

## Deaf, Deafened and Hard of Hearing Clients – Support for

*Note: this policy posted on Southlake's external website. Any approved revisions are to be sent to Corporate Communications in order to update the website.*

**As an exception, SLT has approved the use of combined policy and procedure in this document, notwithstanding accepted practice to have policy and procedure as separate documents.**

### POLICY

Southlake Regional Health Centre recognizes the rights of all individuals to informed and safe participation in their treatment plan and is committed to providing clear, barrier free communication for patients/Substitute Decision Makers (SDMs) and the patient's support person(s) who are culturally Deaf, oral deaf, deafened and hard of hearing.

In keeping with the Accessibility for Ontarians with Disabilities Act (AODA), 2005, it is the responsibility of Southlake to locate and provide communication re: support services and assistive devices in accordance with the **preferred mode of communication indicated by the patient/SDM and the patient's support person(s)**. Failure to do so may result in the issuance of a fine as set by the AODA.

Communication support services and devices currently available at or through Southlake include:

- Sign Language Interpretation
- NoteTakers
- Teletypewriters (TTYs)
- Closed Caption TV
- Volunteer Guides

Information on all the above services is available through Central Communications by dialing "0" and the costs of these services and devices are covered by Southlake.

Hearing Toolkits are available on each unit to patients and provide information that can be used to improve communication between patients and staff during hospital visits. Patients can request a Hearing Toolkit when admitted to the hospital or if entering through Emergency, Surgery, Diagnostic Imaging, Rehabilitation, Obstetrics or other outpatient areas.

Sign language and oral and deaf interpretation services are provided through a certified Sign Language Interpreter for both inpatients and outpatients, patient's SDMs or patient's support person(s). If an interpreter is not available right away, or when a delay may compromise care, staff may utilize another staff member who can communicate using American Sign Language (ASL), use a pen and paper, or use other appropriate method(s), for communication. Note: Certified interpreters follow a nationally established code of ethics. They are impartial, professional and do not edit information. **Sign Language, Oral and Deaf Interpreters are not considered visitors and will be allowed unrestricted access to clients whenever possible.**

All agencies or parties contracted by Southlake to provide such services are required to sign the [Confidentiality Agreement for Vendors/Third Party Contractors with Access to Confidential Information](#) and abide by the conditions outlined therein.

### PROCEDURE

#### Purpose:

To facilitate communication with patients or SDMs and patient's support person(s) who are culturally Deaf, oral deaf, deafened or hard of hearing in accordance with their preferred mode(s) of communication.

### **Definitions:**

**Culturally Deaf:** This term refers to individuals who identify with and participate in the language, culture and community of Deaf people, based on sign language. Deaf culture does not perceive hearing loss and deafness from a pathological point of view, but rather from a socio-cultural point of view, indicated by a capital D as in "Deaf culture." Culturally Deaf people may also use speech, residual hearing, hearing aids, speech reading and gesturing to communicate with people who do not sign.

**Oral deaf:** This term is generally used to describe individuals with a severe to profound hearing loss, with little or no residual hearing. Some deaf people use sign language, such as American Sign Language (ASL) or Langue des Signes Québécoise (LSQ) to communicate. Others use speech to communicate using their residual hearing and hearing aids, technical devices or cochlear implants, and/or speech reading.

**Deafened or late-deafened:** These terms describe individuals who grow up hearing or hard of hearing and, either suddenly or gradually, experience a profound loss of hearing. Late-deafened adults usually cannot understand speech without visual clues such as captioning/computerized note taking, speech reading or sign language.

**Hard of hearing:** This term is generally used to describe individuals who use spoken language (their residual hearing and speech) to communicate. Most hard of hearing people can understand some speech sounds with or without hearing aids and often supplement their residual hearing with speech reading, hearing aids and technical devices. The term "person with hearing loss" is increasingly used and preferred.

### **Responsibility:**

- All health care team members involved in the care of patients and their families
- Volunteer Resources
- Clinical Manager
- Financial Services
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### **Equipment:**

- Various communication services and devices (listed below)
- Hearing Toolkit -contains "I am Deaf" sign, "I Have Hearing Loss" sign, "Pictograms for Communication and Word Power" board, pain scale pictogram, general scale pictogram, instructions for storage of hearing devices, 3 stickers with "Hearing Loss" symbol, "Patient Assistance Required" card, Polar XL plastic cup for hearing devices, 3 sheets of lined paper, pencil, Ontario Interpreting Services information sheet, "Assistance Required" card. Replacement Hearing Toolkits can be obtained from Volunteer Resources.

### **Method:**

Determine the preferred mode(s) of communication of the patient/SDM or the patient's support person(s):

If a patient/SDM or patient's support person(s) is Deaf, oral deaf, deafened or hard of hearing, identify his/her preferred mode(s) of communication. This could be spoken language, sign language, communicating with a face to face interpreter or NoteTaker, reading and writing notes, or a combination of these. Written material may or may not be appropriate depending on the literacy skills of the person. Provide the person with a Hearing Toolkit which is available on patient care units and in most clinics at Southlake; there are various tools in the kit to assist with communication which allows the person to check off the communication assistance of their choice.

Using writing, or the Word Board from the Hearing Toolkit, pose questions such as:

- Are you deaf?
- Do you use sign language?
- Do you want an interpreter?
- Can you speak?
- Do you read lips?
- Can we write back and forth?

If requested, or if uncertain as to the level of understanding with the current communication style being used, book an interpreter or use communication devices (see below) to facilitate communication. Communicate in a well-lit area and do not restrict the person's hands which may be needed for signing, writing or gesturing.

**Remember to respect the person's preferred way of communicating.**

**Note: Sign Language Interpreters are not considered visitors and will be allowed unrestricted access to clients whenever possible.**

Once the preferred mode(s) of communication is determined, document this in the patient's health record.

**To book American Sign Language (ASL) or Langue des Signes Quebecois (LSQ) Interpreter:**

ASL/LSQ interpreters are booked through the Ontario Interpreting Services (OIS) centralized scheduling centre:

**OIS numbers to book ASL or LSQ interpreter services:**

- Call 1 866 518 0000 for all requests (to schedule and for emergency services)
- Monday to Thursday 8am to 8pm OR Friday 8am to 5pm
- 24 hour Emergency Interpreting Services available

When you call to schedule an Interpreter:

- Be prepared to provide the OIS with:
  - Patient/SDM name
  - Patient/SDM language, ASL or LSQ
  - Date and time of appointment
  - Exact location of the appointment
  - Approximate appointment duration
  - Contact number for requesting service/unit/clinic
  - Provide the PO number SRHC-SA345671
- Booking a scheduled appointment requires 3 business days advance notice.
- If the interpretation is not required or needs to be rebooked, contact OIS immediately to cancel and rebook the service. **Cancellations must be given 2 business days in advance or the cost center will be billed.**

1. If sign language interpretation is requested, identify if the patient/SDM or patient's support person prefers ASL (American Sign Language) or LSQ (Langue des Signes Quebecois).
2. The request for interpreter services must be documented in the patient's health record, along with name of the interpreter and the date and time of the interpreted session.
3. Visiting external interpreters that come to Southlake to do face to face interpretation must check in at the East Information desk and leave their keys or identification in exchange for a Visitor ID badge. The keys/identification can be retrieved at East Information when the interpreter returns the Visitor badge at the end of the interpreting session.

4. When the interpreter comes to the unit, verify that they are an interpreter from the OIS or The Association of Visual Language Interpreters of Canada (AVLIC). Although interpreters are bound by their own Confidentiality policy, they will bring to the interpretive session a personally signed Southlake Confidentiality Agreement to be placed in the patient's health care record, or they will ask for one and will sign it prior to the session. Interpreters may not continue with an interpretation session without this identification.
5. Document all interpreter names and all visits in the health care record.
6. Interpretation Services are provided by external agencies and interpreters are paid by the hospital, based on an hourly rate, for a minimum of 2 hours per visit. Staff should try to coordinate the interpreter's visit so that members of the health care team can utilize their services during a two hour visit, i.e. assessment, teaching, etc.
7. **Note:** In some instances, the ASL/LSQ interpreter may also request the presence of a Deaf Interpreter to facilitate communication as some patients/SDMs/patient support person(s) may not understand the complex ASL/LSQ used by certified interpreters.

### Invoicing

1. Interpretation services will invoice Plexxus directly.
2. Plexxus will email scanned copies of invoices and forward them to the Manager, Volunteer Resources for approval.
3. Volunteer Resources department pays the invoices.

### Other services:

- NoteTaking - Notetaking is the use of computer technology to provide live notes during a small meeting or lecture. A typist types as much as possible of the spoken content of the meeting/class on a computer/laptop and those notes are displayed on the monitor but can also be projected onto a larger screen or wall. Depending on the skill of the typist, the computer software used, and the speed of the speech or dialogue, the output by the typist can vary from summary notes to near-verbatim captions.
- Teletypewriter (TTY) - Deaf, deafened, and hard of hearing people use TTYs to communicate over the telephone. Some TTYs are used in conjunction with conventional phones by placing the telephone receiver into the acoustic cups on the TTY. Others plug directly into the phone jack. The deaf or hard of hearing person may speak or type their message and may receive typewritten messages. The TTY can be used at any analog phone jack. The jacks are located at patient bedsides, power fail sets, conference rooms, fax lines and acute areas in the Emergency Department. If both the caller and the receiver have a TTY, the call can take place directly person to person. If one of the parties does not have a TTY, they can communicate through a **Relay Operator** by dialing 711. The operator acts as a communication link by typing what the hearing person says so that it appears as written text on the TTY screen and voicing what the TTY user types. Dial "0" for Central Communications to access information on this service.
- Closed Captioned TV Rental - Many patient televisions have closed captioning and are available through television rental service. Indicate request for closed captioning on TV request form and a hospital staff person will turn it on. Note - Paediatrics does not have closed captioning on their TVs.
- Public Pay Telephones - all pay telephones are equipped with volume controls. The pay phones at the Emergency entrance, the East Main entrance and Chapel have TTY capability.
- Volunteer Guide - when coming to the hospital for services our volunteers are available to meet and accompany patients throughout the organization. This may be prearranged by calling Volunteer Resources at (905) 895-4521 ext. 2455 at least 48 hours in advance.

### Special Considerations:

- Call bells must be answered in person for patients who are deaf, deafened or hard of hearing. Patients will be identified by a note with their room number on the side of the call bell answer machine at the nursing station that states "Calls to bed number\_\_\_\_must be answered in person". In the event of a Code Red, a member of the health care team must go to the deaf, deafened or hard of hearing patient and provide an explanation of the code.

### References:

- Supreme Court of Canada (1997). Eldridge v. British Columbia.
- The Canadian Hearing Society (Simcoe York Branch)
- City of Toronto Accessibility Design Guidelines
- Accessibility for Ontarians with Disabilities Act (AODA) 2001, 2003, 2005