



Best Practice Guidance for Communication Professionals in Healthcare Settings during the COVID-19 Pandemic

June 2020



Written by

The Association of Sign Language Interpreters
in collaboration with
ASLI's Deaf Interpreter Network (DIN)
Royal Association for Deaf people
SignHealth
British Society for Mental Health and Deafness

Additional contributions from



Table of contents

Table of contents	ii
Introduction	1
Accepting work	2
Practical guidance	4
1. Preparation for medical settings with an increased risk of infection	4
2. Personal Protective Equipment (PPE).....	7
3. Things to consider bringing to the appointment.....	11
4. At the Venue.....	11
5. The interpretation process.....	14
6. After the booking	16
7. Procedures in case of (suspected) infection.....	17
8. Looking after your mental health	18
Executive Summary.....	20
Further resources:	22
Appendix A - Interpreter checklist	25
Appendix B - NRCPD statement: COVID-19 Test and Trace data protection	26
Appendix C - Consent form NHS Test and Trace	29

Introduction

These guidelines are issued for communication professionals, by ASLI, in collaboration with RAD, SignHealth, BSMHD and ASLI's Deaf Interpreter Network (DIN). They are issued in accordance with the NRCPD Code of Conduct in relation to maintaining and developing practice in line with recognised standards of the profession (Article 4.1). They have been produced in response to deaf and deafblind sign language users being adversely affected by the COVID-19 pandemic, due to access to information in their first or preferred language, typically British Sign Language (BSL) in the UK, being significantly reduced in all areas of their lives.

Under current circumstances, deaf people are not always provided the appropriate access they need. This applies particularly in medical settings, as some healthcare professionals do not consider the range of communication requirements of patients with varying degrees of deafness. This includes not considering the services of Deaf interpreters, translators or communication guides for these settings. Separate guidelines have been produced for organisations, giving more specific advice on the practical considerations of booking communication professionals.

It is worth noting that the majority of interpreters and translators will not have come in contact with infection control protocols and may be worried about taking on assignments within this domain. This guide aims to give interpreters and translators a better understanding of their choices and responsibilities when making decisions regarding an assignment in these settings.

It should be noted that guidelines, advice, and regulations issued by the WHO, Public Health England (or respective devolved government's health organisations), the government, and individual healthcare trusts should always take priority, and must be adhered to at all times, regardless of the advice contained herein. Failing to adhere to local safe practice guidelines as set out by, for example, a GP practice, could amount to a breach of the NRCPD Code of Conduct, because it puts others at risk of harm (Articles 4.1 or 6.1).

Most interpreters are not healthcare professionals; thus, their medical knowledge is likely to be limited. Conversely, the healthcare professional's knowledge of the interpreting process and its practicalities may also be limited; policies may have been created without a specific focus on the needs of deaf patients and facilitation of interpreting. Thus, professional exchanges of information between patient, healthcare, and communication professional, are likely to result in the safest possible outcome for everyone involved.

While this document can help to guide the decision-making process and give general advice on behaviours and procedures within the setting, ***the risk of contamination can never be fully eliminated***. When accepting an assignment in these settings, consider: your health risk, that of your dependants, and the client, and whether your professional skills and experience match the needs of the clients (as you would in any setting). In addition, consider the increased or altered demands on your work and their potential impact on your mental health.

Accepting work

Do not accept a booking in healthcare settings if you have an underlying health conditions, or if you, or a member of your family have symptoms of the disease.

Be aware of your rights as an employee and/or service provider: healthcare venues have a duty of care for your health and safety, however, as a worker, the decision as to whether to accept the workplace conditions is yours alone.

You cannot be forced to work in settings that you feel are unsafe.

Please note, the consequences of refusal to work, or withdrawal from a specific assignment, should be stipulated (for freelancers) in your terms and conditions, in those of the booking service, or in your employment contract.

Declining work on any grounds is not a breach of the NRCPD Code of Conduct. Specific Covid-19 safety-related concerns would be a good reason because you cannot be made to work in an unsafe environment without reasonable protections.

You should give these reasons at the time you withdraw from the assignment in order to maintain trust in the profession.

Withdrawing from work you have agreed to, whether in writing or not, may constitute a breach of the NRCPD Code of Conduct if it is without good reason. There is much precedence on this. Further reading on this topic can be found in the resources section.

The possibility of remote interpreting in these settings should always be explored. Factors to discern whether this is a suitable alternative include but are not limited to:

- the language requirements of the client
- the nature of the booking
- the availability of technical equipment
- the stability of internet connections
- confidentiality
- the severity of the issue, and
- the health and safety of interpreter and client
- whether a deaf interpreter has been assigned

Please refer to ASLI's ***Video Interpreting Best Practice Guide*** on remote interpreting for further guidance.

Should you be made aware of a healthcare professional's hesitation regarding interpreting in these settings or should a healthcare professional express concerns regarding procedures and best practice, please direct them to our '**Guidelines for Professionals Booking Interpreters in Medical Settings during the COVID-19 Pandemic**'.

Practical guidance

Viruses like COVID-19 spread in similar ways to flu, by releasing droplets of infected fluid from the mouth and nose, which fall onto surfaces and objects, e.g. tables, desks, phones etc. If a person touches those contaminated surfaces, and then their eyes, mouth, or nose, the infection can spread. Similarly, when a person coughs or exhales in close proximity to another person, droplets can be transferred. Therefore, specific behaviours and procedures should be adhered to when working in infectious settings:

1. Preparation for medical settings with an increased risk of infection

1.1 Assess the risks and benefits of taking an assignment in such settings for yourself and others. Consider:

- the physical and mental demands of the situation and your level of resilience towards them.
- how the surroundings, protective equipment, and policies may affect the interpreting process.
- how your emotions and those of your client(s) may affect you and the interpreting process.

1.2 Discuss with the service provider whether any information from the venue has been made available, what has been communicated so far to avoid duplication, etc. Medical professionals are likely to be under exceptionally high pressure in terms of workload, time constraints and additional health and safety measures to be taken. Therefore,

- communication should be as concise and clear as possible
- determine the communication needs of the client in advance
- ask specifically about issues such as additional visual impairment, mental health issues or disabilities that could affect physical proximity and time required, or adjustments to language and signing style needed.

1.3 Discuss whether a deaf interpreter is needed for the team. This should ideally be established prior to the assignment, but sometimes organisations or the service provider making the request do not consider this as an option. The role of the

interpreter who is deaf is to use their expertise in their sign language(s), along with gesture and other communication strategies, to foster culturally and linguistically appropriate interpretation for deaf consumers, that hearing interpreters may not be able to provide. These may include:

- deafblind people
- deaf children
- deaf people with mental health issues
- deaf people who sign a different sign language
- deaf people with atypical/non-standard signing
- deaf people with cognitive difficulties
- deaf people with language deprivation, or
- deaf people who specifically request a deaf interpreter.

1.4 If a deaf interpreter is part of the interpreting team, ensure you know who the deaf interpreter will be and make arrangements to meet with them before the assignment. Deaf professionals may also have access issues in arriving at the assignment and it will be important to meet as early as possible before the assigned time to ensure their access needs are met.

1.5 Contact the venue before going to an appointment to ascertain the availability of PPE, handwashing facilities, changing rooms, the nature of the appointment and any specific procedures that may be necessary to enter the building and/or the treatment area, such as temperature checks or security procedures.

- Explain the role of an interpreter/translator in this setting as well as practicalities (e.g. the ability to interpret from a distance, through glass etc.), where appropriate.
- Make medical professionals aware that the appointment may take significantly longer due to additional communication barriers such as masks, and that more clarification may be needed to ensure full understanding.
- Check whether the possibility of facilitating the appointment remotely has been discussed.

1.6 Ensure you know whether you are being asked to go into the a 'cold' or 'hot' zone of the hospital: different measures and preparations may be required. The hot

zone of the hospital is the area where known infectious cases are being treated, the cold zone is for all other patients. There may also be a triage centre, where patients with suspicious symptoms are held until it can be determined whether they are infected or not. **Going into the cold zone does not mean that there is no risk of infection**, as patients, staff and visitors may not be showing identifiable symptoms!

1.7 Consider arrangements for travelling to and from venues: wear fresh clothing, avoid direct contact with members of the household before leaving, and consider transport arrangements.

- Avoid using public transport where possible.
- If using your car, clean it regularly with special attention to surfaces that are touched regularly such as keys, door handles, steering wheel, handbrake and gear stick.
- Keeping a pack of antibacterial wipes in the car is advisable.

1.8 Be mindful of accepting several high-risk bookings in different locations in one day (e.g. several departments in a hospital, or from GP to hospital to care home); consider the risks of cross-contamination. This is particularly important when working in environments with vulnerable groups such as care homes, intensive care settings or patients/clients with underlying conditions.

- Consider taking several sets of clothing (including shoes) and place them each in sealable bags before and after use.
- Keep jewellery to an absolute minimum.
- Use single-use PPE where appropriate and available.
- Avoid taking any unnecessary items such as bags or coats from one venue to another.

1.9 Timesheets are an obvious potential source of cross-contamination, regardless of whether they are signed digitally on your smartphone or paper versions. Ask the booking agency for their procedure during the pandemic and whether alternative arrangements are possible. For example, it might be that the healthcare professional can close the booking remotely (or email the agency) without the

need for a physical timesheet. If not, consider how you will handle this in the assignment.

- If digital, consider how you will hand over the device, i.e. placing it on a table and stepping back for the client to pick it up, as well as wiping the screen afterwards.
- If paper versions, you could try to minimise contamination by keeping the form in a plastic pouch, asking the client to take it out, sign and place back in the pouch, before handing it back. The pouch can be wiped, and you may be able to take a photo of the document rather than having to take it out.

However, none of these suggestions will remove the risk of contamination entirely. Therefore, ***the most important point to remember is to sanitise your hands after touching objects that could be contaminated***, before touching your mouth, nose or eyes.

2. Personal Protective Equipment (PPE)

Advice on the use of personal protective equipment (PPE) will differ for the public and for professionals within medical settings. It may also change at short notice depending on availability, recent research, and guidance issued by public health authorities locally, nationally and globally. Therefore, any guidance given herein can only be of informative nature rather than a recommendation. The following explanations will give you a non-exhaustive overview of common items of PPE and how they are commonly handled.

Always follow the guidance given by the setting you are working in and check current government guidance regularly for updates on recommended PPE.

(See the resources section for further information on this topic.)

2.1 **PPE** should be supplied by the facility, however, considering the current pressures on the healthcare system, this may not always be possible. Therefore, it may be worth sourcing your own equipment where possible or consider whether you are prepared to proceed in the absence of any PPE provided. Many suppliers now make transparent face shields that can be ordered in small or large quantities.

- Be aware that not all makes and models are CE-marked and may therefore not be government approved.
- The use of such materials is at your own discretion and no provider will accept liability for any critical incidents, for example as a result of malfunction or insufficient protection, in relation to its use.
- You will need to carry out your own risk assessment for this as well as any other aspect of the booking.

Gloves, hand sanitiser and antibacterial wipes are available in most supermarkets or pharmacies. Again, these may not be made to the same strengths or protection level as version used in medical facilities.

- If a product states 'antibacterial', that does not necessarily mean it is also anti-viral.
- Generally, the higher the alcohol content, the more effective the product will be in removing contaminated fluids from surfaces (which means that then the product, e.g. wipes, may become contaminated and should be disposed of accordingly).

Any open wounds, such as those on arms or legs, should be covered by water-resistant materials such as blue plasters:

- be mindful of colours and shapes that may be distracting for the client in the interpreting process.

If you are going into bookings that entail imaging such as an MRI scan:

- check whether any of the PPE you are wearing contains metal and be prepared to remove it.

Carry all PPE separately in sealable plastic bags.

- If your PPE is single use, only put on when necessary.
- You risk cross-contamination if entering or leaving premises with the same PPE
- Clean all reusable PPE such as face shields thoroughly with alcohol-based wipes or soap and water, and let dry before re-using.
- Do not place your equipment on surfaces or the floor in an infectious environment.

Please be mindful that wearing PPE (and seeing other people wear it) may give a false sense of security. Particularly in the general public, people may not have received any instruction in how to put on, behave in, or dispose of used PPE. To

guide your own behaviours, always assume that other people's protective equipment is contaminated.

2.2 **Safety goggles** are also currently being recommended at some locations. They are generally reusable and protect the wearer not only from mechanical and chemical risks, but also from bodily fluids entering their eyes. They usually have tight seals around the lenses and can be compatible with other equipment such as half-mask respirators. Some can be worn over prescription glasses.

2.3 **Masks and face coverings** are distinctly different items of equipment.

There are various types of masks currently recommended in different medical settings. These are called an 'N95', 'FFP2' or 'FFP3'. These masks prevent smaller particulates from entering your nose or mouth. With that said, many healthcare workers are pre-fitted for the N95 and assigned a size — small, regular or large — to ensure best protection. The more commonly available surgical masks mainly serve the purpose of protecting other people from larger droplets YOU may exhale, but they provide only limited protection for yourself, as they are more permeable.

- Face coverings, homemade or shop-bought, are recommended to wear in some situations and public areas, because they may reduce the amount of fluid as well as the velocity of fluid when exhaling, coughing or sneezing.
- Face masks and coverings obviously significantly hinder the interpreting process by dramatically reducing facial expressions and disguising lip patterns.
- There is great media coverage of individuals and companies producing masks with clear fields to enable lip reading and organisations are campaigning for a widespread use. These are valuable initiatives.
- There are also few companies globally who produce certified versions, but they are currently not available (or not in sufficient quantities) to the NHS.

The question of whether or not to wear a mask/face covering can therefore only be answered by the individual interpreter in conjunction with the responsible healthcare professional, with decisions made on a case-by-case basis, depending on the facility's policy, likely physical proximity to patient, healthcare professional and other parties, weighing the risks and benefits of either decision.

Interpreters should not feel coerced into removing their masks. However, under current advice, masks are only necessary where social distancing is not possible, such as on public transport.

Depending on current governmental advice, you may also wish to wear a mask or face covering when entering and leaving the venue but taking it off during the interpreting process (see point 6 for additional items to bring and considerations of item handling).

- Take particular care when removing the mask, as it may be contaminated with both your and other people's fluids: Wear gloves when removing it, do so with both hands simultaneously, do not touch anything else in the process and put the mask and gloves straight in the bin (ask medical personnel for the locations of orange-lidded bins, or orange bags for infectious waste disposal).
- If you are wearing a reusable mask, take the same precautions when removing it and place it in a sealable plastic bag to wash at the earliest opportunity
- Sanitise your hands immediately after, without touching your face.

2.4 Gloves: gloves may be useful to avoid getting any infectious fluids on your hands but remember that if you touch your face with the gloves, those fluids may still reach your mouth and nose, as well as contaminate other surfaces that you touch.

- Always sanitise your hands before putting them on, do not reuse gloves and dispose of them appropriately after use.
- Where the patient or healthcare professional is wearing gloves, do not be tempted to assume that these are not contaminated.
- You will not be able to determine what other people have touched before or during your assignment.

2.5 Gowns/aprons/scrubs: you may be able to obtain scrubs from the hospital (ask for changing facilities and how to dispose of them after use), but you can also source your own via private retailers. These are usually made of durable materials, sometimes water-resistant, that can be washed at high temperatures. Gowns/aprons may often be made from thin plastic and are subsequently single use.

3. Things to consider bringing to the appointment

3.1 Depending on anticipated client needs:

Notepad, pen, hand sanitiser, tissues, water bottle (clearly labelled with your name), whiteboard and marker, clear, resealable plastic bags, and two devices such as a mobile phone and a tablet (to be explained later).

3.2 Remember that any items you bring to an appointment could be a source of cross-contamination, unless you are provided with a sterile container to put them in. There is conflicting research on how long the Covid-19 virus can survive on various surfaces. Exchange of items (e.g. business cards, phones, pens, ID badges) also risks spreading infectious fluids. Consider:

- placing all items you need in a rucksack and sitting on a stool without a back, or standing, and avoid putting down any of your belongings where possible
- do not lean on or touch walls and surfaces
- be conscious of accessories such as glasses, necklaces, earrings, hair ties etc. and your habits around them.

3.3 Be mindful of what you are wearing/carrying/keeping in your pockets.

- Is it washable?
- Is it easily removeable?
- Can it be cleaned with alcohol-based solutions?
- Is the item essential for you to carry out your assignment?

If the answer is no to any of these questions, do not wear it/bring it.

4. At the Venue

4.1 If a deaf interpreter has been assigned as well, always consider yourselves as a team. Do not proceed with any step or make any arrangements without including your deaf co-worker, and always be on hand to interpret some of the short interactions. If possible, the deaf interpreter can take the lead in the preliminary discussions so as to:

- establish the deaf colleague as an integral part of the interpreting team and
- help the medical and health professionals familiarise themselves with the interpreting process before actually meeting with the deaf or deafblind client.

4.2 Arriving at the venue: **Cold Zone** – arrive earlier than usual, to ensure enough time for screening and other protocols that may be in place at hospitals, and that may change at very short notice. Also be aware that medical facilities may be undergoing rapid relocation and restructuring processes and wards and clinics may not be in their usual places.

- Locate PPE and discuss any practicalities/room set up with reception staff and/or healthcare professional before entering a treatment room.
- Sanitise your hands before entering and when leaving the room.

4.2 i Take note of the signage around the venue which may give you valuable information on expected behaviours, procedures and responsibilities as well as directions.

4.2 ii As a community interpreter, you may be familiar with the client and greeting rituals may need to be adjusted.

- Refrain from shaking hands or hugging, but be sure to smile and apologise if necessary, for not engaging in physical contact, explaining the reasons behind it.
- Also state that you will be sitting further away from them than usual to ensure their safety.

Clients are likely to be frightened and their knowledge about and experience in situations like this may be very limited. Keep in mind at all times that you or your deaf interpreter colleague may be the only people the client has been able to communicate with for a period of time. Intermittent access to news bulletins that change daily may contribute to misinformation and gaps in knowledge.

- Be understanding and open, explain where you feel able to, and direct any further questions to the healthcare professional.
- Reassure the client that everything will be done to keep everyone as safe as possible.

4.3 Arriving at the venue: **Hot Zone** – if you have been permitted access to the hot zone and there are no alternative methods of facilitating interpretation other than face-to-face, you should be prepared to undergo the same procedure as medical staff when entering high risk infection zones.

- You may be shown to a changing room and given scrubs as well as a mask, goggles, face shield, two pairs of gloves and a gown/apron.
- A member of staff may need to assist you in putting these items on.
- Furthermore, a fit-test may be required. This is a test to determine whether your mask is letting any unfiltered air in.
- Wearing your mask, a container will be put over your head and (harmless) chemicals with an odour released inside the container. If you can still smell the chemicals, your mask does not fit appropriately and you may be denied access to the hot zone.
- The process could be repeated with different masks, as sizes and shapes can vary.
- The test may take 30 minutes or more and this should be discussed with medical personnel in advance, as there may not be capacity to do it on an ad-hoc basis.
- Once you are tested and you have your own mask, the fit-test result may be accepted at other facilities within the Trust, but always check this with staff **before arrival**.
- Practices regarding protective measures may vary.

Regardless of whether you are given any additional protective equipment, you will need to consider the additional risk of entering this area, and whether you feel confident that you will be able to continuously monitor your own behaviours, such as keeping a 2 metre distance from other people and not touching any surfaces including your face, as well as providing an adequate service to the client under the potential additional physical and mental strain of the situation.

- Consider whether you would be willing to carry out the assignment if a safe distance from the patient is not possible and your level of protection relies entirely on your PPE and the behaviours of individuals in the room.
- Recognise how this situation would affect you and your work, both immediately and in the long-term.

5. The interpretation process

5.1 Due to the modality of our language production, many aspects of interpreting in the settings described can be severely affected. Wearing a mask and face shield considerably hinders the process but may be inevitable and better than not providing an interpretation at all.

- Make use of all available resources such as tablets, phones or objects in the room to convey the message.
- Exaggerate facial expressions and consider adjusting your signing space and pace.
- Take your time for processing and do not rush your interpretation.
- Do not be afraid to ask for clarifications and repetition, in both language directions.

5.2 Avoiding facial contact: while many signs are produced with one hand touching another or hands touching the face, it is recommended to try and avoid facial contact with our hands. This may be particularly relevant when gowned and sterilised for medical procedures.

- If you touch your face, you may become automatically contaminated and unsterile for a procedure.
- It is worth thinking about alternative signs for commonly used words as well as practising producing signs without touching your face, so that you have strategies available in situ, should that issue arise.

5.3 Be mindful that many patients will be very frightened and/or severely ill, as well as having been isolated for some time, with little or no contact to friends and family, and will likely have faced difficulties in communicating with staff.

- You may be the first person they have seen for some time who can sign.
- Some may be connected to machinery that is noisy, restricts their movement or obscures their lip patterns.
- Various drugs may affect their level of consciousness and how they perceive pain.

Sometimes, patients are asked standardised questions to determine, for example, capacity. These often do not translate well into BSL and may not be culturally appropriate or comprehensive for a deaf person. It is vital to discuss

this with medical personnel and adjust where necessary, particularly when it comes to:

- informed consent for procedures, treatment and end of life decisions,
- standardised medical assessments with legal implications.

5.4 Setting up your own VRI: if you are confident with technology, in some cases, you may be able to set up your own VRI system. Even though you are right outside the door with the doctor or healthcare worker, you might feel safer doing the interpretation from a distance. Some hospitals have iPads available but if you have two devices that are connected to WiFi, you may be able to set up one device near the patient's bedside and the other in the hallway. For this you can use videocall software:

- make sure you set up two accounts ahead of time so that you can connect each device to its own account

Remember the issue of possible cross-contamination if sharing a device, so make sure to either have:

- single-use screen protectors that can be thrown away afterwards or
- use gloves to pick up the device and leave in a sealed plastic bag until it can be properly cleaned.

5.5 Interpreting for deafblind clients: while it is impossible to avoid contact with a deafblind individual while providing tactile interpretation, some safety guidelines can be kept in mind.

- If a disposable gown is available at the hospital, request one to ensure your safety.
- If none are available, utilise your extra-long sleeve garment or scrubs and put it on before starting tactile communication.
- Hand sanitising for you and the client should be obligatory.

Make sure you are at least wearing a mask to prevent spreading anything to your deafblind client, as you will certainly be closer than two metres. Resist the temptation of fixing it every time it moves out of place! You may also consider both wearing gloves, while keeping in mind that it may be unavoidable to have some body-to-body contact.

- Do your best to avoid contact with the face.

A potential infection does not result from touch alone, but from one person's bodily fluids reaching another person's body orifice.

- After your encounter, encourage your client to sanitise hands, dispose of your PPE appropriately.
- If you used homemade garments, put them in your plastic bag and wash as soon as possible at the highest temperature.

6. After the booking

6.1 If necessary, remind the client that farewell rituals involving physical touch are not possible under the circumstances.

6.2 Dispose of any single use PPE in orange lidded bins and wash hands thoroughly with soap and water **before** leaving the venue.

6.3 Place any reusable items you have touched in sealable plastic bags. Disinfect and/or wash items as soon as possible or leave in sealed bags for 72 hours. Water bottles should go straight in the dishwasher (or in the bin at the hospital if single use). If you have been in the hot zone, remove any clothing at the earliest opportunity at home, wash at highest possible temperature, even if you were wearing scrubs.

- Do not forget to clean your shoes, particularly the soles.

6.4 Feedback to agency and/or hospital whether you felt protective measures were adequate and what could be done to improve them in the future.

6.5 If you have another booking:

- change into clean clothes
- ensure the clothes worn previously are dealt with appropriately and put in a sealed bag to be washed at a high temperature as soon as you can.

6.6 Wash your hands again upon arrival at the next venue and make attending professionals aware of the previous setting and any critical incidents where you could have come into contact with the virus (such as having been unable to maintain social distancing).

6.7 Wash any clothing before using it again for work in another setting and wash your hands before touching any surfaces at home.

6.8 Don't forget to clean any items you have been in contact with on your journey, including your car, phone, credit cards etc.

6.8 Contact tracing may be used by the government to identify who has been in contact with infectious individuals. Be aware that rules on testing, isolation etc. may be different for healthcare professionals and members of the public and may also depend on what precautions have been taken, such as PPE being worn.

- Healthcare professionals will need to determine which group you would fall under for a particular booking in a particular setting.

6.9 You may also wish to discuss procedure and consent in case of (suspected) infection of any individual present with the client and the healthcare professional before leaving the venue.

7. Procedures in case of (suspected) infection

7.1 After each assignment, make a note of the circumstances, whether you have been in close contact (less than two metres) with anyone for longer than 15 minutes.

- Keep accurate records of times, locations and individuals present at the booking, but only keep this information for as long as absolutely necessary.

As the current government guidance does not state an exact relevant time period, but self-isolation is recommended for 14 days, this should be the absolute maximum time those records are kept. If in doubt, check with the Information Commissioner's Office for guidance on data protection.

- Always ensure any client data is kept confidential.
- If you develop symptoms of Covid-19 within two weeks after the booking, follow government advice on self-isolation and testing.
- You may also wish to inform the agency you were booked by.

7.2 If you are contacted by an NHS contact tracer, make them aware of the specific circumstances of your assignment. You may be asked to share contact details of clients. This raises legal and ethical questions in terms of a potential breach of confidentiality. The NRCPD have released a statement saying:

In the current Covid-19 circumstances, sharing confidential information with Test and Trace with or without the subject's consent would unlikely be a breach of the NRCPD Code because it would be to prevent 'a person at risk' from coming to physical, emotional or mental harm and this is permitted by data protection. Only share what is necessary: name, contact details, date, time, location and nature of the contact seem reasonable and necessary, but medical nature of the assignment may not be.

Professionals should also be prepared for the fact that their details may be shared with Test and Trace, without their consent, by health practitioners or the client. However, there are ethical considerations such as:

- the potential for isolated instances under which revealing contact details of clients or their whereabouts could cause harm to the individual, to you, to other people, or to your relationship with the client and the community.

Whether the harm caused is greater than harm resulting from not being informed of a potential infection with COVID-19 could be a complex issue and would best be discussed with the individuals involved at the time of the booking. Although unlikely to have any legal relevance, informed consent to share information with Test and Trace to prevent harm for the patient/client may mitigate potential interpersonal conflict and ethical dilemma.

- A template consent form is attached in Appendix C.
- Additional information on the subject of confidentiality and NRCPD Code of Conduct can be found in Appendix B.
- The Information Commissioner's office also has guidance available on IT security. The link is available in the further resources section.

8. Looking after your mental health

8.1 The current pandemic affects everyone differently, both on a personal and a professional level. Bookings in medical settings can often be upsetting, even more so when under additional pressures such as infection control protocols. Moreover, the nature of the bookings and topics therein may be very serious.

- They could include fatal diagnoses, end of life decisions, remote communication with loved ones such as parents or children etc.

Depending on the severity of the illness, various medical equipment and machinery may be used. Hospital wards may look very different to everyday business, staff may be overtired and overworked and time to deal with individual patients' needs may be very limited. This will not only affect the patient, but could also affect you in various ways, before, during and after the booking.

- Be sure to engage in professional supervision and plan how and when to discuss the impact it has had on you. More information on supervision can be found here: <https://asli.org.uk/supervision-2/>

- A reflective journal may also help you to process your experience.

However, confidentiality requirements, NRC PD Code of Conduct and GDPR guidelines naturally still apply, so it is important to ensure that clients cannot be identified when discussing issues in supervision and that any notes/journal entries are anonymised, destroyed or locked and kept secure. This also applies to any digital data such as blogs, online peer groups, computer files or social media platforms, even if they are encrypted.

8.2 Plan for an uplifting and enjoyable activity after the booking to recharge your batteries. This could for example be quality time with your family, a walk in nature, physical exercise, a good book or an online chat with friends.

- Some useful apps to help you look after your mental health can be found under further resources.

Executive Summary

- Always adhere to the guidelines of the institution you are working in. Ensure you are aware of their procedures including access to facilities, screening, PPE, distancing measures and general behaviours, both for professionals and for members of the public, **before** entering the building.
- Always assess the risks and benefits for yourself as well as the client when going into infectious settings. Where possible, discuss with booking service, healthcare professional and client whether remote working would be a feasible option. Also discuss procedure and consent to data sharing in case of suspected infection after the assignment.
- Discuss whether the needs of the client require a deaf interpreter (often called a deaf relay interpreter), a deafblind manual interpreter or a deaf translator.
- Consider the practicalities of your journey in terms of clothing, transport, items to bring, potential risk of close contact and resulting cross-contamination.
- If you are unsure of practicalities regarding the handling of PPE, make both the booking service and the healthcare professional aware **before** the appointment, so that you can receive instructions.
- After your booking, immediately dispose of any single use PPE into **orange-lidded** infectious waste disposal bins.
- Be mindful of the number and locations of bookings you attend in one day. Consider bringing a change of clothes (in sealed bags) or single use PPE if you are changing locations frequently, as there may be a higher risk of spreading the infection. In some settings, changing facilities may be available.
- Be aware of your rights as an employee or service provider: The venue you are working at has responsibility for your health and safety, but whether to accept the conditions is your decision. ***You cannot be forced to work in settings that you feel are unsafe.*** However, the legal, financial and practical consequences of refusal to, or withdrawal from, work should be stipulated both in your terms and conditions (as a freelancer) and in those of the booking service, or in your employment contract.
- Do not accept a booking in such settings if you have underlying health conditions or if you or a member of your family have symptoms of the disease/are currently isolating.

- If you become aware of institutions/healthcare professionals being unsure whether to book an interpreter, signpost them to relevant guidance: <https://asli.org.uk/asli-best-practice-documents/>
- Adhere to the NRC PD Code of Conduct at all times. If there is a suspected risk of infection based on close contact during an assignment, follow government guidance for testing and tracing contacts. You may wish to inform the healthcare facility and the booking agency and ask for advice and further procedure. Aim to seek informed consent from the client during the booking in case you need to share confidential information with health authorities.
- Look after your mental health. Engage in professional supervision and seek appropriate help where necessary

Further resources:

- Joint statement of the World Federation of the Deaf (WFD) and the World Association of Sign Language Interpreters (WASLI)

https://wasli.org/cat_news/wfd-wasli-joint-statement-on-covid-19

- ASLI position paper on the use of video interpreting services for public services

<https://asli.org.uk/wp-content/uploads/2019/04/ASLI-VMI-position-paper-final.pdf>

- The charity SignHealth provides resources in BSL for medical and mental health settings as well as a remote interpreting service for Deaf people in medical settings. They also deliver services to reach Deaf people in BSL, such as crisis textlines, domestic abuse support, psychological therapy, advocacy and residential services.

<https://signhealth.org.uk/announcement/bslhealthaccess/>

- The Royal Association for Deaf people (RAD) provides services to deaf people in their first language, usually British Sign Language (BSL) and supports mainstream providers to be more accessible. Services include: advocacy, community engagement, communication services, deaf awareness training, support for children and young people, employment support as well as an information, advice and guidance.

<https://royaldeaf.org.uk/about-us/what-we-do/>

- The British Society for Mental Health and Deafness (BSMHD) is the only UK charity that focuses entirely on the promotion of positive mental health of Deaf people

<https://bsmhd.org.uk/>

- NRCPD Code of Conduct

<https://www.nrcpd.org.uk/code-of-conduct>

- Online Platforms and Confidentiality Under the NRC PD Code: Guidance for Registrants and Trainees.
<https://www.nrcpd.org.uk/news.php?article=207>
- Information Commissioner's Office practical guide to IT security
https://ico.org.uk/media/for-organisations/documents/1575/it_security_practical_guide.pdf
- NHS Test and Trace privacy notice
<https://contact-tracing.phe.gov.uk/help/privacy-notice>
- One of the resources available on interpreting in medical settings under the current circumstances, including recommendations for PPE:
https://www.amphi.org/blog/2020/3/25/f2v3t9qogd4it8o1x40bwh8swr82v8?fbclid=IwAR30nAAUqIHm_8y1GH4k6x9U8INJ4s-ZfQSa9ReWq16FTtn7gJCUDs1Aq_M
- Guidance for New Small-Scale Manufacturers of COVID-19 PPE, Version 1 1 • Office for Product Safety & Standards New Small-Scale Manufacturers of COVID-19 Personal Protective Equipment (PPE) Guidance for Businesses, Organisations and Individuals, Version 1
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/883462/Guidance-for-businesses-and-individuals-small-scale-manufacture-of-ppe-version-1.pdf
- UK government guidance on working safely during covid-19
<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>
- Workplace guidance from the Chartered Institute for Personnel Development
<https://www.cipd.co.uk/knowledge/fundamentals/emp-law/employees/workplace-guide-returning-after-coronavirus>
- WHO guidance on risk communication:

<https://www.who.int/news-room/q-a-detail/who-emergency-risk-communication-guidance>

- The Limping Chicken, a deaf blog featuring case studies, personal accounts and journalist articles on a variety of topics, including the impact of the pandemic of Deaf people in the UK:

<https://limpingchicken.com/2020/04/22/coronavirus-deafblind-people-facing-communication-challenges-in-a-time-of-social-distancing/>

- A collection of resources available to sign language interpreters on best practice and various statements from relevant organisations globally:

<https://www.mayadewit.nl/coronavirus-info-for-interpreters>

- A list of NHS approved apps related to mental health:

<https://www.nhs.uk/apps-library/category/mental-health/>

Appendix A - Interpreter checklist

- Do I have all the information I need for a risk assessment?
- Am I the right person for the job? Do I need a Deaf colleague? Where will I meet them?
- Do I have everything with me I need (and only those items)?
- How will I get to and from the assignment?
- How many bookings do I have in a day and what is the risk of cross-contamination?
- Am I wearing clean clothes?
- Have I avoided touching anyone before the assignment (and in between)?
- Have I wiped the car (exterior and interior handle, steering wheel, gear stick, handbrake, keys)?
- Do I have the PPE required? Where will I get it from? How is it stored before and after use?
- How will the environment and PPE alter my behaviours, physically and mentally? How will this impact my interpretation and what can I do to mitigate that?
- Is the client likely to touch me? How will I handle this?
- Is the client aware of social distancing rules, do they understand altered behaviours of professionals?
- Does the client require close contact (e.g. deafblind)? How can the risks be minimised?
- How do I dispose of used PPE?
- Do I have a trusted colleague/ supervisor on speed dial?

Appendix B - NRCPD statement: COVID-19 Test and Trace data protection

The NRCPD Code of Conduct governs individual conduct of professionals. The NRCPD Code at Article 2.1 says “If you gain access to information as the result of an assignment you must only share it with someone else if you have the service user’s consent or the law requires or allows you to, such as when it is necessary to prevent harm.”

The NRCPD Code articles are set within the NRCPD ethical principles and the first three have specific relevance:

- do no harm or, in rare circumstances where causing harm is unavoidable, the least amount of harm;
- strive to do good;
- act justly and fairly

Data Protection and Covid-19 Test and Trace.

(Source: Meeting Live Chat NRCPD/ICO Thu 4 June 2020. Transcript available.)

Data protection law allows you to share special category information if you have the subject’s consent, or without the subject’s consent if it is to “prevent physical, emotional or mental harm” and the individual is under 18, or over 18 and at risk, and the reason is one of substantial public interest (Paragraph 18 Schedule 1 of DPA 2018). The purpose of Test and Trace is to identify people who may be infected with Covid-19 in order to get them the testing and treatment they may require, to get them to hospital if necessary or self-isolate at home and to prevent onward infection. This is a matter of preventing the physical harm caused by Covid-19 to the individual because they are at risk of being infected because of a known contact, but also to the public at large, as well as prevent the emotional and mental harm that may accompany a positive diagnosis. Therefore special category information may be shared without the subject’s consent to the Test and Trace system if those conditions are met. At this time the law does not require you to provide that information to test and Trace but you may do so – it is your judgement and NRCPD cannot advise on

this directly. ICO staff are available for live chat though on their website and you could discuss with them. It would be best practise to get the subject's consent beforehand just in case this becomes necessary and to inform them that even without consent some information may be disclosed to Test and Trace in order to prevent harm. If you do provide information about your client to the Test and Trace system when asked you should only disclose what is necessary. Finally, the health workers and the client themselves may also be contacted by Test and Trace so there is the fact that your information may also be shared with Test and Trace by them to prevent harm.

Confidentiality Under the NRCPD Code of Conduct with Covid-19 Test and Trace

NRCPD does not advise on data protection law but we apply the same principles to our Code. Under the NRCPD Code of Conduct the term 'confidential' can include information that is not special category information under data protection law but nevertheless something that the client wishes to keep confidential. NRCPD advises that disclosing confidential information about a client to the Test and Trace system is acceptable for the reasons above and is very unlikely be viewed as a potential breach of Article 2.1, provided that only the necessary information is disclosed. You do not need client consent to do this, but you should inform them that this may happen, although getting informed consent is always preferable. If you do so you should make a record of the disclosure. NRCPD is not advising that you should or that you must disclose to Test and Trace, only that if you do it is unlikely to be a breach of the code.

Operation of the NRCPD Ethical Principles to enable disclosure

The ethical principles could be applied thus:

Do the least amount of harm – balance the harm of sharing confidential information with the harm of the client suffering a life-changing or life-ending Covid-19 infection

Strive to do good – acting to protect the health of the client and others they may come into contact with, and protecting public health v keeping the clients information confidential

Act justly and fairly – it would be unfair to others in the population including other d/Deaf people the client is in contact with to miss the chance to stop the infection spreading

Registrants may balance other ethical considerations into the above, also, such as undermining the client relationship. This could be mitigated by prior consent and/or notification.

Appendix C - Consent form NHS Test and Trace

The NHS Test and Trace service:

- ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus

If you test positive for coronavirus, the NHS test and trace service will send you a text or email alert or call you with instructions of how to share details of people with whom you have had close, recent contact and places you have visited.

It is important that you respond as soon as possible so that we can give appropriate advice to those who need it. You will be told to do this online via a secure website or you will be called by one of our contract tracers (NHS, 2020)

I, _____ (name) hereby confirm that I am happy for the interpreter/translator to share my details (name, contact number/email, location of booking) with NHS Test and Trace, if they are contacted.

I understand that this might also happen without my consent, by other authorities such as a healthcare provider or local authority, and that only the necessary, minimal amount of information will be shared. This is done to ensure the safety and prevent harm from anyone involved in the booking.

_____ (signature) _____ (date)