

POLICY



Title: Non-discrimination
Department: Admin
Effective Date: 07/01/2012

I. **SCOPE:** Organization-wide.

II. **PURPOSE:** The purpose of this policy is to increase the patient or visitors self-reliance to the extent possible. Effective communication with the patient and others significantly involved in the care is essential to achieving that goal.

Summit Pacific Medical Center (SPMC), in compliance with the Americans with Disabilities Act, does not discriminate on the basis of race, color, national origin, handicap, or age in admission or access to, or treatment or employment in its programs or activities. The District shall not discriminate against any patient for any reason whatsoever, including race, religion, sex, ethnic background, handicap, disability, or political persuasion.

III. **POLICY:**

All persons who are in need of services due to being sensory impaired or language barriers shall be given equal access to services rendered by the District. The District's Intent is to render services which are culturally sensitive and which recognize individual differences.

A Notice of Non-Discrimination (Attached) will be posed at the registration area of the Emergency Room Registration Desk Identifying the contact for discrimination complaints as the Human Resources Manager and will provide specific contact information.

Every effort will be made to effectively communicate with patients including the use of interpreters and/or special devices which will be provided at no additional cost to the patients requiring these services. The use of interpreter and/or special devices will be included in plan of care as necessary to carrying out the plan.

Limited English Speaking Persons

It is the policy of the District to provide access to translation services to patients needing such assistance.

If a translator is needed, staff is to inquire whether a competent family member or personal representative with a good understanding of the English Language can accompany the patient. If this is not a possible or reasonable option (including issues of patient confidentiality), staff will obtain services from a bilingual staff member if available

- Paratransit 1-800-846-5438. This service is only available for the Medicaid eligible patient and with advance notice of 24-48 hours.

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- If the patient has any other type of funding or lack of funding contact the interpreter line at 1-800-514-9237. Access Code #5650. Phones are located at Elma Family Medicine and at the Mark Reed Hospital Emergency Room.

Visually Impaired Persons

Visually impaired persons seeking care will be provided with private assistance from a staff member who will verbally explain the services offered and practice policies. The patient will be given printed materials with assistance from a staff member. Patients will be encouraged to contact the hospital if they need any further clarification or assistance in understanding the services offered or practice policies. Staff members will assist these patients with completion of any forms. This assistance will be provided in a manner that insures the patient's privacy, such as completion of forms in an exam room, instead of in the public waiting area.

Hearing Impaired Persons

When services are delivered to patients or visitors, whether by District employees, or through contracted vendors, the hospital shall ensure that, at no cost to them, the services of Registry of Interpreters for the Deaf (RID) or National Association of the Deaf (NAD) Certified Sign Language Interpreter are provided when interpreter services are requested by a person who is deaf, deaf/blind, or hard of hearing.

District employees shall secure the services of a Certified Interpreter when available. If a Certified Interpreter is not available, hospital staff may explore and use other resources, such as paper, pencil, pictures, etc.

District staff shall:

1. Ask the patient what method of communication is preferred. (ASL, English-based signs, oral or tactile interpreting, large print, etc.)
2. Ensure that the preferred method of communication for all patients is identified and recorded in a manner that can be tracked.
3. Develop and implement policies and procedures on how interpreter services will be provided.
4. Patient can follow regular grievance procedures if they have a concern.
5. Inform the patient there is no cost to them for the services.

IV. DEFINITIONS:

American Sign Language (ASL) - the native language of the deaf community in the United States. ASL is a visual - gesture language with vocabulary and grammar which is different from English.

Auxiliary Aid - a device or person that assists the deaf, hard of hearing or deaf/blind individual with communication. These include but are not limited to telecommunication devices for the deaf (TDD), visual or tactile signaling devices; other listening devices, interpreters or note takers.

Certified Interpreter- a qualified sign language/oral interpreter who has demonstrated an advanced level of expressive and receptive skills.

Deaf- a term used to describe an audiological impairment resulting in a profound or complete hearing loss.

1. Deaf is a term used to describe a person who uses ASL as the primary language and is immersed in deaf culture and the community.
2. Deaf/blind is a term used to describe a person who is either hard of hearing or deaf and also has a vision impairment or is blind.
3. Hard of hearing loss who communicates through auditory means with or without amplification.

Interpreting- a demonstrated ability to expressively and receptively interpret between sign language and a verbal/written language such as English, Spanish, etc.

National Association of the Deaf (NAO) - a national association whose members are deaf and for hard of hearing. (www.NAD.org)

Registry of Interpreters for the Deaf (RID) - a national association whose members are sign language for all interpreters. (www.RID.org)

Sign Language - a way of visually communicating thoughts, ideas, and feelings through manual signs and gestures with specifically defined vocabulary and grammar.

