

# Preparing Language Interpreters for their Role in Emergency Response

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**November 6, 2007**



# The need for interpreters in emergency response

- By 2050, 47% of the US population will be people of color.\*
- In 2005, 1 in 7 Massachusetts residents were born in another country.
- Of the 172,054 immigrants who came to Mass. between 2000-2004:
  - 47.3% from Latin America and the Caribbean
  - 23.1% from Asia
- From 2000-2003, 1:5 immigrants was Brazilian
- Since 1980, LEP immigrants has increased from 17.5% to 21.5%

\*US Census Bureau, 2000

Other data: The Changing Face of Massachusetts, MassInc., June 2005



# The need for interpreters in emergency response, cont.

- Necessity for Culturally and Linguistically Appropriate Services (CLAS) to enable client access to health care and ensure public safety
  - Principle mitigating factor in addressing health disparities
  - Prerequisite to any ICS
  - Legal mandates
    - Titles VI & VII of the Civil Rights Act of 1964
    - Age Discrimination Act of 1972
    - Americans with Disabilities Act of 1990
    - Civil Rights Act of 1991
    - Massachusetts Chapter 66 of the Acts of 2000, Emergency Room Interpreter Law



# Linguistic Diversity in Massachusetts

- In March 2005, Massachusetts Public Schools reported 49,923 Limited English Proficient (LEP) students with 112 primary languages. Nearly fifty-five percent (54.6%) of these students spoke Spanish as a first language.

Mass Department of Education, 2005



# The Interpreter's Role in a Disaster



**FEMA Community Relations worker Cindy Yee listens to the concerns of New York residents at the FEMA/State Disaster Assistance Center. She is one of the many interpreters assisting the Chinese community following the World Trade Center incident.**



# Role of Interpreters in Emergency-Disaster Response

- Provide interpreter assistance to families & first responders
- Abide by code of ethics
- Do not provide medical assistance:  
connect first responders or medical staff to those in need



# *Roles of the Interpreter*

**ADVOCATE**

**CULTURAL BROKER**

**CLARIFIER**

**CONDUIT**

**Amount of time**



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Taken from Bridging the Gap (1999)



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Network**

A Commonwealth Medicine  
Academic & Community Partnership



# *The Role of the Interpreter: Conduit*

- Most basic of the roles
- Involves rendering in one language exactly what has been said in the other without adjusting register
- No additions, omissions, editing or polishing
- Default role of the interpreter - the interpreter adopts unless s/he perceives a clear potential for misunderstanding



# *The Role of the Interpreter:*

## *Clarifier*

- Adjusts the register (complex language about health care, safety, and rescue procedures and concepts)
- Makes word picture of terms that have no linguistic equivalent and will not be understood by the client → checks for understanding
- Believes it is necessary to facilitate understanding



# *The Role of the Interpreter:*

## *Cultural Broker*

- Provides a necessary cultural framework for understanding the message being interpreted
- Cultural differences are leading to misunderstanding on the part of either the responder/provider or client/patient



# *The Role of the Interpreter: Advocate*

- An action an interpreter takes on behalf of the patient outside the bounds of an interpreted interview or encounter
- Concerned with quality of care in addition to quality of communication
- Needs of the patient are not being met due to a systemic barrier such as the complexity of the health care system and -isms



# *Modes of Interpretation*

## *Simultaneous*

is the exact rendition of anything being said - utilized in conferences, legal setting, etc.

## *Consecutive*

speaker finishes statement first, pauses to allow interpreter to interpret - utilized most use in medical settings



# Benefits of Medical Interpreter Service in Emergency/Disaster Response

- Enhanced communication: provider/responder : client/patient (LEP = Limited English Proficiency)
- Reduced misdiagnosis
- Increased provider/responder : client/patient satisfaction
- Better access to and utilization of services
- Improved health and safety outcomes
- Reduced legal risk
- Bottom line: reduced cost\*

\*except PPE costs



# Types of Disasters



# Effects of Terrorist Attack

- Objective is to produce fear, not necessarily large numbers of victims.
- Victims hypersensitive to signs and symptoms.
- Will demand locations of relatives and friends.
- Produces large number of worried well.



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# Overview: Emergency Preparedness Specialization Course for Medical Interpreters

3.5 day training, 81 registrants, 22 participants, 17 languages,  
2 trainers, 3 language coaches

## Session 1:

- Potential Emergencies & Disasters
- Medical Interpreter's Role in a Disaster
- Hospital's Response during a Disaster
- Person Protective Equipment – PAPR

## Session 2:

- Language Breakout
- Intro. Incident Command System (ICS)
- Disaster Behavior Health, Psychological First Aid and Self Care
- Mass Dispensing Clinic Walk Through
- Language Breakout

## Session 3:

- Incident Command System, cont.
- National Incident Management System (certification)
- FEMA Test (certification)

## Session 4:

- Mass decontamination Theory
- Role of MI in Decontamination Setting
- PPE Exercises

Note: Debriefings occurred after each session



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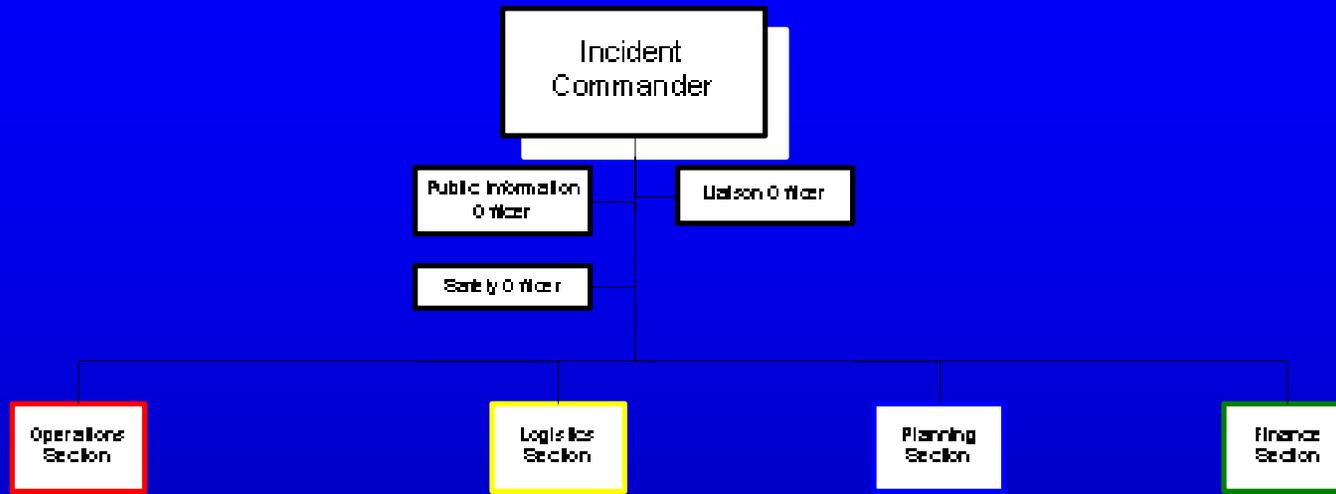
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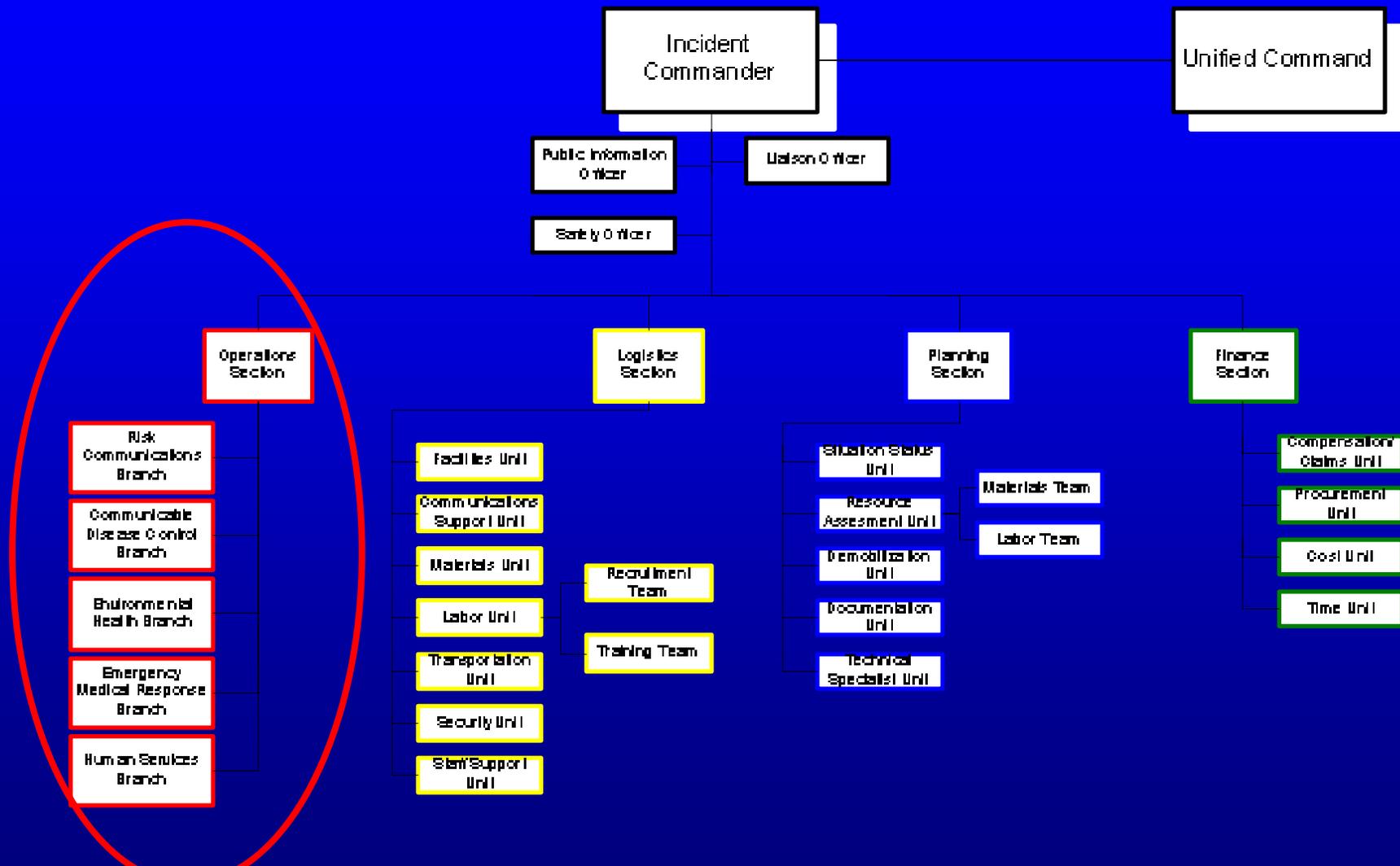
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# Basic Incident Command System Structure



# Operations Section



# Operations Section Branches

Risk  
Communications  
Branch

- Communicates risks posed by the incident to the staff and Information Officer approved messages to the public

Communicable  
Disease Control  
Branch

- Controls the exposure to and spread of infectious disease

Environmental  
Health Branch

- Coordinates the detecting, monitoring, and removing/isolating of all environmental hazards from the incident

Emergency  
Medical Response  
Branch

- Provides emergency medical services to the incident

Human Services  
Branch

- Provides necessary Human Services to those affected by the incident



# M.I. Job Action Sheet

## Mission:

The Medical Interpreter is an individual with appropriate training who is able to interpret with consistency and accuracy and who adheres to a code of professional ethics. The Medical Interpreter assists by providing interpretation services for both the patient and the provider. Interpretation services take place in medical settings of any sort, including public health settings. Medical Interpreters may be called upon to provide interpretation services at any clinic station throughout the duration of the incident.

Medical Interpreter: (Name) \_\_\_\_\_  
Report to (Clinic Communications Unit Leader) \_\_\_\_\_  
Location: \_\_\_\_\_

**DRAFT**

**Mission:**  
The Mission of the Clinic Communications Unit is to maintain the POD communications infrastructure throughout the incident.

The Medical Interpreter is an individual with appropriate training experience who is able to interpret with consistency and accuracy and who adheres to a code of professional ethics. The Medical Interpreter assists by providing interpretation services for both the patient and the provider. Interpretation services take place in medical settings of any sort, including public health settings. Medical Interpreters may be called upon to provide interpretation services at any clinic station throughout the duration of the incident.

**Immediate Responsibilities:**

- Accept appointment to this position
- Read this entire Job Action Sheet and review organizational chart
- Receive briefing from Clinic Communications Unit Leader

**Ongoing Responsibilities:**

- Adopt role of Conduit by interpreting for patient and/or provider when requested to do so
- Clarify/provide additional information if requested to do so, when the medical terminology is too complex for patient to understand
- Adopt role of Cultural Broker by providing cultural framework for messages being interpreted, if requested to do so
- Advocate for patient if patient's needs aren't being met due a systemic barrier such as the complexity of the healthcare system

**Demobilization Phase:**

- Participate in de-briefing
- Identify issues for After Action Report



# MI Job Action Sheet

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# MI Job Action Sheet

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- **Identify issues** for After Action Report

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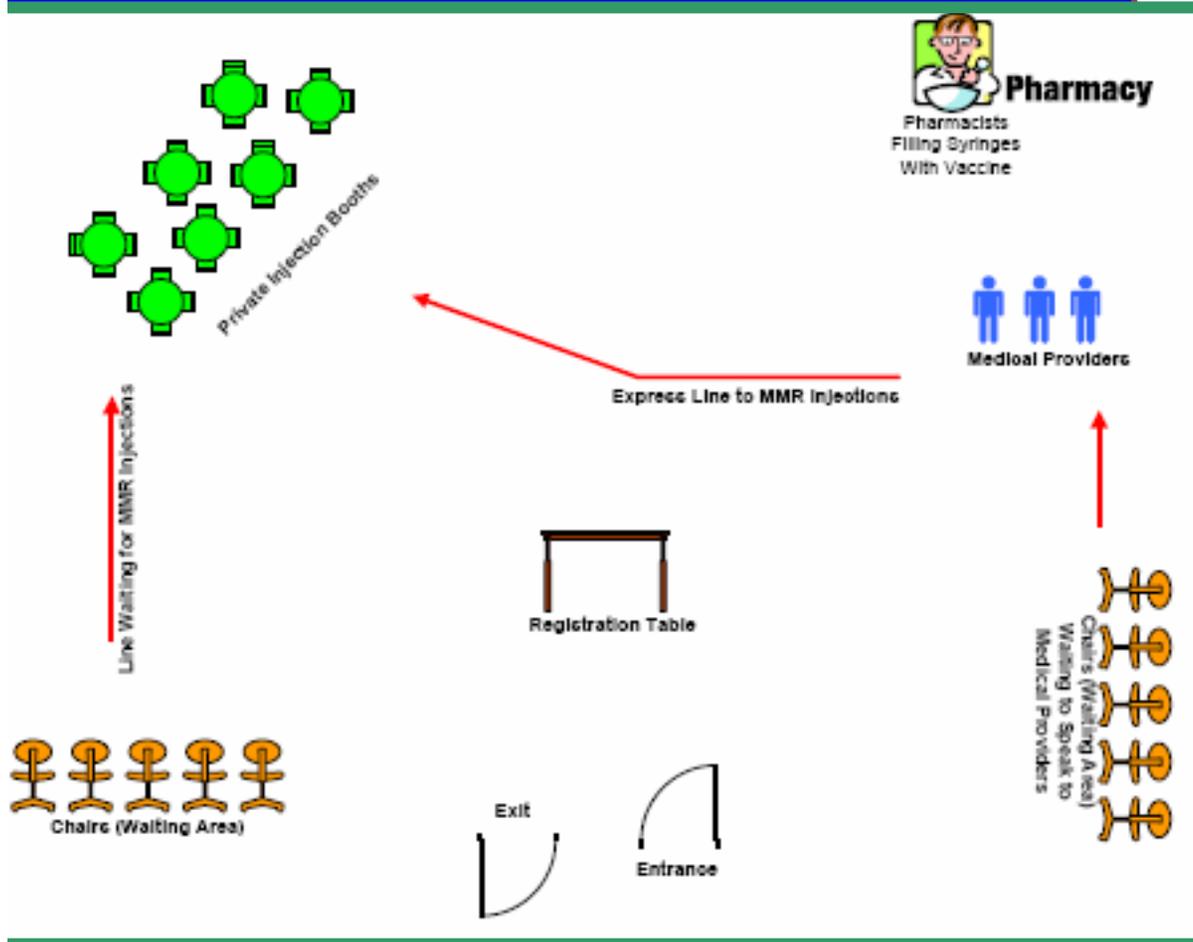
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# Mass Dispensing Clinic



## Vaccine Administration Record: MMR Clinic

I have reviewed the information in the document *Measles, Mumps, Rubella Vaccine: What you need to know*. I have had a chance to ask questions that were answered to my satisfaction. I understand the risks and benefits and wish to receive the Measles, Mumps, Rubella (MMR) vaccine.

Signature of recipient: \_\_\_\_\_

Print name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Please answer the following questions:

- |  |     |    |          |
|--|-----|----|----------|
| Have you ever received the MMR?  | Yes | No | Not sure |
| Have you ever had a serious reaction to any vaccine?                               | Yes | No | Not sure |
| Do you have any <u>severe</u> allergies to eggs, neomycin or gelatin?              | Yes | No | Not sure |
| Do you have a bleeding disorder or<br>Are you on Coumadin or other blood thinners? | Yes | No | Not sure |
| Are you ill today?   | Yes | No | Not sure |
| Have you received a blood transfusion or<br>A blood product in the last 3 months?  | Yes | No | Not Sure |
| Do you have problems with your immunity due to<br>Disease, medicine or treatments? | Yes | No | Not sure |
| For women: are you pregnant or are you planning to become pregnant?                | Yes | No | Not sure |

For Office use only

Clinic location: MGH/Charlestown

manufacturer:

MERCK & CO., INC Lot#: \_\_\_\_\_ Exp: \_\_\_\_\_

Date VIS given to client: July 26, 2006 VIS print date: 01/15/03 English

Date of administration: July 26, 2006 Administration site: \_\_\_\_\_

Signature of vaccine administrator: \_\_\_\_\_

# Mass Dispensing Clinic



# Mass Decontamination

## Purpose:

- Remove agent from victim's skin and clothing
- Protect responders and medical providers
- Provide psychological comfort to victims

## Principles:

- ASAP
- Disrobe
- Lots of water
- *The methods used to remove the agent are not as important as the speed by which it is removed*



# Mass Decontamination



**Ambulatory Non-Ambulatory**



# Mass Decontamination



# Mass Decontamination



# Lessons Learned

- Need for greater inclusion of interpreters by emergency response agencies & organizations
- PPE and environmental barriers to effective interpreter-communication + possible increased costs
- Ethical standards need to be discussed in context of interpreter's advocacy role in emergency situations
- All encounters need to be triadic (provider/responder : interpreter : client/patient)
- Absence of emergency & medical instructions (for responders and to public) in multiple languages
- EP concepts that have no meaning in other languages
- Need for EP training for all emergency response interpreters





**CHINA**  
*Lucky*



**UK**  
*Danger*



**INDONESIA**  
*Brave*



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# *Resources*

[www.mmia.org](http://www.mmia.org)

[www.state.ma.us/legis/laws/seslaw00/s1000066.htm](http://www.state.ma.us/legis/laws/seslaw00/s1000066.htm)

[www.xculture.org](http://www.xculture.org)

[www.hcfa.org](http://www.hcfa.org)

[www.ncihc.org](http://www.ncihc.org)



# Thank you

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