



March 28, 2020

COVID-19 infection control guidance for in-person interpreters and health care providers who work with them

Protect yourself and others

- Use video-based face-to-face interpretation whenever possible instead of being in the same room with the patient.
- Good hand hygiene is vital for infection control. Wash your hands often with soap and water for at least 20 seconds. Otherwise, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol. To use the hand sanitizer, cover all surfaces of your hands and rub them together until dry. Use soap and water if your hands are visibly dirty.
- Avoid touching your eyes, nose and mouth. If you touch these areas, wash your hands **before and after**.
- Cover coughs and sneezes using your flexed elbow, not your hands. If you use a tissue, throw it away immediately and then wash your hands.
- If you experience symptoms of illness such as fever, coughing and shortness of breath and want to be tested, call your primary care provider who will determine whether you should be tested for COVID-19.
- In-person interpreters who are ill should stay home until free of fever and any other symptoms for at least 72 hours. This 72-hour symptom-free period needs to be without the use of fever-reducing medicines or cough suppressants.
- In-person interpreters should avoid close interactions with the patient by maintaining a distance of at least 6 feet, to the best of your ability.
 - Limit time in an enclosed space, if possible.
 - If possible and appropriate, move to an outdoor space.
 - Educate and support the patient to practice good hand hygiene and cough etiquette.
 - If you cannot avoid close contact with an ill person, follow standard infection prevention practices:
 - Practice [hand hygiene](#).

- Wear personal protective equipment (PPE) when appropriate
 - Safely dispose of PPE
- A health care provider who works with an in-person interpreter should provide appropriate PPE for the interpreter.
 - Place the mask carefully to cover your mouth and nose securely to minimize gaps between your face and the mask.
 - While in use, avoid touching the mask.
 - Use any other PPE as needed and as instructed by the health care provider (e.g. gloves, gown, eye protection).
 - Do not reuse PPE. Dispose of masks and any other PPE immediately after use. Clean hands with soap and water or alcohol-based hand sanitizer immediately after you:
 - Touch or remove PPE, and
 - Contact respiratory secretions.
- If you have been in direct contact with droplets from a person sick with COVID-19 (e.g. being coughed on):
 - Monitor your health for 14 days, and
 - Stay away from others if you start having any symptoms (cough, fever or shortness of breath)
 - If you become ill enough to seek care, call your primary care provider.

Contact information for local public health authorities in Oregon: <http://healthoregon.org/lhddirectory>

If you have additional questions, visit <http://healthoregon.org/coronavirus> and review the Frequently Asked Questions (FAQ) section. You may send specific health-related concerns not in the FAQs to OrESF8.Liaison@dhsosha.state.or.us.

If you have regulatory or workforce questions as they relate to developmental disabilities, please contact ODDS.FieldLiaison@dhsosha.state.or.us.

OHA will apply the same flexibility on HIPAA compliance as HHS OCR in its Notification of Enforcement Discretion regarding COVID-19 and its Guidance on Telehealth Remote Communications issued on March 17, 2020. In-Person Certified or Qualified interpreters that serve Limited English-Speaking Patients (LEP) in good faith, will have the option to use everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.