Guidelines & Best Practices for Accessibility at Michigan Vaccination Sites

Examining the overlap of identity (e.g., race, ethnicity, disability) and implementing an equitable and necessary foundation in vaccine distribution are essential in reducing disproportionate COVID-19 cases and deaths. The following guidance on accessibility aims to attain equity by providing tailored strategies for the intended population, in this case: individuals with disabilities. When such targeted universal design is implemented, society benefits. The following is a list of protocols and best practices vaccination sites should adopt to ensure accessibility for individuals with disabilities.

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Proposed Protocols to Increase Accessibility at Vaccination Sites: Guidelines for Vaccination Site Administrators, Staff, and Volunteers

- Add an accessibility filter to the state COVID-19 vaccination site finder to inform readers about the level of accessibility found at each site (e.g., wheelchair user access, flat terrain, signage in large print, communication in American Sign Language (ASL), interpreters on site, etc.).
- Collect, analyze and report COVID-19 cases and deaths with disaggregated data on disability.
- Standardize foundational cultural and linguistic competency training for medical staff and volunteers serving people who are Deaf, Deafblind, and Hard of Hearing (DDBHH), have sensory and touch differences, or other disabilities.
- Complete an accessibility evaluation of all sites. Use results to guide possible accessibility modifications.
- Require linguistic competence around spoken language access, American Sign Language (ASL) qualified interpreting, ASL captioned videos, public service announcements, and FAQs communication for the DDBHH, availability and use of clear masks (or those that allow for visibility of the mouth) or face shields at vaccination sites on request for people who are Deaf, Deafblind, and Hard of Hearing and where the ability to see the mouth is essential to communication.
- Implement the use of plain language through easy comprehension tools like videos, visual, handouts and infographics (social stories) that follow accessibility requirements outlined in Section 508 of the Americans with Disabilities Act (ADA).
- Promote expanded vaccination criteria so that caretakers, support service providers, aides, drivers, etc., may be vaccinated when accompanying an individual to the vaccination site.
- Consider social determinants of health in vaccination strategy. Link people to other resources.
- Establish a scheduling system for people using paratransit or dial-a-ride services to make necessary transportation arrangements to vaccination site and back home. Inform individuals about appointment duration – transportation services will ask for this information. Transportation is a major concern for people with disabilities.
- Allocate funding for accessibility.
- Promote vaccination site locations to be near public transit so they are accessible to many people who cannot drive or do not own a car. Many individuals with disabilities rely on public transportation.
- Promote the use of 211 to schedule vaccine appointments for people who do not have access or otherwise have difficulty navigating the vaccine website.

Accommodations

The Americans with Disabilities Act (ADA) requires physical infrastructure and organizational services are accessible for people with disabilities.

Accommodation Requests

- Explicitly communicate physical accessibility available at vaccination sites.
- Standardize accommodation requests as part of vaccination site intake processes by phone, email, and onsite.
- Promote the use of an appointment system so individuals can request accommodations when scheduling an appointment and at the point of registration. This will also permit individuals to make other arrangements around transportation, caregiving, etc.
- Ensure the registration website or platform is accessible (e.g., simple language, no flashes or quickly changing images, extra time without being booted out of the webpage).
- Promote accepting walk-ins as a barrier reduction strategy for individuals who do not have access to a phone line, adequate technology or internet.
- If online appointment scheduling is available, ensure the website is accessible.
- Offer multiple forms of dissemination of vaccine information (e.g., phone, voice to text platforms, infographics).
- Provide clear face shields with drapes for individuals who cannot wear face masks due to a disability.
- Aim for proactive engagement to find and address the needs of people who want to be vaccinated, especially people who may have trouble leaving their homes to come to the vaccination site.

Outdoors

- Add signage at physical sites to denote level of ADA accessibility at each vaccination site. Signage should also display mask wearing requirement.
- Ensure accessible and clearly marked parking.
- Provide an accessible path of travel from parking lot into building, free from stairs or rough terrain, wide enough to accommodate a wheelchair and without obstructions. For reference, ADA Standards (2010) require a 36-inch wide accessible path of travel.
- If there are multiple entrances, have clear signage indicating which entrance is accessible.
- Directional or informational signage should be in large font with bold contrasting colors.
- If ASL interpreters are onsite, a prominent sign with the ASL logo is helpful.

Indoors

- Add signage to display mask wearing requirement as well as hand washing or disinfectant stations.
- Entrance must be stair-free and wide enough to accommodate a wheelchair.
- Automatic door buttons are ideal.
- Door handles that can be operated with a closed fist are accessible to the most people. If door handles are not accessible, leave doors wide open.
- Path of travel inside the building should be wide enough to accommodate a wheelchair and must not have steps or obstacles.
- Bathrooms should be accessible, with at least one stall wide enough for a wheelchair and with a door that swings out to open, rather than in (so it can close once the wheelchair enters). Grab bars are also essential, as is being able to reach the sink, soap, paper towels or dryers.
- Create clear and visible priority lines for people with disabilities, pregnant persons, and the elderly to reduce time standing in line and around others. An alternative is to provide space and opportunities to rest while in line.
- Some individuals may need to lie down, so consider setting up an area at the site with recliners or portable beds.
- Train staff working onsite with basic ASL signs to communicate with individuals who identify as deaf, deafblind, or hard of hearing.
- Set up a private space to make accommodation requests, read instructions for people who need it, space to move around within the vaccination site and to await transportation or a caregiver.
- Ensure there are chargers for power chairs and other devices.
- Use fragrance-free cleaning supplies and prohibit staff from wearing scented products. It can be a physical access barrier for people with health conditions (e.g., basilar migraine, asthma, mast cell disorders) in which fragrance exposure may result in a medical emergency (e.g., stroke, anaphylaxis).
- If restrooms are open to the public, there must be a wheelchair accessible restroom available.

Community Empowerment

- Involve the disability community in decision-making, planning and implementation from the beginning.
- Use communication brokers within the intended populations' network to validate and promote the neighborhood vaccination site. Trust is built when the voice promoting the site is respected, such as an individual with disabilities or those who have extensive experience with individuals with disabilities (caregivers, seasoned clinicians, advocates, etc.).
- Provide information on what happens before, during and after vaccination, so individuals can make informed decisions and self-advocate more effectively.

Effective Communication (Linguistic Competence)

The American with Disabilities Act (ADA) requires that Title II entities (state and local governments) and Title III entities (businesses and nonprofit organizations that serve the public) communicate effectively with people who have communication disabilities. The rules apply to communicating with the person who is receiving the covered entity's goods or services as well as with that person's parent, spouse, or companion in appropriate circumstances.

Normalize Terminology

- Careless use of population-based terminology - like handicapped, deficient, crippled, crazy, special, stricken, etc., is dehumanizing and can deter vaccination.
- Promote education on culturally competent language and person first language – such as a person with a disability, a person with an atypical brain, an individual with an amputation, etc.
- Put people first, not their condition. People may have a disability, but they are not the disability. When in doubt, kindly ask people about their preferences.
- Explain medical terms and procedures before, during and after vaccination.

Use Plain Language

- Use plain language tools like handouts, videos, visuals and infographics with key information. Straightforward plain language is accessible to more people.
- Ensure you have large print versions of key documents available; in general, do not use less than size 12-point font (16-18 is considered large print), use bold contrasting colors; if possible, have key documents in braille (though electronic documentation can also be sent to patients who are blind and have computer access and a screen reader).

Communication Process

- Communicate clear information about what will happen before, during and after vaccination. Make sure site staff and individuals being served know what will happen. Include caregivers, aides, support persons and/or family members. Clear information and instructions of what to expect will help thoroughly prepare the individual to have a successful vaccination experience.
- Provide information to ensure safety measures are explained – some families do not have access to media or are very busy providing care and may not be aware of standard precautions.
- Communicate effectively cross-culturally.

People who are Blind or Have Low Vision

- State your name and role clearly. Repeat this introduction if there are multiple personnel involved so that the community member being vaccinated can identify who is talking to them.
- Verbally describe each step of the procedure, using specific directional words like "left" and "right," etc., instead of "here" and "there."
- Provide written materials in high-contrast large print, Unified English braille, and as text-only files that can be emailed to the person.
- If written materials are laminated or plastic, use low-glare coating whenever possible.
- Provide adequate, dimmable, directional lighting for all items that require close-up reading.
- Offer to read documents aloud to the person.
- Offer to handwrite for the person to fill out a form, etc.
- To mark a signature area, use a plastic signature guide (which can be disinfected).
- Establish additional protection and sanitation protocols for individuals who must touch and rely on things like tactile signing and are unable to observe the recommended guideline to keep six feet of distance.
- Additionally, people with learning disabilities may need a reader to assist with paperwork and people with learning or motor disabilities may need a scribe.

Deaf, Deafblind, and Hard of Hearing

- Use the Vaccine Communication Tool for Individuals who are Deaf, Deafblind, or Hard or Hearing to facilitate communication at vaccination sites. (Page 16)
    - See Attachment A for a Pre-Vaccination checklist adapted to facilitate communication.
- People who are Deaf, Deafblind, and Hard of Hearing, and those who care for or interact with a person who is hard of hearing, rely on facial expressions, lip reading, and/or sign language for communication. When communicating, make sure to face the individual and that your mouth is not blocked by any object (including hands, gum and food).
- Provide clear face covering/mask to prevent spread of coronavirus and to provide a means of clear communication. If a clear mask is not available, provide ASL interpreters and/or written forms of communication (e.g., whiteboards, paper and pen, texting, speech to text apps). The goal is to eliminate any communication barrier and to create a more welcoming environment that can typically be intimidating.
- Vaccination sites must have equipment (protective barriers like clear masks or face shields) as well as appropriate use procedures to serve deaf, deafblind, and hard of hearing populations who may have difficulty communicating without the ability to read lips. Michigan certified sign language interpreters

must be provided upon request and Personal Protective Equipment (PPE) should be provided for the interpreter for in-person assignments.

- Some individuals may prefer and/or need an in-person interpreter. Parameters for safe practices must be developed in this case.
- If ASL is a possibility, make sure to put the ASL symbol on your website and other materials. Not knowing if ASL interpreting is available may discourage some from seeking vaccination.
- If ASL interpreters cannot be on site, video remote interpreting (VRI) should always be available. However, VRI cannot be used with individuals who are deafblind or have low vision.
- All of the following specific VRI performance standards must be met:
    - Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication
    - Sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position
    - Clear, audible transmission of voice
    - Adequate staff training to ensure quick set-up and proper operation
    - Necessary technology devices for VRI, including iPad/tablets, laptop, or computers

Cultural Competency

Standardize Disability Etiquette

- It is okay to ask a person with a disability if they need assistance. If accepted, ask what kind of help they need. Remember that, by and large, people with disabilities know what they need and are capable of doing many things better than anyone can provide.
- Ask for permission before you touch a wheelchair, walker, dog, communication device or anything else a person may use.
- Talk to people at eye level, including those using a wheelchair, you can sit down next to them, so they don't have to strain their neck. Remember the wheelchair is part of the person's personal space.
- When talking with someone who has speech differences, make sure you understand what they are saying. It's better to ask them to repeat themselves than to risk miscommunication. Whatever you do, never pretend to understand. Be patient. If necessary, use another method of communication such as paper and pen.
- Talk directly to the individual instead of to their caregiver, interpreter or support service providers.

Cultural Competency Principles

- Treat everyone with respect.
- Work to improve attitudes and reduce biases about the individuals being served. For instance: do not assume people with disabilities are incapable or incompetent; do not assume they wish they did not have a disability.
- Establish a defined set of cultural competency values and principles, and demonstrate behaviors, attitudes, policies and structures that enable staff to work effectively cross-culturally.
- Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals, children, families, organizations, and communities served.
- Increase cultural knowledge about the populations served.
- Understand a population's traditional health beliefs, values, and practices and changes that occur through acculturation.

Sensory and Touch Diversity

Some individuals, like people who are neurodiverse, may experience sensory and touch issues that can escalate and be perceived as threatening. The injection of the vaccine can prompt an overwhelmingly unpleasant and unwelcome sensation. Similarly, fragrance and fluorescent lighting can contribute to sensory overload.

- Provide training on how to work in ways that acknowledge and support different sensory and touch needs.
- Care coordination with those who support the individual may be needed. Ensure that the individual being vaccinated is aware they can be accompanied by someone trusted, including: a family member, community navigator, aide, regular caretakers and/or through patient care coordinators.

Further Considerations

Waiting and Observation Periods

- Ensure it is clearly communicated that there may be a waiting period prior to receiving the vaccine. Have benches, chairs, and wheelchairs available for individuals who are not able to stand for extended periods of time.
- Clearly communicate there is an observation period post-vaccine from fifteen minutes up to an hour. Similarly, have benches, chairs, and wheelchairs available for those who are not able to stand for extended periods of time.
- If the facility permits, have available a quiet, private area for individuals with disabilities that make busy and bustling areas stressful and uncomfortable.
- Please note that people who come to the site with a support person can be accompanied by that support person throughout the vaccination process.

Second Dose Appointments

To ease the registration process, consider setting up automatic appointments with the appropriate interval between doses for the second dose of vaccines requiring a two-dose series (e.g., Pfizer and Moderna).

- Example: Jane Doe has the first of the Pfizer vaccine on March 15, 2021 at 2:00 PM. The registration system automatically confirms Jane's appointment for the second dose 21 days later on April 5, 2021 at 2:00 PM.
- If the individual is unable to attend their appointment for the second dose, they should have an option to be able to edit the appointment using a link or a portal provided in the confirmation email.
- For individuals who may benefit from assistance editing the second dose appointment date and time, consider designating staff at the registration desk during the first dose to assist and/or provide a phone number for assistance.
- If needed, allow for scheduling accommodations for the second dose appointment (e.g., onsite ASL interpreters, deafblind interpreters, language interpreters).

Disability Questions

Data-Related Questions

Disability is evaluated through function, not just diagnosis. During registration, consider using function-related questions to define disability. Centers for Disease Prevention and Control (CDC) defines disability using the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS questions allow for analysis between the number of individuals vaccinated with disability versus the number of individuals in the state with disability. It is important to collect this data to draw meaningful comparisons and conclusions about where the access and functional needs are both within and across jurisdictions. Consider collaborating with your jurisdiction's epidemiology department for further guidance on collecting disability-related data.

For data-related purposes, use the following BRFSS questions provided by the CDC to inquire individuals regarding their disability status:

1. Are you deaf, hard of hearing, or do you have serious difficulty hearing?
2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
4. Do you have serious difficulty walking or climbing stairs?
5. Do you have difficulty dressing or bathing?
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Accommodations-Related Questions

If individuals indicate they need accommodations during their appointment, consider using the following questions to ensure the access and functional needs are being met.

1. Will you be accompanied by a support staff?
2. Will you need assistance with mobility (e.g., wheelchair)?
3. Will you need an ASL interpreter?
4. Will you need a language interpreter?
    a. If "Yes", provide a list of languages offering language interpretation.
        - (See Attachment B: Interpreter Card for the most commonly requested languages for interpretation in Michigan.)

Vaccination Site Checklist

General Etiquette

- ❑ Ask before offering help. Never make assumptions about a person's ability.
- ❑ Do not touch assistive equipment. Treat it like an extension of the owner's body. This includes services animals.
- ❑ Do not ask personal questions unless invited to do so, and do not ask someone to disclose information about their health that they are not voluntarily offering.
- ❑ Generally, use person-first language (e.g., person/individual with disability vs. the disabled). Avoid derogatory terms (e.g., handicapped, crippled, special needs). However, be mindful that people may prefer identity-first language (e.g., disabled person). Each individual's language preferences should be respected.
- ❑ Allow individuals ample amount of time to ensure everything is fully communicated.
- ❑ Ensure appropriate accommodations are offered to those that may need them, including individuals with physical, developmental or intellectual disabilities, chronic conditions, limited English proficiency.
- ❑ All accommodations should be met as much as possible. Consider initiating contact with the individual requesting them ahead of time to ensure what is planned for the accommodation to meet their needs.
- ❑ Do not assume someone has a disability. Individuals may or may not self-identify.
- ❑ Individuals are not required to disclose their disability or health condition when requesting an accommodation. Not all disabilities are visible, so no assumptions should be made about whether a person has a disability.
- ❑ If a person is accompanied by a support staff, address the individual and not the staff.

Signage Recommendations

- ❑ All signs with directional instructions should also have arrows.
- ❑ When at all possible, signs should include common and easily recognized symbols or graphics (e.g., restrooms, exits, parking).
- ❑ All signs should use sans serif, large, clear font.
    - o Avoid italics, except to emphasize single words or phrases.
- ❑ Dark font on light background is best. If using white font, the background should be dark – black or navy blue.
- ❑ Avoid using green/red or purple/blue combinations, as those are common types of colorblindness.
- ❑ Color should never be the only means of conveying information.

Service and Emotional Support Animals

- ❑ Legally, service animals should be allowed in all areas that their handlers are.
- ❑ Handlers should never be separated from their services animals unless absolutely necessary.
- ❑ Individuals with service animals are not required to provide any documentation indicating that the animal is a service animal.
- ❑ The ADA service animal protections apply to both service dogs and service miniature horses.
- ❑ No one should touch or interact with service animals while they are working.
- ❑ Service animals are not required to wear a vest, and service dogs can be any size or breed.
- ❑ There are only two questions they are legally allowed to ask under the ADA:
    1. Is the service animal trained to perform a task for the person with a disability?
    2. What is the task that the service animal is trained to perform?

Language Interpretation

- ❑ Provide interpreter services for individuals who do not speak English.
- ❑ Provide interpreter services for those who are deaf or hard of hearing.
- ❑ Plan ahead for ASL interpretation, as this may not be a service that is easily arranged last minute.
- ❑ Provide a dry erase board for interactive conversations.
- ❑ Ensure staff have access to pictures/photos of vaccine procedures using visual cues to further explain or address any questions and/or concerns (e.g., at registration, with the vaccine administrator, distributed beforehand).
- ❑ If possible, provide clear face masks or face shields to staff for communicating with individuals who may benefit from reading lips.

Registration Assistance

- ❑ Any electronic forms should be ADA compliant and accessible for those using assistive technology.
- ❑ If forms will be filled out on site, there should be staff available to help those who need assistance.
- ❑ Give clear written and verbal instructions with step-by-step procedures (e.g., visuals, pictures, photos). Consider having Picture Exchange Communication System (PECS) available to aid communication.

Mobility Assistance

- ❑ For individuals who are unable to stand for long periods of time, clearly communicate upfront about how long individuals will need to stand while waiting. If there will not be chairs or benches available in the line, offer the use of a wheelchair.
- ❑ People who are blind or have low vision may need assistance from sighted guides. Furthermore, it is likely that a person who is blind or has low vision who needs a guide may bring a guide with them. However, it is best practice to have a few designated staff at the ready in case this need arises. Ask the individual how they prefer to be guided (i.e., hand on elbow).
- ❑ An accessible portable restroom must be available, if facility restrooms are closed.
- ❑ Provide portable ramps if the facility is inaccessible for individuals who use wheelchairs or need assistance with mobility.
- ❑ Have a comprehensive plan for parking, including spaces that have minimal distance to vaccination site.

Note for Vaccine Providers: If possible, please request individuals to fill this out prior to arriving for their appointment.

SAMPLE: Vaccine Communication Tool for Individuals who are Deaf, DeafBlind, or Hard of Hearing

Name: _____ Date of Birth: _____

Emergency Contact's Name: _____

Emergency Contact's Phone Number: _____

Hello, I am using this tool to communicate about the vaccine. I may benefit from further assistance from an American Sign Language (ASL) interpreter or captioning.

Please select Yes, No, or I don't know to the following questions.

Do you have an appointment today?

- ❑ Yes
- ❑ No
- ❑ I don't know

Are you feeling sick today?

- ❑ Yes
- ❑ No
- ❑ I don't know

If you are feeling sick today, what are some symptoms you are experiencing?

- ❑ Fever or chills
- ❑ Cough
- ❑ Shortness of breath or difficulty breathing
- ❑ Fatigue
- ❑ Muscle or body aches
- ❑ Headache
- ❑ New loss of taste or smell
- ❑ Sore throat
- ❑ Congestion or runny nose
- ❑ Nausea or vomiting
- ❑ Diarrhea

Note for Vaccine Providers: If possible, please request individuals to fill this out prior to arriving for their appointment.

Do you have any severe allergies?

- ❑ Yes
- ❑ No
- ❑ I don't know

Is this your first dose of the COVID-19 vaccine?

- ❑ Yes
- ❑ No
- ❑ I don't know

If this is not your first dose of the COVID-19 vaccine, which was your first dose?

- ❑ Pfizer
- ❑ Moderna
- ❑ Johnson & Johnson (Note: The Johnson & Johnson vaccine is only one dose.)

Have you received any other vaccines in the past 14 days?

- ❑ Yes
- ❑ No
- ❑ I don't know

Have you tested positive for COVID-19 before?

- ❑ Yes
- ❑ No
- ❑ I don't know

Have you received antibody therapy for COVID-19?

- ❑ Yes
- ❑ No
- ❑ I don't know

Do you have HIV, cancer, or take immunosuppressant drugs?

- ❑ Yes
- ❑ No
- ❑ I don't know

Do you have bleeding disorder or take blood thinners?

- ❑ Yes
- ❑ No
- ❑ I don't know

Are you pregnant or breastfeeding?

- ❑ Yes
- ❑ No
- ❑ I don't know

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Mental Health Association in Michigan
Brain Injury Association of Michigan
Protect Michigan Commission

PRE-VACCINATION CHECKLIST FOR COVID-19 VACCINES

Interpreter services are free. Please request or circle the services you need:

I am deaf or hard of hearing

I am using this card to communicate

I need a certified sign language interpreter

I need captioning

Patient Name: _____ **Date of Birth:** _____

YES	NO	DON'T KNOW	CIRCLE ONE:

Have an appointment?

Sick today?

Already got a dose of the COVID-19 vaccine?

Pfizer moderna Johnson & Johnson Other

Severe allergy to:

Food? Pets? Medicine? Shots? Need EpiPen? Other?

Receive any other vaccine in last 14 days?

COVID-19 positive before?

Receive antibody therapy for COVID-19?

Have HIV, cancer or take immunosuppressant drugs?

Have bleeding disorder or take blood thinners?

Pregnant or breastfeeding?

INTERPRETER CARD

BROMBERG & ASSOCIATES
A LANGUAGE AND TECHNOLOGY SOLUTIONS COMPANY

Interpreters are available at no cost to you.
Please point to your language and we will connect you to an interpreter.

Albanian - Shqip

Përkthyesit janë në dispozicion për ju falas.

Ju lutemi, zgjidheni gjuhën tuaj dhe ne do t'ju lidhim me një përkthyes

Amharic - አማርኛ

አስተርጓሚዎች ያለ ምንም ክፍያ ይቀርቡልዎታል።

እባክዎን የእርስዎን ቋንቋ ይጠቁሙ እና ከአስተርጓሚ ጋር እናገናኝዎታለን

Arabic - عربي

المترجمون الفوريون متوفرون لك مجانًا.

يرجى الإشارة إلى لغتك، ونحن سوف نوصلك بمترجم

Bengali - বাংলা

আপনি কোনো খরচ ছাড়াই দোভাষী সুবিধা পাবেন।

অনুগ্রহ করে আপনার ভাষা নির্দেশ করুন এবং আমরা আপনাকে একজন দোভাষীর সাথে সংযোগ করে দিব

Bosnian - Bosanski

Tumači (usmeni prevodioci) su vam dostupni bez ikakvih troškova.

Molimo vas da pokažete na svoj jezik i mi ćemo vas povezati s tumačem

Burmese - ဗမာ

ကုန်ကျစရိတ်အခမဲ့ဖြင့် သင့်အတွက် စကားပြန်များရရှိနိုင်ပါသည်။

ကျေးဇူးပြု၍ သင့်ဘာသာစကားကို ရွေးပေးပါ။ ကျွန်ုပ်တို့မှ

စကားပြန်တစ်ယောက်နှင့် ချိတ်ဆက်ပေးပါမည်။

Croatian - Hrvatski

Tumači su vam dostupni bez naknade.

Molimo pokažite na svoj jezik i spojit ćemo vas s tumačem

French - Français

Des interprètes sont mis gratuitement à votre disposition.

Veuillez indiquer votre langue et nous vous mettrons en relation avec un interprète.

Gujarati - ગુજરાતી

દુભાષિયા તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે.

કૃપા કરી તમારી ભાષા સૂચવો અને અમે તમારો સંપર્ક એક દુભાષિયા સાથે કરાવીશું

Hindi - हिंदी

दुभाषिए आपके लिए बिना किसी कीमत पर उपलब्ध हैं।

कृपया अपनी भाषा की ओर इशारा करें और हम आपको दुभाषिया से जोड़ेंगे

Hmong - Hmoob

Muaj cov kws pab txhais lus rau koj yam tsis tau them nqi li.

Thov xaiv rau koj hom lus thiab peb mam txuas koj mus rau ib tug kws pab txhais lus

Japanese - 日本語

無料で通訳をご利用いただけます。

言語を指定していただければ適切な通訳にお繋ぎいたします。

Kinyarwanda

Abasemuzi baraboneka kandi nta kiguzi utanze.

Garagaza ururimi rwawe maze tuguhuze n'umusemuzi

Macedonian - македонски

Бесплатно Ви се достапни толкувачи.

Изберете го јазикот и ќе Ве поврземе со толкувач

Polish - Język Polski

Tłumacze są dostępni bezpłatnie.

Wskaż swój język, a połączymy Cię z tłumaczem

Punjabi - ਪੰਜਾਬੀ

ਦੁਭਾਸ਼ੀਏ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ.

ਕਰਿਪਾ ਕਰਕੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ ਅਤੇ ਅਸੀ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਜੋੜਾਂਗੇ

Russian - Русский

Услуги переводчика предоставляются бесплатно.

Выберите язык из списка, и мы соединим вас с переводчиком

Serbian - Српски

Усмени преводиоци су доступни без накнаде.

Молимо вас да одаберете језик и повезаћемо вас са преводиоцем.

Simplified Chinese - 中文

可向您免费提供口译服务。

请指出您所用语言，我们将为您提供口译服务

Somali - Soomaali

Tarjumaan ayaa la heli karaa bilaash ah.

Fadlan ishaar luuqadaada waxaana kugu xariirin doonnaa tarjumaan

Spanish - Español

Hay intérpretes disponibles para usted a ningún costo.

Por favor, señale su idioma y lo pondremos en contacto con un intérprete

Swahili - Kiswahili

Wakalimani wanapatikana bila malipo kwako.

Tafadhali onyesha lugha yako na tuta kuunganisha na mkalimani

Traditional Chinese - 中文

可向您免費提供口譯服務。

請指出您所用語言，我們將爲您提供口譯服務

Ukrainian - Українська

Перекладачі надаються безкоштовно.

Будь ласка, вкажіть вашу мову, і ми з'єднаємо вас з перекладачем.

Urdu - اردو

آپ کیلئے ترجمان بلا معاوضہ دستیاب ہیں۔

براہِ مہربانی اپنی زبان پر کلک کریں اور ہم آپ کو ایک مترجم کے ساتھ کنیکٹ کر دیں گے

Vietnamese - Tiếng Việt

Thông dịch viên có sẵn miễn phí cho bạn.

Vui lòng đánh dấu ngôn ngữ của bạn và chúng tôi sẽ kết nối bạn với thông dịch viên

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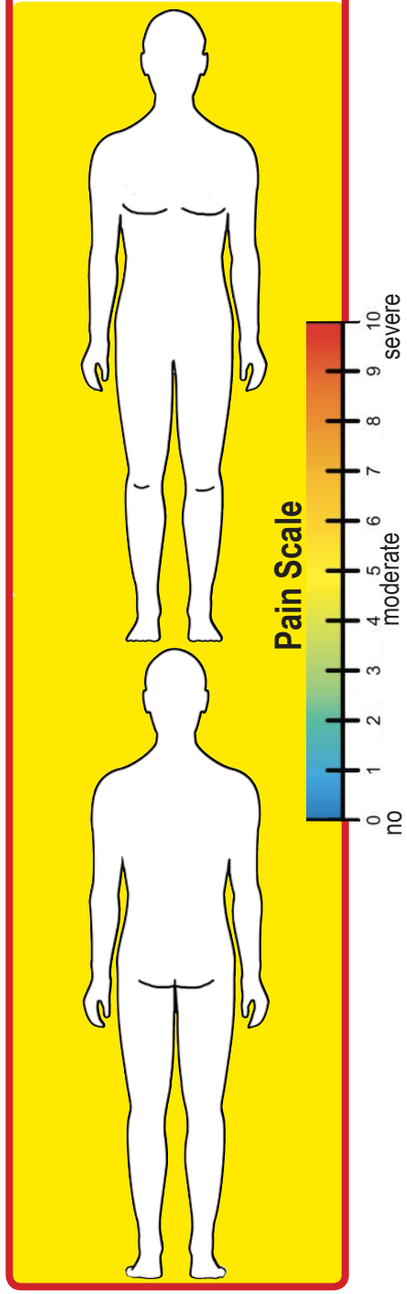
Emergency Communication 4 ALL
Picture Communication Aid

Name: _____
Address: _____
Family Members/Caregiver: _____
Emergency Contact: _____

Allergy: ❑ yes ❑ no

WHO	I, me, my	I understand	need	food/drink	walker	battery	emergency 911	service animal	I can't speak but I can hear you.	I can spell my replies. Please be patient.	I will point to where I hurt.
WHERE	you, yours	scared	can't breathe	bathroom	wheelchair	money	broken				
WHAT	she, her	I don't understand	help	keys	cane	phone	transportation				
WHEN	he, him	good	hot	bed	hearing aid	computer	snow				
WHY	they, them, their	quiet	headache	clothes	oxygen	home	fire				
YES	we, ours	sick	cold	medication	glasses	shelter	rain/flood				
information, ID	family	loud	pain	blanket	communication device	hospital	wind				
NO	pet	lost	STOP	follow	charge	leave, evacuate	GO				

0	1	2	3	4
5	6	7	8	9
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	?	.	!	SPACE



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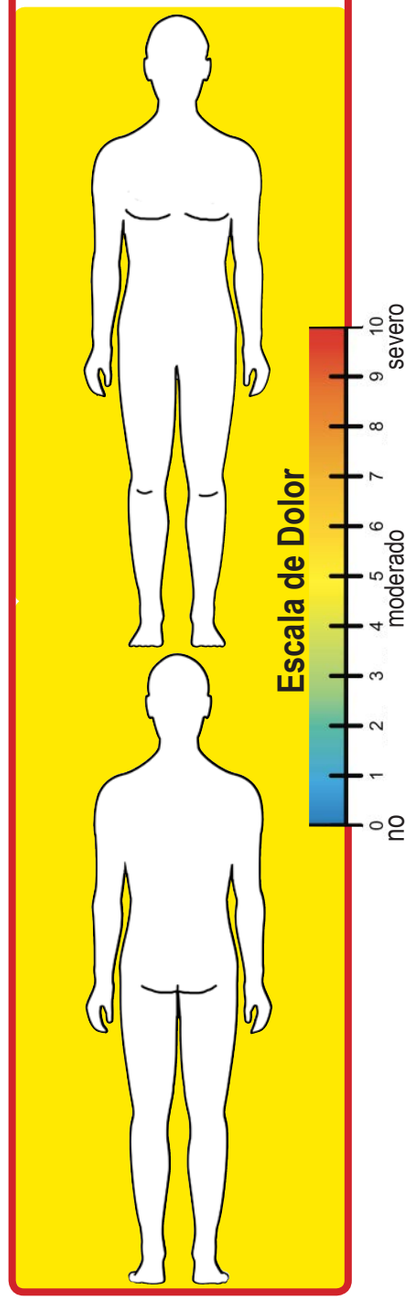
Comunicación de Emergencia para Todos
Materiales de Comunicación con Imágenes

Nombre: _____
Dirección: _____
Miembro de la familia/encargado: _____
Contacto de emergencia: _____

Alérgico: ❑ sí ❑ no

¿QUIÉN?	yo, mí, mío	yo entiendo	necesidad	comida/ bebida	andador	batería	emergencia 911	animal de servicio	No puedo hablar pero puedo escucharte.	Puedo deletrear mis respuestas. Por favor sea paciente.
¿DÓNDE?	tú, tuyo	asustado	no puedo respirar	baño	silla de ruedas	dinero	roto			Señalare donde me duele.
¿QUÉ?	ella, de ella	no entiendo	ayuda	llaves	caña	teléfono	transportación			
¿CUÁNDO?	él, suyo	bueno	caliente	cama	audífono	computadora	nieve			
¿POR QUÉ?	ellos, suyos, de ellos	silencio	dolor de cabeza	ropa	oxígeno	hogar	fuego			
SI	nosotros, nuestro	enfermo	frío	medicación	espejuelos	refugio	lluvia/ inundación			
información de dentificación	familia	ruidoso/ muy alto	dolor	cobija/ sabana	sistema de comunicación	hospital	viento			
NO	mascotas	perdido	DETENER	seguir	cargar	salir, evacuar	VAYA			

0	1	2	3	4
5	6	7	8	9
A	B	C/CH	D	E
F	G	H	I	J
K	L/LL	M	N/Ñ	O
P	Q	R	S	T
U	V	W	X	Y
Z	¿?	.	!¡	ESPACIO



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