



GUIDE FOR HEALTHCARE WORKERS SERVING INDIVIDUALS WHO ARE BLIND, VISUALLY IMPAIRED OR DEAF-BLIND

1 ASK THE PATIENT WHAT METHODS OF COMMUNICATIONS THEY PREFER

To access written or audible communications, the patient may require braille, large print, a smartphone, white board, information read to them aloud by another individual and/or interpreter using ASL or Print-On-Palm techniques (with proper protective equipment).

2 IDENTIFY YOURSELF TO THE PATIENT

When entering the presence of a patient who is blind or visually impaired, identify yourself by name and your role at the health care facility and tell them when you are leaving.

3 SPEAK TO THE PATIENT DIRECTLY

Communicate directly to the patient using their preferred method. Ask the patient how you can assist them and allow the patient to independently provide information that will facilitate meeting their health care and other needs when possible.

4 USE VERBAL RESPONSES

Avoid nods and headshakes.

5 ORIENT THE INDIVIDUAL TO THEIR SURROUNDINGS

Using their bed as a reference, orient the patient the bathroom, door to the hallway, phone and call button and verbally describe it from the patient's vantage point. When walking with a person in the hallway, refer to points of orientation and use directional terms (examples: "left", "right", "straight ahead 10 ft.", etc.), again from the person's vantage point.

6 ASK FOR PERMISSION

Before touching, manipulating or treating the patient, ask if it is okay to do so and explain what you will be doing.

7 NEVER MOVE ITEMS AROUND WITHOUT FIRST INFORMING THE INDIVIDUAL

Persons who are visually impaired rely on memory and organization for maintaining their personal areas and knowing where things are located.



8

BE DESCRIPTIVE

At mealtime, let the patient know what they are being served and where the items are on the tray and plate using the clock system. (Example: “Your milk is at one o’clock.”)

9

NOT ALL VISION LOSS IS THE SAME

Many people who are visually impaired may still have some usable vision, and what each person can see may be very different. An individual may be able to see out of a very limited area of an eye or may be able to distinguish the difference between light and dark. There are many variables such as light, contrast, glare or even positioning that can either enhance or hinder a person’s use of their remaining vision.

10

FAMILIARIZE YOURSELF WITH THE AMERICANS WITH DISABILITIES ACT (ADA) THAT PROTECTS PEOPLE WITH DISABILITIES FROM DISCRIMINATION

ADA mandates health care facilities to provide communication access to patients.



ADDITIONAL TIPS FOR STAFF WORKING WITH DEAF-BLIND PATIENTS

- **HOSPITALS MUST PROVIDE SERVICES THAT FACILITATE EFFECTIVE COMMUNICATION FOR DEAF-BLIND PATIENTS**

This might include in-person sign language interpreters, video remote interpreting, lip-reading, verbal communication (with patient utilizing hearing aids and/or assistive listening devices), large print written communication, captioning, or speech-to-text.



- **PATIENTS MAY COME TO THE HOSPITAL PREPARED WITH PRELOADED COMMUNICATION APPLICATIONS ON THEIR SMARTPHONES OR OTHER DEVICES**

It is recommended that medical facilities also have communication devices with preloaded communication applications if possible. In addition, the Division of Deaf and Hard of Hearing developed a communication card that you can download online.

<https://www.nj.gov/humanservices/ddhh/assets/documents/DDHH%20CVcard-WEB-ENG.pdf>



- **IF POSSIBLE, HOSPITALS SHOULD PLACE DEAF-BLIND PATIENTS IN AREAS WITH ACCESSIBLE WI-FI AS THESE COMMUNICATION DEVICES DEPEND ON INTERNET CONNECTIVITY**

Facilities should also consider providing cellular hotspots or other means of connecting applications to the internet in the event that Wi-Fi connectivity may be limited.



- **HOSPITALS SHOULD ALSO USE WHITEBOARDS OR YELLOW PADS AND MARKERS TO FACILITATE BASIC COMMUNICATION**

Some deaf-blind patients may not be users of smart phones or other communications technology and may rely on these types of tools to communicate.

