

Communications and Medical Access for the Deaf, Hard of Hearing and Deaf-blind in the Hospital During Disasters: Temporary Recommendations for Hospitals and Medical Facilities During the COVID-19 Pandemic

The full version of this document can be found at: <https://www.nad.org/wp-content/uploads/2020/03/COVID-19-Hospital-Communications-Access.pdf>.

Additional helpful resources can be found at <https://www.nad.org/>.

Under the Americans with Disabilities Act and Rehabilitation Act, hospitals and other medical facilities are required to provide appropriate in-person and/or remote sign language interpretation services as well as textual English communications to patients and/or companions who are deaf, hard of hearing, or deaf-blind. The form of communication must comport with the specific needs of each deaf or hard of hearing patient and/or companion, as each person's communication method is individualized.

A high number of COVID-19 cases may overwhelm traditional communications services. We urge medical professionals to familiarize themselves with backup communications methods in the event traditionally accessible services are unavailable or delayed in the midst of the COVID-19 crisis.

Absent a disaster, hospitals and medical facilities must provide services that facilitate effective communication. This might include in-person sign language interpreters, video remote interpreting (VRI), lipreading (including the use of transparent face masks), written communications, captioning or CART, or speech-to-text apps. However, in light of the COVID-19 crisis, we recognize that hospitals are overwhelmed and may not be able to provide these same services.

There are several applications and services patients can install on their own smartphones (see Appendix: List of Technology Tools link, page 4) and other devices which may provide life-saving communications functionality, including video remote interpreting and live transcription services. These technologies may be essential when medical professionals are wearing personal protective equipment such as masks which may inhibit lipreading or other communication techniques.

Maximizing Communication in a Medical Disaster Setting

- Patients should be made aware that they may be placed in isolation with physical barriers that may disrupt their usual accommodations and may receive limited care from medical professionals who may be treating multiple patients
- Hospitals and medical facilities should put forth best efforts to provide communication resources if at all possible, but patients should be warned that in a medical disaster setting they may not have access to any communication resources other than what they bring to the hospital
- Patients may come prepared with preloaded communication applications on their smartphones and other devices but it is recommended that medical facilities also have communication devices with preloaded communication applications if possible. Medical professionals should be aware of and accommodate as much as possible the use of communications applications provided by patients. Some deaf, hard of hearing and deaf-blind patients may not have smartphones; **hospitals should at a minimum have whiteboards or yellow pads and markers on hand to facilitate basic communication**

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In addition, for some deaf-blind patients, writing alphabetic letters on their palms with a finger may be an option.

- Hospitals and medical facilities should place deaf, hard of hearing and deaf-blind patients in a unit with accessible WiFi as communication devices depend on internet connectivity. WiFi connectivity may be limited at hospitals and medical facilities should consider providing cellular hotspots or other means of connecting applications to the internet
- If you have a patient who is deaf-blind, please consult the guidelines from the DeafBlind Interpreting National Training & Resource Center <https://docs.google.com/document/d/e/2PACX-1vShOEOdt2vyJfMkBgDzXgpBXzdYHi73l-wdJ3lQiaBG1TOSbYnPRPu8zUvj9-nHfMGmkA5LB9kHlqtJ/pub>

Preserving Autonomy in Medical Decision Making in a Medical Disaster Setting

- Medical professionals must respect the rights of deaf, hard of hearing and deaf-blind patients to understand, refuse, and agree to treatment options and make their own treatment decisions even if they are accompanied by a hearing family member
- Triage protocols will be in place when hospitals are overwhelmed with patients needing intensive care that exceeds hospital capacity, which means that they may have to make difficult decisions about rationing or denying care to some patients
- **Hospitals must not consider patients' disabilities in making triage decisions**
- **Patients may request an ethics consultation with the hospital administration if they suspect they are being denied care on the basis of disability**

Appendix: List of Technology Tools

While we do not endorse any particular vendor, we are sharing a short list of known applications, in alphabetical order. There are separate lists for people who use sign language, people who speak, listen and lipread, and people who are deaf-blind. While patients are urged to test and practice beforehand, there is no guarantee a patient will have done this. See page 4 of the link for a list of helpful technology tools.

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