Communicating with Patients with Disabilities in the COVID19 Response: Need-to-Know for the Clinician and Bedside Providers

Deaf/Late-Deafened/Hard of Hearing

- **Deaf Patients** (unable to hear since birth/early childhood) prefer American Sign Language (ASL) interpreters. ASL interpreters are available for video interpretation. *Click here* for how to arrange.
- Late-Deafened Patients (at one time could hear and lost that ability) do not use ASL and prefer to use remote real-time transcription service called CART. *Click here* for how to arrange.
- Clear Window Surgical Masks are available to facilitate lip reading. <u>Click here</u> to arrange. We recommend these
 masks to be used for hearing impaired and pediatric patients. They may also be used on a COVID floor if a hearing
 impaired patient who lip-reads is able to use the video communication platform, for staff outside the room.
- **Hearing Amplifiers** use a high sensitivity microphone that amplifies sound to be more distinct and clear. They are free to our patients. *Click here* to arrange.
- Consider printing a <u>communication board</u> (<u>multilingual versions available here</u>) specifically designed to support communication during COVID 19. Of note, this is not meant to replace an interpreter or other preferred mode of communication.
- Consider use of White Board where alternative methods of communications are not available.

Blind/Visually Impaired

- If you are doing virtual visits, please do these via phone/telemedicine.
- Screen reader software can be helpful if a patient has access to programs such as JAWS. In these cases, they may be able to use virtual video.
- Ask patients for preferred mode of receiving printed material:
 - Enlarge or email all printed material for patients with limited vision.
 - **Braille** for patients who are blind or deaf-blind. <u>Click here</u> for how to arrange translation of printed material into Braille.
- Announce yourself when you walk in the room and describe aloud even small tasks you are doing.
- Ask the patient what they can and cannot see and what would be helpful for communicating, such as where to sit or stand and how close. Legal blindness does not mean the patient sees nothing.
- Check to ensure the patient knows where important items are located and keep important items in a consistent spot.

Individuals with Autism, Developmental Disabilities or other Cognitive Impairment

- A Communication partner is a trusted individual who understands and facilitates a patient's communication. Seek advice from them and allow them to remain with the patient.
- Designate one staff person to communicate information in specific interactions.
- **Display calm demeanor and body language.** Communication abilities deteriorate under stress, and patients with communication challenges are often attuned to the emotions of others.
- **Ask** about a patient's preferred modes for self-expression AND for understanding: verbal, written words, pictures, gestures, electronic device, sign language, communication partner.
- Confirm accuracy of "Yes" and "No" with communication partner before relying on this response.
- **Be visual** by demonstrating what you need to do, use hand counting, show pictures or photographs, or write a list of steps and check off as finished.
- Use the words "first", "then" and "finished" to help communicate the sequence of steps and duration of a medical task or test. Be specific and use simple language.
- Offer choices whenever possible as simple as the order of vital signs, or to do medical task "now or in 5 minutes" to reduce anxiety and encourage cooperation.
- Pause after giving specific and simple directions and look for cues the person has processed before proceeding.

Content developed by the Partners Disability Task Force. For additional questions, please call your site's COVID Disability Task Force Member (Zary Amirhosseini) at (617-643-7148).

Depending on disability some patients will need to be accompanied by a caregiver or a family member.

Refer to the PHS Visitor Policy Here.