



## Open Letter on Ensuring Healthcare Interpreters' Safety during the COVID-19 Pandemic

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*Delivered via email*

### **National Governors Association**

Maryland Governor Larry Hogan, Chair

### **American Hospital Association**

Richard J. (Rick) Pollack, President and Chief Executive Officer

### **American Medical Association**

Dr. Patrice A. Harris, President

### **American Nurses Association**

Ernest J. Grant, PhD, RN, FAAN, President

### **America's Essential Hospitals**

Bruce Siegel, MD, MPH, President and CEO

### **Catholic Health Association**

Sr. Mary Haddad, RSM, President & Chief Executive Officer

### **Federation of American Hospitals**

Charles N. Kahn III (Chip), President & Chief Executive Officer

Dear colleagues,

We, the undersigned representatives of the healthcare interpreter profession, are deeply concerned about the **safety of healthcare interpreters, language access services for patients with limited English proficiency (LEP) and their families, and safety of *all* healthcare workers during this pandemic.**

We understand that many hospitals and healthcare systems in the U.S. are doing their best to re-think the logistics of providing health care and to allocate all resources efficiently and effectively. The current situation is unprecedented in our lifetimes. Safety of *all* healthcare workers with direct patient contact must be our number one priority. This includes physicians, nurses, allied professionals, and face-to-face/onsite healthcare interpreters whether or not they have been diagnosed with COVID-19 or are potentially COVID-19-positive.

We advise healthcare administrators and managers that **face-to-face/onsite healthcare interpreters should be provided the same level of protection and use of personal protective equipment (PPE) as any healthcare provider for whom they are interpreting.** We recognize that the PPE shortage may necessitate certain limiting measures in some facilities and locations. It is extremely important for managers to have transparent and honest conversations with interpreters and collectively come to an understanding when and to whom PPE is provided.

**Ultimately, if appropriate PPE is *not* available for an interpreter, then alternatives to face-to-face/onsite interpreting MUST be provided** to both reduce the spread of the coronavirus by interpreters and ensure their personal safety. Unlike most healthcare providers, interpreters work in different departments, different facilities, and even different campuses throughout the day. Their inadequate protection will result in spreading the virus not only in the community and to their families, but also to other healthcare workers and patients within and outside a specific facility.

**We recommend all hospitals, health systems, clinics, and healthcare providers deploy Remote Interpreting (RI) for most of their interactions with LEP patients and their families, as the primary modality for delivery of language access services in the time of this pandemic.** We understand that implementation of RI cannot happen overnight and may require certain IT solutions as well as evaluation for compliance with laws and regulations. However, implementing RI will allow facilities to reserve much needed PPE for healthcare professionals who must be in direct contact with patients. Furthermore, face-to-face interpreters have a higher risk of becoming a vector of infection even with the appropriate use of PPE due to the mobility of their job.

In situations when institutions are utilizing telemedicine/telehealth options for providing care, they need to incorporate RI into these solutions to ensure equal access to health care for LEP patients.

Remote Interpreting may be implemented in the following ways:

- Creating in-house RI call centers from where current staff interpreters interpret remotely via video or phone. In such call centers, proper distancing and cleaning protocols must be enforced to ensure safety of interpreters.
- Equipping current staff interpreters with tools to interpret from home via a video application or phone.
- Expanding utilization of, or contracting with, language service companies providing RI as part of their business model.

Regardless of the method chosen, the facility must ensure that LEP patients are placed into rooms that have access to a phone or video device (tablet, computer monitor, TV screen) connected to the internet.

It is also important to keep in mind that the steps we are taking in these extraordinary times do not negate the need for face-to-face interpreting modality overall, as this modality is crucial when interpreting for hard-of-hearing patients, patients with dementia, deafblind patients, young children, etc.

We encourage all interpreters to work closely with their management to **help ensure the safety of everyone and to continue to provide equal access to health care for LEP patients.**

Together we will persevere. Thank you for your service!

Respectfully submitted on behalf of the following organizations:

- Certification Commission for Healthcare Interpreters ([www.cchicertification.org](http://www.cchicertification.org))
- American Translators Association ([www.atanet.org](http://www.atanet.org))
- California Healthcare Interpreting Association ([www.chiaonline.org](http://www.chiaonline.org))
- InterpretAmerica ([www.interpretamerica.com](http://www.interpretamerica.com))
- Joint National Committee for Languages ([www.languagepolicy.org](http://www.languagepolicy.org))
- National Council on Interpreting in Health Care ([www.ncihc.org](http://www.ncihc.org))
- Texas Association of Healthcare Interpreters and Translators ([www.tahit.us](http://www.tahit.us))