explanations as expected (or not in the visitor's language);
- The tourist guide has difficulty to identify barriers.

Firstly, it is vital to take into consideration the needs and concerns of the visitor as well as the needs and capabilities of the travel companion or the caregiver. Afterwards, check the situation to understand how serious it is and look for the alternatives – sometimes, for instance, the transportation company may have a substitute wheelchair or the museum may have another entry. Also fundamental is to always talk to the visitor about the situation. The key is to always try to find the best solution for the situation avoiding any risk and constraints.

B. Learning activities and material required:

C. Reflection and setting phase:

This unit is intended to provide info on some of the most common problems that you might have to face during travelling and how to deal with it. Every problem has a solution and the best solution to most travel problems is to be prepared. Sometimes you'll need to be creative and resourceful with your solutions but be aware that you can't prepare for every eventuality. In this unit we tried to give you some guidelines on how to proceed in case something bad happens during your trip.

D. References and material recommended for further study:

Web-links:

- <https://www.worldpackers.com/pt-BR/articles/common-travel-problems-and-how-to-deal-with-them>