

Maine Center on Deafness

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Essential Sign Language: Deafness and Hearing Loss for First Responders (Dispatchers Welcome!)

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Workshop Objectives

- Essential Signs
- Hearing loss and deafness 101
- Techniques for effective communication
- Cultural influences
- Patient care, Transport and Shelter ideas
- Real world scenarios and realistic expectations
- Take-home resources

Key Points

- Don't assume
- Ask “How do you want me to communicate with you?”
- Focus in on the person, accommodate the hearing loss
- There are resources and services to help you better serve all – please ask

Civil Rights Laws and Hearing Loss



Section 504 of 1973

Federal Rehab Act

Americans with

Disabilities Act (ADA)

Maine Human Rights Act

Give heads up to the hospital, shelter, police!!

ADA – Don't Assume

- Under the ADA and the associated regulations, public accommodations and state entities are required to provide **ASL interpreters, and other auxiliary aids, to ensure effective communication** with deaf and hard of hearing individuals. **Deference must be given to the deaf or hard of hearing individual's choice** of what auxiliary aid she or he needs.
 - 28 C.F.R. S28 C.F.R. S35.160 (b)(2) (NAD Law Center, 2002).

Emergency

- At the scene: Health and Safety first
- Gesture, write simple notes
- Ask dispatch to call for an interpreter as soon as the scene is secure
- May use videoconference technology in the local hospital to connect to a qualified sign language interpreter
- Set appointment with interpreter to follow up

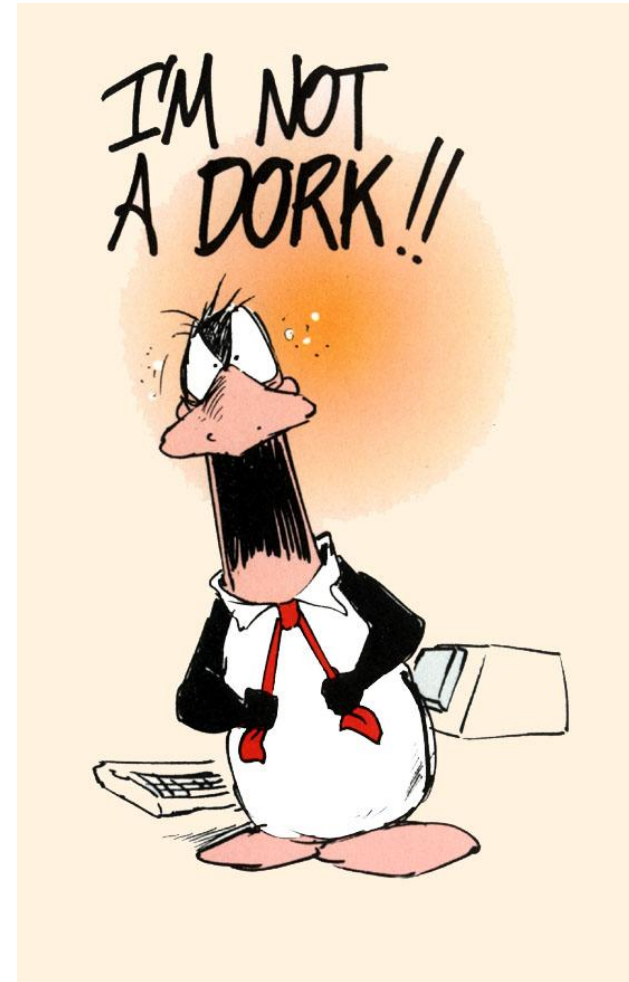
Hearing loss or
Deafness presents
you with a social,
educational and
communication
barrier...

It's not helpful to view
Deafness as a
medical problem



Improper Terms

- Hearing Impaired
- Deaf and Hearing Impaired
- The Deaf
- Deaf-Mute
- Deaf and Dumb
- Death (really!)



Proper Terms



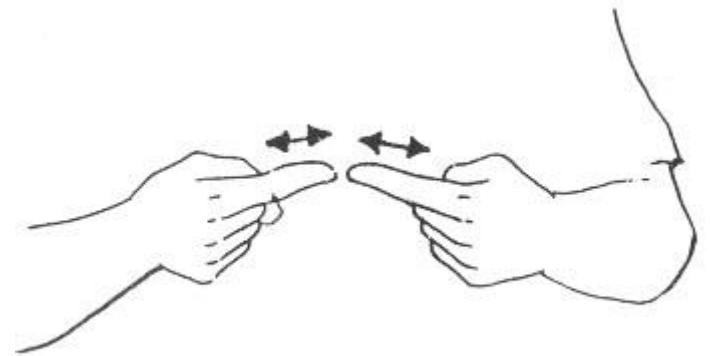
- D/deaf people or person
- Deaf
- Hard of Hearing People
- Hard of Hearing
- Late Deafened
- Deaf, Hard of Hearing and Late Deafened People

Deaf-initions

- Deaf: the sense of hearing is non-functional for the purpose of communication and the individual must depend primarily upon visual communication.
- “**D**” Deaf signifies the individual identifies as a member of the Deaf Community, uses American Sign Language to communicate, and values Deaf Culture, focusing on abilities and successes.

“I have a very bad pain
in my shoulder”

- Signed English
- ASL
- Gesture



Tools: Gesture, Show, Point

- **Use your body**, facial expressions and eye gaze; key in to theirs
- Learning a few key signs will help
- A 'client' who is labeled as having "no language" can communicate volumes
- May have history of institutionalization, abuse or cognitive disabilities
- Don't assume those around them know how to sign or communicate well

Essential Sign Language

Offering Assistance tri-fold was given out.

We'll go over the signs.

Where will you keep the handout?

How will you practice?

When will you call an interpreter?



Essential Signs

- I, me, you, he, him, her, she, they, them
- When, where, why, how, who, how much
- Help, know, breathe, wait, follow, trust
- Stand, sit, lie down,
- Sick, confused, dizzy, nauseous, hurt, bleeding, heart attack, stroke
- Pain – headache, stomach ache, earache, ...
scale of 1 - 10



More Signs

- Doctor, EMT, or other medical personnel
- Emergency services
- Broken glass
- Stay on scene
- Name of person
- Time, date, and location



Tools: Sign Language Interpreters

- Having a qualified interpreter is important, as soon as practical for an emergency situation
- Look at and speak directly to the Deaf person
- Don't say anything you don't want interpreted
- A good interpreter will ask for what they need to interpret accurately: pauses, clarification, background information
- Avoid jargon as much as possible



24/7 Interpreters

- Bangor Interpreting Agency
- Certified Interpreting
 - Emergency interpreting services are available by prior agreement
- Pine Tree Society
 - statewide emergency sign language interpreting service during non-business hours, widely used by hospitals, mental health and legal agencies.
 - Video Remote Interpreting allows interpreters to provide services remotely with state-of-the-art video conferencing technology; cost-effective

No one is a qualified interpreter, unless they are a *qualified interpreter*.

- **Don't** ever use a minor as an ad hoc interpreter
- A parent cannot care for their deaf child, consent to treatment, be a worried parent, *and* interpret
- Don't assume that everyone who signs will be welcome as interpreter



No, no...I'll have you know I am just
his interpteter, NOT his mother!



Cultural Impact on Patient Care

- Value of Deaf culture, Deaf norms, and ASL, Storytelling A-Z
- Most hearing parents of Deaf children do not sign; language deprivation
- Educational disparities
- Baxter, Pineland, AMHI, BMHI, denied, delayed or inappropriate services
- Mistrust of “hearing people” and “the system”



First Contact

- May drive to public safety building due to telecommunications barriers
- May send a hearing child to the neighbors' to call for them
- Silent call for flagged addresses or names
- Call through telephone relay services

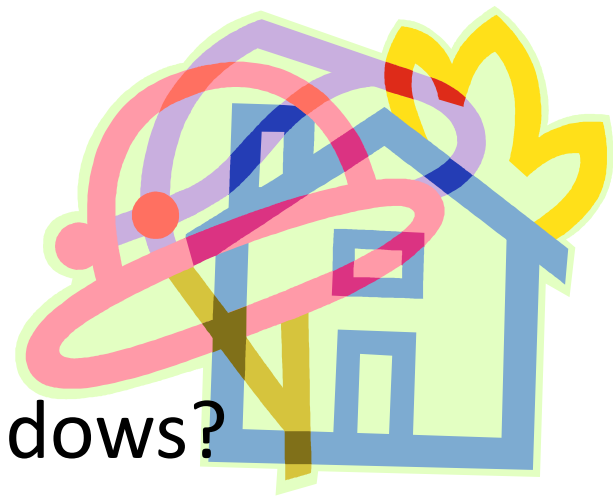


TTY & Telephone Relay



- Dispatcher hears the 'operator' reading messages typed in English
- English may be a distant second language for ASL users
- Bad English grammar does not mean intoxication, lack of intelligence or impaired mental functioning

Approaching the Scene



- Doorbell? Shine flashlight in windows?
- Display badges or insignia
- Don't shine flashlight in person's face
- Be prepared to write - Don't assume literacy



- Trauma: enter visual field from front, to minimize head turn

Tools: Video Relay Services



Tools: VRS



- VRS Interpreter sees their signing, voices it to you; hears your speech, signs it to them
- Natural pacing, inflection, tone of voice
- Can only be used for telephone access
- Free and Confidential
- Not when provider in the same room with patient, but...
- Allowable in 911 emergency situations

Tools: Lip-reading

- “They all read lips, you know.”
- Only 35% of spoken English is visible on the lips. The rest is guesswork.
- In real-world situations only 5% is usually understood.
 - Strangers, mumblers, accents, mustaches, bad lighting, stress, gum and pen chewers



YOU try lip-reading!

- bed, bet, bent, pen, pet, pent, pend, penned, met, meant, mend, men, Ben
- Had, hat, hand, add, and, ant, aunt, at, an
- Dead, debt, den, dent, ten, tend, tent, net, Ned, Ted
- Vacuum, _____
- Island view, olive juice,
I love you, elephant shoes



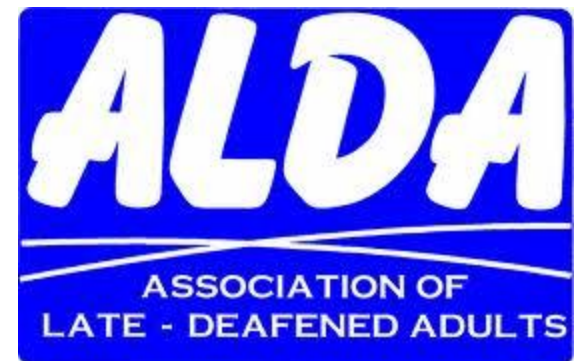


Hard of Hearing

- Hearing loss in the mild to moderate range; may require the use of hearing aids or other devices to understand speech.
 - May function well under ideal conditions & quiet environments; less so in noisy situations, in pain...
 - May wear hearing aids
 - May deny the degree of the problem
 - Use spoken language (English, Spanish, Somali, etc.)

Late Deafened or Deafened

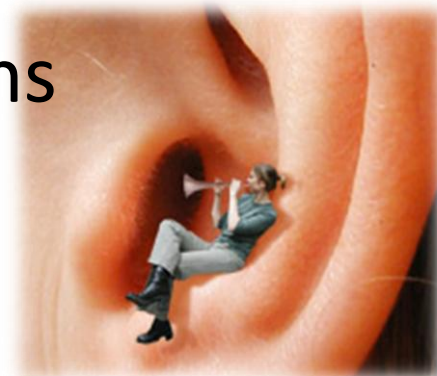
- Profound hearing loss rendering one unable to understand speech; occurring after age 18
 - Spoken language remains the primary expressive mode
 - Some learn sign language for receptive communication
 - 80% of late deafened adults experience major depression



Tinnitus



- Medical term for “ringing in the ears” or “head noises”
- Can also sound like buzzing, whistling, roaring, hissing, high-pitched screeches, or popping
- Can be nerve-wracking and rob a person of much of the joy and tranquility of life
- 12,000,000 in the US suffer severe tinnitus
- Can be misdiagnosed as hallucinations

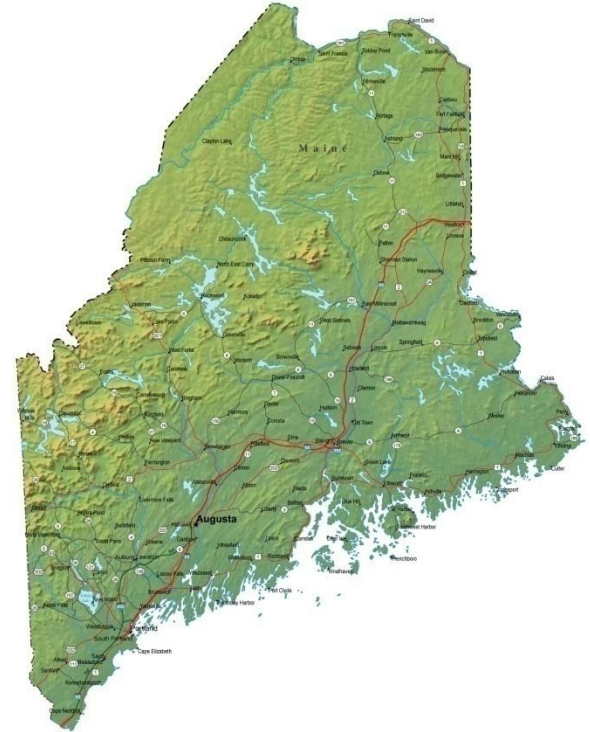


Minimizing and Denial

- Hearing loss can fluctuate
- Stress, fatigue, and mood can be factors
- “Trying to hear better” results in frustration, fatigue and hypervigilance
- Tendency to deny the hearing loss or need for accommodations , esp. family & providers
- People may not know when they have not heard or have misunderstood something

Demographics

- Hidden disability
- No true data
- Denial and under-diagnosis
- **US:** **36 Million and growing**
- **Maine Population:** **1,300,000**
- **Deaf/Hard of Hearing:** **8.5%** **110,500**
- **Profoundly Deaf:** **10% of above** **11,050**





Demographics: Elderly

30 - 60% of the over-65 crowd has some form of hearing loss

- 80% of those in nursing care facilities have some form of hearing loss
- Maine is the “oldest” state
- Hearing loss may be compounded by language processing issues, medical conditions and/or dementia

Veterans - #1 Disability

- Veterans of two wars returning with hearing loss in record numbers
- Add hearing loss on top of PTSD, readjustment issues, additional handicaps, etc.
- Older veterans have noise-induced AND age-related hearing loss



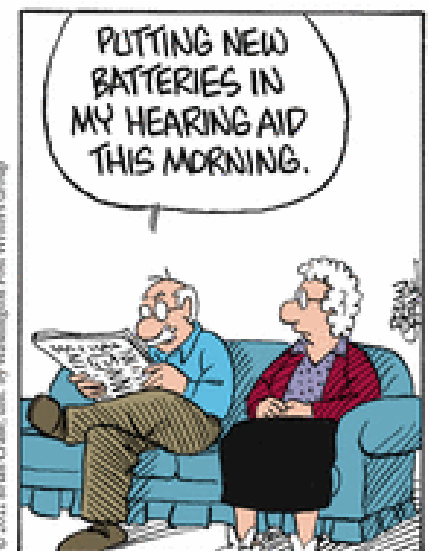
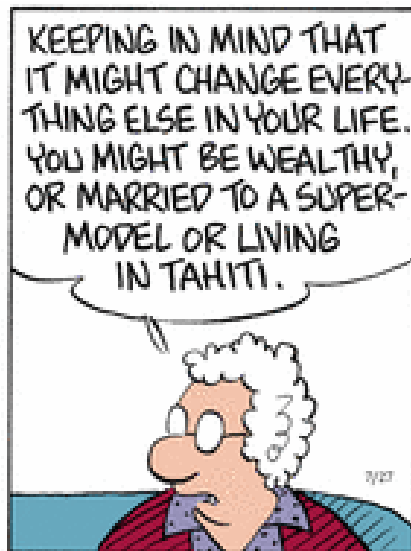
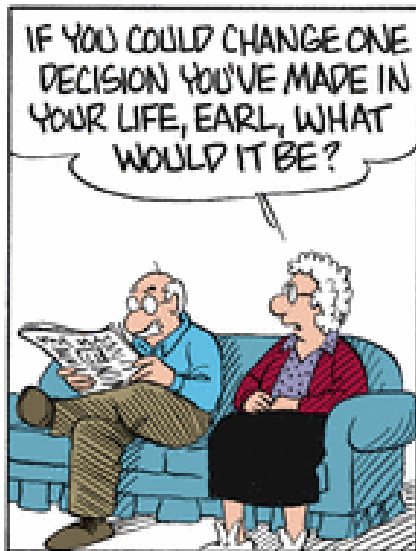
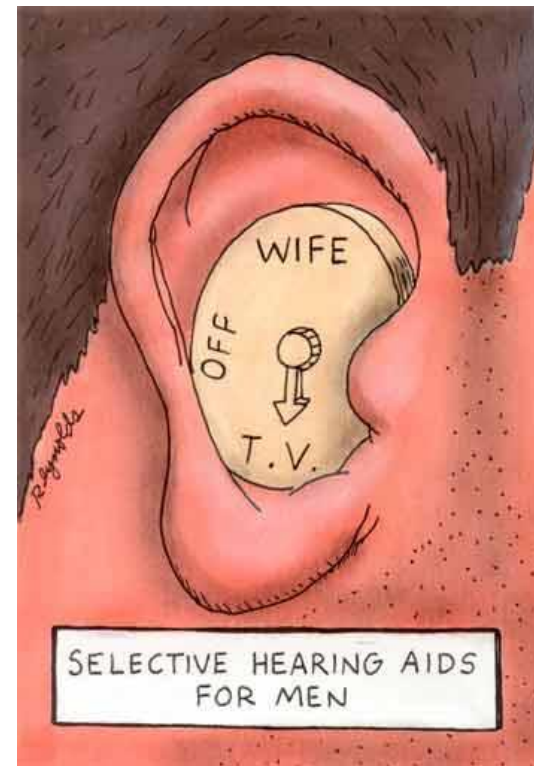
Hearing Aids

- Don't assume - the wearer may or may not understand your speech
- Not always effective, especially with background noise, amplifies everything



Hearing Aids

less than a quarter of the people who could benefit from hearing aids actually use them



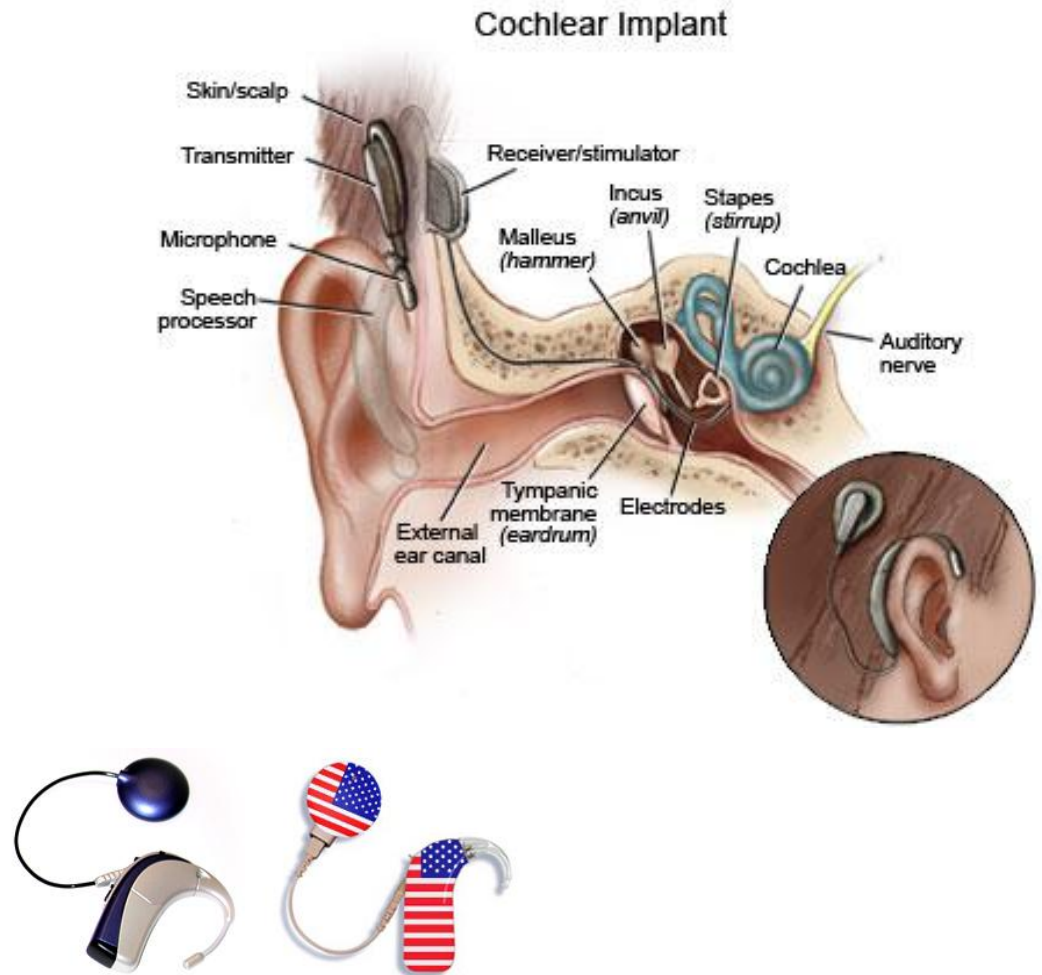


Assistive Listening Devices

- FM Loop System, infrared, personal devices
- Price Range: \$29.95 - \$500
- Write a grant – purchase one!
- Cuts out background noise so the message can be heard
- Can be used alone or with hearing aids or cochlear implants



Cochlear Implants



Patient Evaluation & Care

- May receive heightened eye contact as patient looks for reassurance
- Touch patient's arm or wave to gain eye contact before communicating
- Trauma caution: if you touch or wave, patient will turn head to look
- If immobilized, position yourself into field of vision for communication



Patient Evaluation & Care

- Pay attention visually to patient status, may not verbalize in similar ways to hearing patients
- Do not place IV, pulse Ox, blood pressure cuff, etc. on dominant arm
- Show tools and demonstrate procedures before taking action





Transfer of Care

- Notify hospital ASAP of need for qualified sign language interpreter
- Don't exclude deaf or hard of hearing family based on assumption
- Upon arrival introduce the new staff, say goodbye



Sheltering



Hurricane Katrina [Sign of a Problem]



A volunteer communicates a story both verbally and through sign language to a local photographer/reporter.

It turns out that the Astrodome was **lacking the Voice/TTY machines** needed for the deaf community to communicate with relatives and other people of interest to them. Additionally, **some of the deaf evacuees were marked as dead because they hadn't heard their names called out over the loud speaker and such.***

Thankfully, CAAG (and possibly others) stepped in and **set up a deaf-friendly area** in the George R. Brown Convention Center, full with **translators, Voice/TTY machines, and advocates**. My understanding is that the **deaf community in the Astrodome is going to transfer** over to the GRB soon.

Plan now to better serve Deaf/HoH/LD



- Identify D/HH/LD in catchment area
- TV station prepared to captioned or interpret





If we can create pet shelters, we certainly can do better sheltering our Deaf and hard of hearing neighbors”

Rob Eaton, Emergency services Coordinator, Pine Tree Chapter, Red Cross

Do's and Don'ts



Don't yell. You just look silly.

Do's and Don'ts

- **Do** find communication technique(s) that work for that individual
 - Gesturing / pointing
 - Simple notes or drawings
 - Speech reading
 - Video relay service
 - Speak a little louder
 - Reword your question or statement
 - ASL if you know it!

Do's and Don'ts

- **Do** speak clearly and succinctly
 - **Don't** overly emphasize your lip movements
- **Do** use multiple choice questions
- **Do** look at the deaf/hard of hearing person when communicating...even when using an interpreter
- **Do** beware of the “smile & nod”!!!
- **Don't** use jargon



Do's and Don'ts

- **Do** reduce distracting background noises
 - Turn off the radio or TV, close the door, move to a quieter place
- **Do** reduce visual clutter. Too many people in the room can feel overwhelming.
- **Do** treat each deaf person as unique – what worked with the last person may not work with the next.



Recommended Next Steps

- After call, contact dispatch to flag address
- Debrief call with crew
- Host a hearing loss awareness event
- Find out agency procedure to get interpreters
- Take an ASL class!
- Contact MCD to have an in-service training



Maine Resources

RESOURCES: A GUIDE TO SERVICES FOR PEOPLE WHO ARE DEAF OR HARD OF HEARING

- www.maine.gov/rehab/dod/resource_guide/

Maine Resources

- Maine Division for the Deaf, Hard of Hearing and Late Deafened:
- Nancy.melanson@maine.gov

1-800-698-4440 V/TTY

Resource Guide, Registry, Accessibility Promotion, TTY training to state agencies, Information, Referral and Advocacy

Maine Resources

- Maine Center on Deafness

797-7656 V/TTY; 1-800-639-3884 V/TTY

- Peer support group, Information & Referral, TTY Directory, Outreach and Education
- Civil Rights Advocacy: Mtroop[@mcdmaine.org](mailto:Mtroop@mcdmaine.org)
- Telecommunications Equipment Loan Program: mcdtty@mcdmaine.org
- Telephone Relay: mers@mcdmaine.org

