



April 7, 2020

THE NATIONAL BOARD OF CERTIFICATION FOR MEDICAL INTERPRETERS (NBCMI) COVID-19 STATEMENT

The current global crisis affects us all, particularly those actively engaged in battling this pandemic in our hospitals and other care facilities. Doctors, nurses, first responders, hospital staff and many more in similar roles are our most crucial assets in the fight against COVID-19.

It was brought to our attention that some medical interpreters who continue to work on-site in hospitals during these uneasy times have been denied masks or other personal protective equipment (PPE), which are absolutely vital for the prevention of infection. Not only does this put our interpreters in danger of being infected by the virus, but it also increases the risk that they may inadvertently spread the virus to others.

The world has changed suddenly, quickly, and drastically – no one would claim that there has been enough time to rebuild our entire system and adapt to the expanding needs of healthcare workers and hospital facilities.

Doctors and nurses are on the front lines, and providing them with PPE is a top priority. However, on-site medical interpreters also interact with patients directly. This close proximity to COVID-19 victims potentially compromises the health of the interpreters and anyone around them.

We fully recognize that resources are scarce right now. Healthcare administrators are working tirelessly to protect personnel and provide patients with the care they need, all while keeping abreast of CDC guidelines. Healthcare workers need to be patient as every day more comprehensive and precautionary measures are taken. In the meantime, if PPE cannot be provided to medical interpreters, then **interpretation services must be provided remotely**. The majority of hospitals have already switched to remote interpretation, and this system has proven to be safe and efficient. Interpreters may continue to work as VRI or OPI, or from dedicated call centers. As our healthcare system is rapidly adopting *telemedicine* practices, so can our interpreters be transitioned to fully remote operations.

Transitioning to all remote services may seem like a daunting task that requires more time and resources; but now, more than ever, the key to providing continued interpreting services lies in the creation of a task force of technicians and advisers that can develop and implement effective systems and train interpreters in their use.

In summary:

1. All healthcare personnel must follow guidelines provided by the CDC in Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19).
2. Because PPE resources are strained, the CDC's Strategies to Optimize the Supply of PPE and Equipment are stretched to their limits. We all need to be patient while healthcare administrators continue to seek and incorporate solutions.
3. Interpreters can work just as effectively using remote interpretation systems.
4. Without reliable access to PPE, remote interpretation is the only reasonable option to protect lives and help prevent the infection from spreading.

We urge the medical interpretation community to take every appropriate measure to keep us all safe, healthy, and ready to continue our work. And we express our deepest gratitude to all the medical interpreters who continue to serve our community in this time of uncertainty.