

**National Emergency Medical Services Advisory Council**  
**DRAFT**  
**Advisory and Recommendations**

**Title: Best Practices for Use of Interpreter Resources in the Prehospital Setting**

As prepared by the Subcommittee on **Integration & Technology**

**A. Executive Summary**

Language barriers in the prehospital setting can significantly impact patient care through a variety of means, including delaying dispatch and transport, inability to properly assess patient condition, unnecessary invasive procedures, increased cost of care, and reduced quality care (JEMS, 2022).

Executive Order 13166 states “recipients of federal financial assistance have a responsibility to ensure meaningful access to their programs and activities by persons with Limited English Proficiency” (LEP) (DOJ, 2002). This requires any Public Safety Answering Points (PSAP), Emergency Medical Service (EMS) clinicians or Emergency Departments (ED) that receives funding from or has a cooperative agreement with the federal government to provide some combination of services for oral interpretation and written translation of vital documents for LEP patients, including those with sensory impairments, who are deaf or hard of hearing, have speech impairments, or who are blind or have visual impairments (OJP, 2023). It is estimated 30% of hospitals do not meet this requirement (Health Affairs,2016).

To increase care for LEP patients, EMS clinicians should be provided cultural diversity training to better understand the LEP cultures in the communities they serve and be provided with continuous access to translation tools and/or interpreters.

**B. Analysis**

The high risk fast paced nature of emergency medical services relies heavily on communication with patients and bystanders. The adverse effects of language barriers on medical care have been widely researched in the hospital setting and include increased communication errors, unnecessary invasive procedures and testing, and increased costs of care (University of New Mexico, 2015). The limited research focused solely on prehospital providers reveals similar disparities. The scope of this problem is not limited to the United States, research in a host of other countries yielded the same results, a general lack of consistency in use of interpreter services (Noack et.al). Note that it is critical for paramedics to understand acute complaints, pre-existing conditions, allergies, and medications. However, they found professional interpretation is rarely available on scene (Noack, 2021). In primary care and in the hospital, there are technical solutions to break down the communication barrier. These include live, video, and telephone interpreters. In the prehospital setting there has been some push for technical device development, but it lags

46 behind in-hospital devices. This lack of clear, concise, and timely communication can have  
47 dangerous consequences.

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### 49 C. **Scope and Definition**

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51 On August 11, 2000, President Clinton signed Executive Order 13166 “Improving Access to  
52 Services for Persons with Limited English Proficiency.” This requires Federal agencies, or  
53 agencies that utilize federal funding to provide meaningful access to services for LEP  
54 persons. In 2010 Attorney General Eric Holder issued a memorandum to heads and department  
55 components advising of how much work still needs to be done to “transform this policy into  
56 practice and make the executive order a reality” (DOJ, 2022). In 2022 Attorney General  
57 Merrick Garland again encouraged partner agencies to help strengthen the federal government's  
58 commitment to its language access obligations and “although federal agencies have made  
59 significant progress” over the last decade “there remains a clear need to further enhance access  
60 to multilingual information” (DOJ, 2022).

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62 According to the United States Census Bureau 8.3% of the population in the United States  
63 speak English ‘Less than very well’ from a 2014-2018 survey (U.S. Census Bureau, 2010).  
64 This equates to 25 million Americans who have LEP. These numbers are as high as 45.8% in  
65 some southern Texas counties. About 3.6% of the U.S. population, or about 11 million  
66 individuals, consider themselves deaf or have difficulty hearing. These patients have a difficult  
67 time communicating with emergency clinicians due to the need for a visual translator. Often  
68 communication is reduced to written communication, which can be slow, ineffective, and  
69 burdensome. Patients with LEP experience disparities when receiving care in the prehospital  
70 arena (Stadeli et.al, 2023). In order for Emergency Medical Professionals to perform their job  
71 effectively communication barriers must be overcome. Medical professionals rely on accurate  
72 and succinct communication for personal safety, patient assessment, and to make decisions  
73 related to appropriate care (Tate, 2015)

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75 Studies have shown LEP patients may experience a delay in care due to emergency dispatchers  
76 having difficulty prioritizing and understanding what resources are needed for a call for  
77 service. When resources arrive, LEP patients in need of medical services may receive more  
78 aggressive treatment in the out of hospital setting due to the responders’ inability to effectively  
79 communicate, and therefore obtain a complete patient assessment. LEP patients also have an  
80 increased risk of re-admission to the emergency department suggesting a communication  
81 barrier leading to poor comprehension of discharge instructions for chronic illness (JEMS,  
82 2022). All this can lead to delayed help, unnecessary interventions, increased medical costs,  
83 unsatisfied patients, and increased stress on the EMS system.

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### 85 D. **Recommendations**

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- 87 1. Federal Interagency Committee for EMS (FICEMS) should evaluate Executive order  
88 13166 and devise implementation plans to close the gaps in care for LEP patients.
- 89 2. FICEMS should work with Administration for Strategic Preparedness and Response  
90 (ASPR) to develop guidelines stressing the value of access and use of qualified medical

- 91 interpretation services within the pre-hospital environment.
- 92 3. FICEMS should develop a team of subject matter experts to develop guidelines
- 93 stressing the importance of EMS clinicians having access to portable devices or
- 94 applications capable of audio and video interpreter access.
- 95 4. FICEMS should research and publish best practice strategies and technologies for
- 96 medical interpretation for EMS clinicians.
- 97 5. FICEMS should work with National Highway Traffic Safety Administration (NHTSA)
- 98 to develop a funding mechanism, or NHTSA sponsored widely accessible translation
- 99 tool.

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## 102 **E. Strategic Vision**

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104 All aspects of the EMS system should have access to an interpreter service, capable of

105 handling all LEP patients, starting from the 911 call through patient discharge. LEP patients

106 should feel confident when using the EMS system that they are effectively able to

107 communicate with their EMS clinicians ask questions, and understand discharge

108 instructions. As stated in advisory “Ensuring Optimal Emergency Response via a Fully

109 Integrated 911 and Emergency Medical Dispatch System” submitted in 2023- “The US

110 emergency response system should be positioned to equitably treat all patients including those

111 from special populations such as the hearing impaired.” This vision was cast over 2 decades

112 ago with executive order 13166 and although progress has been made, there is a lot of non-

113 compliance, and gaps to be filled.

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## 115 **F. Strategic Goals**

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- 117 1. Within two years of this publication, FICEMS should identify existing gaps of Executive
- 118 order 13166 in regards to EMS care and devise an implementation plan to close them.
- 119 2. Within two years of this publication, FICEMS should work with ASPR to develop
- 120 guidelines stressing the importance of using a qualified medical interpreter within the
- 121 hospital environment.
- 122 3. Within two years of this publication, FICEMS should develop a team of subject matter
- 123 experts to develop guidelines stressing the importance of EMS clinicians having access to
- 124 portable devices or applications capable of audio and video interpreter access.
- 125 4. Within two years of this publication, FICEMS should research and publish into best
- 126 practice strategies and technologies the use for medical interpretation by EMS clinicians.

## 127 **G. References**

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