



Effective Communication with DeafBlind Patients During a Pandemic

The CDC advises that social distancing is one of the ways to effectively prevent individuals from being exposed during a pandemic. For people who are deaf and blind, social distancing may create a communication barrier, especially for those who rely on tactile communication. Health care providers and others should be mindful that even with social distancing their obligations under federal laws and regulations prohibit discrimination on the basis of disability.

The [Americans with Disabilities Act and Rehabilitation Act](#) requires health care providers and covered entities to provide effective communication access with individuals who are DeafBlind. Effective communication access is particularly critical in health care settings where miscommunication may lead to misdiagnosis, improper or delayed medical treatment. The following tips are offered to assist providers with compliance to federal law:

Best Practices for Effective Communication

- State your name and title clearly and repeat this introduction if there are multiple personnel involved so that the patient can identify who is talking to them.
- Ask the DeafBlind person for their preferred mode of communication. Accommodations vary, based on an individual's vision and hearing loss. Some require touch to communicate or positioning in close proximity of the speaker.
- If the patient uses sign language to communicate, immediately seek to secure a licensed interpreter qualified to work with people who have a hearing and vision loss. During a pandemic, interpreters available to work in health care settings may be scarce. Provide them with PPE and instructions on how to wear it safely.
- Vision loss can present in various ways. Adjust seating and lighting upon request.
- Patients may bring adaptive technology. It is recommended that medical facilities also have communication devices with preloaded applications. Please ensure there is a reliable WiFi connection.
- A companion acting as a sighted human guide may be with the DeafBlind person. They are not a substitute for a licensed, qualified interpreter. However, allow the companion to remain with the DeafBlind patient to provide environmental access support.
- Be patient – Being clear and succinct with information is critical and communication may be prolonged when working with individuals with dual sensory deprivation.





NORTH CAROLINA Division of Services for the Deaf and Hard of Hearing

Other communication methods that may be effective if no interpreter is available:

- Thick, dark markers, yellow paper, or a dry erase board.
- Phones, tablets, laptops, preferably with WiFi so that certain communication apps can be used.
- Communication cards that use pictures or symbols to be pointed to communicate information.
- Assistive listening devices.
- Print on palm: Trace letters with your index finger on the palm of the DeafBlind patient's hand so they can feel the letters. Use all capital letters, except for the letter "I".

Telehealth Tips:

- Tactile sign language interpreters may be necessary to provide on-site interpreting services for remote video and telephone appointments. Local interpreters who know the DeafBlind patient may be comfortable interacting directly. Determine if communication is understandable while wearing approved protective gear.
- Use web cameras that do not auto-focus and allow for zooming capacities.
- The background must be solid, preferably black, to provide contrast.
- The interpreter must wear a solid top, contrasting to their skin color.
- Ensure the interpreter is illuminated from the front, without glare. No lighting from behind.



DeafBlind patient with an on-site interpreter uses tactile signing to relay what the physician is saying through a video conference call.

For further information related to providing accommodations and/or securing qualified interpreters please reach out to DSDHH at www.ncdhhs.gov/dsdhh or (919) 527-6930.

