

RECOMMENDED SAMPLE HOSPITAL/CLINIC POLICIES – FOR YOUR INFORMATION

for Patients who are Deaf, Deafblind, or Hard of Hearing

(Hospital/Clinic name) is committed to serving all patients according to their needs. Recognizing that persons who are deaf, deafblind, or hard of hearing have special needs, (Hospital/Clinic name) has a commitment and an obligation to meet those needs.

If hospital personnel recognize or have any reason to believe a patient, relative, or companion of a patient is deaf, deafblind, or hard of hearing, said personnel must advise the person that appropriate auxiliary aids and services including interpreters will be provided free of charge when necessary for effective communication. The responsible health care provider will ensure that such aids and services including interpreters are offered, utilized, and documented. All other personnel will direct that person to the appropriate Program Administrator(s). This offer and advice will likewise be made in response to any overt request for appropriate auxiliary aids or services including interpreters.

Legal Basis

The Americans with Disabilities Act, 42 U.S.C. * 12101, *et seq.* (ADA), Section 504 of the Rehabilitation Act 29 U.S.C. * 794 *et seq.*, and (any state laws which apply).

These laws impose requirements on various public accommodations, including most medical offices and hospitals in (state name). These laws prohibit discrimination against individuals with disabilities, including depriving them of the full and equal enjoyment of the goods, services, facilities, privileges, advantages or accommodations of any place of public accommodation. This requires that, to the extent that it is reasonable, patients who are deaf, deafblind, or hard of hearing receive the same benefits of health care services as patients who do not have a hearing loss.

What Accommodations are Necessary for Deaf, Deafblind, and Hard of Hearing Persons?

As per Section 504: “[Hospital/Clinic] shall provide auxiliary aids to persons with impaired sensory, manual, or speaking skills, where necessary to afford such persons an equal opportunity to benefit from the service in question...auxiliary aids may include Braille and taped materials, interpreters, and other aids for persons with impaired hearing or vision.”

As per ADA: The ADA regulations require that [hospital/clinic] furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with hearing disabilities...Auxiliary aids and services include qualified interpreters and other effective methods of making aurally delivered materials available to individuals with hearing impairments.

Auxiliary aids and services includes: qualified sign language or oral interpreters, qualified note-takers, computer-assisted real time transcription services (CART), telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, and TTY/TDDs.

As per MA applicability: Minnesota Rules, Chapter 9505.0140 allows providers with fewer than 15 employees to obtain reimbursement from the local county agency for sign language interpreters which are necessary for recipients to receive MA-covered health services. The county can charge those costs to the MA program administrative account. *NOTE:* Section 504 requires providers with 15 or more employees to offer this service at no cost to the recipient.

Definition of “Qualified Interpreter”

A “qualified interpreter” is an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any specialized vocabulary necessary for effective communication in the hospital setting. The standard in (state name) is that interpreters hold one of the following certifications: (e.g. in Minnesota: CSC, or CI and CT, or NAD Level IV or V)

Someone who has only a rudimentary familiarity with sign language or fingerspelling is not a “qualified sign language interpreter.” Likewise, someone who is fluent in sign language but who does not possess the training and ability to process spoken communication into the proper signs or to observe someone signing and change their signed or fingerspelled communication into spoken words is not a “qualified interpreter.”

Someone who is a qualified interpreter for a person who uses American Sign Language (ASL) may not be a qualified interpreter for an individual who uses a different sign language, such as one based on Russian rather than English. Likewise, an interpreter who knows tactile interpreting may be the only interpreter who is qualified to interpret for someone who is both deaf and blind.

When to use Qualified Interpreters

A qualified interpreter will be used in any and all situations where clear and effective communication is necessary. Situations in which the presence of a qualified interpreter may be necessary include, but are not limited to:

- ❑ Admissions and orientation
- ❑ Obtaining the patient’s medical history (to include medical, psychiatric, psychosocial, nutritional)
- ❑ Reviewing or obtaining informed consent or permission for treatment, Health Care Proxy, powers of attorney, living wills, DNR/DNI, Patient Bill of Rights
- ❑ Explaining diagnoses or medical procedure to be used
- ❑ Determining if patient is conscious
- ❑ Treatment or surgery if the patient is conscious

- ❑ Explaining a change in regimen, environment, condition or unfamiliar treatment
- ❑ Explaining medications and possible side effects
- ❑ Emergency situations that arise
- ❑ Religious services and spiritual counseling
- ❑ Reviewing follow-up treatment, therapies, test results or other recovery
- ❑ Providing mental health evaluations, individual or group therapy or counseling, other therapeutic activities including crisis intervention
- ❑ Assisting with communication during routine nursing care (i.e. general routine care involving rapport, comfort and anxiety level of patient.
- ❑ Discharge instructions
- ❑ Explanation of complex billing or insurance issues that may arise
- ❑ Provision of educational services

Restricted Use of Certain Persons to Facilitate Communication

Due to confidentiality, potential emotional involvement, and other factors that may adversely affect the ability to facilitate communication, the hospital will never require or coerce a family member, companion, case manager, advocate, or friend of a patient or companion to interpret. If the patient requests that this person facilitate communication, and if this person is willing to facilitate communication, and if this choice is necessary or appropriate under the circumstances, such decision will be noted in the patient's medical chart. Special consideration will be given to privacy issues that may arise.

Additional Auxiliary Aids

Telephones and Related Equipment: Hospital will provide the following:

- ❑ TTY/TDDs in public areas. Wherever a public telephone is made available (whether public pay telephone, public closed circuit telephones, or otherwise), the hospital will make a TTY device available. This can be either permanently installed TTYs or a sufficient number of portable TTYs.
- ❑ Shelves and outlets. Wherever portable TTYs are made available as an alternative to installed TTYs, and wherever there is a bank of three or more public telephones, the hospital will provide shelves and electrical outlets for use of TTYs.
- ❑ Signs indicating location of TTYs.
 - (1) Wherever public telephones are available but TTYs are not permanently installed, the hospital will post signs indicating the location of the nearest portable or permanently installed TTY; and
 - (2) Wherever TTYs are permanently installed, the hospital will post signs to indicate their location.

- Volume control telephones. The hospital will ensure that no less than twenty-five (25) percent of all its public telephones are equipped with volume control mechanisms. These telephones with volume control will be dispersed among the public telephones throughout the hospital. Wherever these mechanisms are located, the hospital will post signs to indicate their location.
- ❑ Hearing aid compatible telephones. The hospital will ensure that no less than twenty-five (25) percent of all of its public telephones are hearing aid compatible. These telephones that are hearing aid compatible will be dispersed among the public telephones throughout the hospital. Wherever these compatible phones are located, the hospital will post signs to indicate their location.
 - ❑ Telephones in Patient Rooms. In treatment units where the hospital permits telephones in patients' rooms, the hospital will make available portable access technology to include TTYs with printout capability, visual notification devices for incoming telephone calls, volume control telephones, and telephones that are hearing aid compatible.

Visual Alarms:

In all public areas including, restrooms, meeting rooms, teaching amphitheatres, hallways, lobbies, libraries, gymnasiums and other recreational facilities, cafeterias, and any other area for common use, the hospital will have visual alarms in addition to audible alarms. Possible exception:

- ❑ To the extent that the present capabilities of the existing audible alarm system are not sufficient to handle an electrical load that would allow a retrofit to include visual alarms without extensive re-wiring, such visual alarms will be added as soon as it is feasible; meanwhile, an on-duty staff person will be assigned each shift to take responsibility for immediately notifying patients or companions who are deaf, deafblind or hard of hearing when the audible alarm sounds.

In patient room, the hospital will make available portable visual alarms for rooms in which hearing patients would reasonably be able to hear an audible alarm, whether the audible alarm is located in the room itself, in the hallway, or in another relatively close location. Possible exception:

- ❑ The hospital will not provide portable visual alarms in a patient room if a person who may suffer from seizures that may be triggered by a visual alarm is expected to spend significant amounts of time in the room.

Televisions and Caption Decoders:

The hospital will make closed captioning decoders available to patients or companions who are deaf or hard of hearing as part of available television services, except for televisions that have the built-in capability to display captions. The directions for

operating the closed caption function will accompany all closed caption decoders for standard television sets.

Duty to Provide Visual Programs in a Manner That is Accessible to Persons Who are Deaf, Deafblind, or Hard of Hearing:

- ❑ The hospital will provide captions on any program broadcast over the public airways or commercial cable television services, where such captions are not already integrated into the program.
- ❑ All educational videotapes that are used with patients will either be open or closed captioned, or an interpreter will be provided for any deaf, deafblind or hard of hearing patients or companions. For persons who do not use interpreters, written scripts of the tapes will be provided.

Storage and availability of equipment

Portable equipment for use in public areas and in patients rooms is readily accessible to all hospital personnel who have patient contact at all times of the day and night. See *Procedures* to determine exact location of equipment and how to access.

Notice to Community:

On an annual basis the hospital will publicize to the community the hospital's commitment to provide all of its services to patients and companions who are deaf, deafblind, or hard of hearing. This publicity will include a statement that all appropriate auxiliary aids and services, including qualified sign language interpreters, TTYs, and assistive listening devices will be provided free of charge upon request, and will include appropriate accessible telephone numbers for deaf, deafblind, and hard of hearing persons to contact the hospital.

Notice to Hospital Personnel and Physicians:

The hospital will publish, in an appropriate form, a written policy statement regarding the hospital's policy for effective communication with persons who are deaf, deafblind, or hard of hearing.

Training of Hospital Personnel:

Every employee receiving new employee orientation, will receive information and training regarding working with and sensitivity to deaf, deafblind and hard of hearing patients or companions.

All other employees will receive information and training on an annual basis.

All hospital personnel who receive incoming telephone calls from the public will receive specific training in using TTYs and using telephone relay service to communicate with patients who are deaf, deafblind, or hard of hearing.

**HOSPITAL PROCEDURES for
Patients who are Deaf, Deafblind, or Hard of Hearing**

The determination of which appropriate auxiliary aids and services are necessary, and the timing, duration and frequency with which they will be provided, will be made at the time an appointment is scheduled or on the arrival of the patient at the hospital.

The hospital will offer the patient appropriate auxiliary aids and services, or will respond to the patient's request for auxiliary aids and services. This will be documented in the patient's chart.

To access an interpreter:

During regular business hours, _____ to _____, contact the following person(s):

@ (phone number) _____

or (pager number) _____

During non-business hours, including holidays and weekends, contact the following person(s)/agencies:

@(phone number) _____

or (pager number) _____

To access a TTY or other auxiliary aids:

Portable equipment for use in public areas and patient rooms is stored: _____

During regular business hours, contact: _____

@ (phone number) _____

or (pager number) _____

During non-business hours, contact: _____

@(phone number) _____

or (pager number) _____