

Sample Policy for Serving Patients who are Deaf/Hard of Hearing

Modification of the policy below is encouraged. Areas that are bolded, underlined and all caps are to be filled in with the appropriate content. The content has been designed for use by Case Management, Social Services, and/or the House Supervisor.

I. Purpose

To provide the necessary communication assistance, qualified onsite and remote interpreters, and technological equipment including assistive listening devices, closed captioning, TTYs, video phones (VP), phone amplifiers and other visual aids as necessary, to facilitate and ensure that the communication needs of patients and their families are met.

II. Policy

(FACILITY NAME) is responsible for providing an effective means of communication for any patient served. This includes providing qualified sign language interpreters and having available assistive technological equipment such as assistive listening devices, TTYs, Video Phones, Closed Captioning, phone amplifiers, and other visual/audiological aids necessary to ensure equal access and opportunities for the Deaf/Hard of Hearing patient and family members. The Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA) of 1990 protect these rights.

To ensure effective communication between healthcare providers and patients who are deaf, as well as their family members, a qualified sign language interpreter will be utilized when available. To ensure effective communication between healthcare providers and patients who are Hard of Hearing, as well as their family members, assistive listening devices will be provided. It is the responsibility of **(FACILITY NAME)** to obtain interpreter services as soon as possible. In the absence of a person who is able to sign, limited use of written notes may be permitted. However, other forms of communication do not replace the need and requirement to obtain a qualified sign language interpreter, if requested.

The costs of interpretation will be allocated to a single corporate account. This account will be budgeted through case management for the utilization of interpreters and assistive devices necessary to meet the patient and family member's needs as described under the ADA and as applied in the Americans with Disabilities Accessibility Guidelines (ADAAG).

Associates will complete, as needed, education on this and other ADA information as it pertains to patient and family care and services.

III. Definitions

- **Qualified Interpreter:** For the purpose of this policy, a qualified interpreter is one that meets the Nebraska Commission for the Deaf and Hard of Hearing (NCDHH) standards. For medical settings, NCDHH recommends using interpreters that have any of the following certifications:
 1. **Certification by the Registry of Interpreters for the Deaf**
 2. **QAST level III, IV, V**
 3. **NAD Level IV, V**
- **TTY:** Teletypewriter, also known as a Telephone Device for the Deaf (TDD). A TTY is a special device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate, by allowing them to type text messages. A TTY is required at both ends of the conversation in order to communicate.

- **Assistive Listening Device:** (ALDs) or assistive listening systems (ALSs) are instruments that are designed to improve a person's ability to hear in specific listening situations. Some ALDs amplify a sound signal, but the primary purpose of an ALD is to make the targeted sound (e.g., a teacher's voice, a movie, etc.) easier to hear by isolating the sound source from surrounding noise.
- **Closed Caption:** Text descriptions of audio content that scroll across television screens.
- **TV Ears:** FM System utilized in conjunction with the TV for hard of hearing patients with adjustable volume at a headset.
- **Video Phone (VP):** a communications device that can transmit and receive both video and audio signals using a camera, receiver, and screen. **It is currently the standard for telecommunications for the Deaf/Hard of Hearing who uses sign language.**
- **Effective Communication:** Effective means utilized to convey information to and from a patient or family member. The intent is to communicate all information, regardless of a person's ability to hear.
- **Video Remote Interpreting:** (VRI) uses video or web cameras and telephone lines to provide sign language interpreting services, for deaf, heard of hearing or speech impaired individuals, through an offsite interpreter, in order to communicate with hearing persons.
- **Video Relay System:** (VRS) is a video telecommunication service that allows deaf, hard of hearing and speech impaired individuals to communicate over video telephones (and similar technologies) with hearing people in real-time, via a sign language interpreter.

IV. Procedure

A. Nursing

1. Upon notification of a deaf/hard of hearing patient coming into the Medical Center, contact the (**HOUSE SUPERVISOR, SOCIAL WORKER OR APPROPRIATE CONTACT**), who will make arrangements for an interpreter.
2. Upon arrival of the patient, assess the need for an onsite and/or remote interpreter, TTY, and/or other assistive devices required for effective communication.
3. For the sake of accuracy, informed consent and confidentiality, (**FACULTY NAME**)'s position will be to explain the value of using qualified medical interpreter to the patient. However, should the patient insist on using a friend or family member, his or her request will be honored and documented in patient records.
4. In the interim, before a qualified interpreter arrives, written notes may be utilized.
5. If a patient who is deaf/hard of hearing does not want a sign language interpreter, his or her choice will be documented in the patient's medical record file.

6. Continue to monitor and anticipate the need for an interpreter for times when effective communication is to be conducted by staff or physicians during the patients stay.
7. Notify the (**HOUSE SUPERVISOR, SOCIAL WORKER OR APPROPRIATE CONTACT**) with concerns, questions, and needs.

B. (**HOUSE SUPERVISOR, SOCIAL WORKER OR APPROPRIATE CONTACT**)

After receiving notification of an interpreter request, contact the Nebraska Commission for the Deaf and Hard of Hearing (NCDHH) to use the agency's referral service by calling **1 (800) 545-6244**. A referral service account can also be accessed on the agency's web site at **<http://ne.gov/go/interpreter>**. NCDHH Statewide Referral Service is available for calls between the hours of 0800 and 1700, Monday through Friday, except for state holidays.

For a list of "after-hours emergency" interpreters, log on **<http://ne.gov/go/afterhours>**. There you will find interpreters who have consented to provide emergency interpreting services. Be sure to contact only the interpreters who have stated that they will accept "medical" referrals.

1. In the interim, before the qualified interpreter arrives, report to the area and assess the needs of the patient and take appropriate action.
 - a. Use of written communication.
 - b. Use of an associate that has been identified to meet the following criteria.
 - Has taken a minimum of four sign language classes.
 - Has utilized their skills at least five times a year.
 - Has a desire to maintain their sign skills.
 - Understands medical technology.
 - c. Use of a family member to interpret.
 - Patient has given permission to use a family member.
 - Has the level of skill to fully communicate with the patient.
 - Family member who can emotionally handle the situation.
 - Can maintain confidentiality.
 - Can interpret **unbiased** information (i.e. abused by family members).
2. Obtain the patient care kit (**LOCATION**). This kit has a multitude of devices for patients who are deaf/hard of hearing that will help with communication.
 - a. Kit contains
 - Video Phone (VP)
 - TTY
 - (**Alert System**)
 - (**Telephone Amplification Device**)
 - (**Fire Alarm with Non-Auditory Cues**)
 - (**Listening Device for Televisions**)
3. Determine the patient's and family's need for use of a TTY or VP. There are (**NUMBER**) TTY phones available.

- **(Location A)**
 - **(Location B)**
 - **(Location C)**
 - **(Location D)**
4. If a patient who is deaf/hard of hearing is admitted, contact (**APPROPRIATE CONTACT**) to report and install assistive equipment in the patient's room.
 5. Other numbers for assistance:
 - a. Nebraska Relay System - Allows persons with TTYs and people with standard telephones to call each other. To access the relay system, dial **711** or (800) 676-3777. For deaf to hearing phone calls, use **711** or (800) 676-3777.
 - b. Nebraska Commission for the Deaf and Hard of Hearing – Office hours are 8:00am to 5:00pm, Monday-Friday, except for State holidays. The toll free number for the Lincoln office is **800-545-6244**.
 6. Notify the (**SOCIAL WORKER, CASE MANAGER OR APPROPRIATE CONTACT**) responsible for the patient. This person will manage the needs of the patient from this point on.

C. (SOCIAL WORKER, CASE MANAGER OR APPROPRIATE CONTACT)

1. Contact the (**HOUSE SUPERVISOR OR APPROPRIATE CONTACT**) to determine the needs and what actions have been taken to the current point.
2. Determine future needs of the patient and make arrangements to meet those needs.
3. Information needed for scheduling an interpreter is:
 - a. Date/location of the assignment.
 - b. Start time/duration of time needed.
 - c. Type of situation/medical procedure.
 - d. Contact persons name and phone number.
 - e. Deaf client's name and interpreter preferences.
 - f. (**FACILITY NAME**) Billing information.
4. When calling interpreters directly from the NCDHH after hours emergency list, please adhere to the following procedure:
 - a. Identify yourself and your agency
 - b. Ask if the interpreter is available to interpret at the specific time that you need someone.
 - c. If unavailable, continue down the list
 - d. If available, then go ahead and give the following information
 - Start time/duration of time needed.
 - Type of situation/medical procedure.
 - Contact persons name and phone number.
 - Billing information.

- Deaf client's name and interpreter preferences. However, do not give the deaf clients name until they have accepted the interpreting assignment.

V. Instructions for Assistive Devices

A. Video Phone (VP)

1. Locate and obtain the VP unit and determine if the VP is stand alone equipment, like a laptop or needs to be connected to a TV monitor.
2. Place stand alone equipment near the patient. If unit requires a TV monitor connect to TV with video camera on top facing the patient.
3. Connect to an internet service outlet and plug in the AC adapter.
4. Provide patient with remote control if hooked to a TV monitor.
5. For TV monitor VP, the TV will need to be on a video channel. (check input mode)
6. To dial out to a relay system you input a Video Relay Service (VRS) number and a sign language interpreter appears. To sign to another deaf or hard of hearing person who uses sign language to communicate, dial their number directly.

B. Teletypewriter (TTY)

• Making a call

- a. Locate and obtain a TTY.
- b. Place the TTY next to the desired phone to be used.
- c. Plug in AC adapter to the TTY and power outlet.
- d. Place phone handset into the acoustic cups on top of the TTY with the cord to the left.
- e. Turn on the power (There will be some beeping which is normal)
- f. Dial the telephone number you want to call.
- g. When you see the answer signal displayed, begin typing. Type GA when finished with comments and press return. The other party will answer and do the same.

• Receiving a call

- h. If you answer the phone and hear bleeps, it is probably a TTY call.
- i. Place the telephone handset in the acoustic cups of the TTY, making sure the telephone cord is on the left.
- j. Turn on the TTY.
- k. Type a greeting, ending with GA and pressing return. Wait for an answer.

C. Assistive Device Kit Room Setup

1. Obtain the patient care kit, which includes devices for patients who are deaf/hard of hearing from (**LOCATION**).
2. Go to the room where the patient is going to be admitted.
3. Set up TTY as list in part V-B.
4. Set up the (**ALERT SYSTEM**)
 - a. Place on table next to patient's bed.
 - b. Plug AC cord into the device and to wall outlet.
 - c. Set the time.
 - d. Plug telephone cord from the back of the phone into the back of the unit; use additional cord in kit to run a cord from the unit to the phone.

- e. Plug shaker unit into the alert system and place shaker under the patient's pillow. (Ask patient first)
 - f. Place door knocker transmitter and bracket on the door with the device on the inside of the door.
5. Set up (**FIRE ALARM WITH NON-AUDITORY CUES**) where it is visible to the patient.
- a. Place device on the wall in a location in direct sight for the patient.
 - b. Plug device into a wall outlet.
 - c. Ensure light is on.

D. TV Closed Captioning Setup

1. (**INSTRUCTIONS FOR ACTIVATING CLOSED CAPTIONING ON FACULTY TELEVISIONS**)