

# **PSAP Emergency Video Sign Language and Communication Assistance Services**

## **August 23, 2012**

The Emergency Access Advisory Committee (EAAC) recommends that the FCC and DOJ work together to create policy that PSAPs employ or contract Sign Language Interpreters or Communication Assistance Services with personnel who are fully trained in emergency situations, subject to both emergency and interpreter certification standards. In furtherance of this recommendation, the EAAC recommends the FCC and DOJ develop more information on what interpreter and communication assistant performance standards should be. Similar requirements also apply to other types of assistance for communicating with individuals with disabilities, including but not limited to text communication or speech-to-speech assistance.

### **I. Introduction**

#### **a) Scope**

The U.S. population currently includes more than 54 million people with disabilities, including people who have limitations in hearing and speech. This demographic subset includes people who are deaf, deaf-blind, late deafened, hard of hearing and speech disabled. For these people, calling for emergency assistance via NG911 may require use of specific communication modalities.

The original 911 system, introduced in 1968, was based on wired telephones connected by copper landlines. Since then, the system has been updated to include features such as automatic name and location identification and advanced call routing. Consumer electronics development, however, have outpaced the advancements to the legacy 911 system. More communication technologies are allowing citizens to transmit not only voice calls, but text messages, pictures, video, and data.

Today, there is consensus among 911 stakeholders that it is time to update the 911 infrastructure to enable the transmission of this type of digital information from callers, to the 911 center, and on to the emergency responder community. Next Generation 911 (NG911) is a system of 911 services and databases that run on an Internet Protocol (IP) based network, which allows automatic and advanced sharing of digital data among all public safety responders, public safety answering points (PSAPs), emergency management, traffic operations, and other entities. Also, telecommunicators will be able to process all types of calls including non-voice (multi-media) messages as well as several modes at the same time.

One of popular communication technologies is video. Webcams are included in many devices such as computers (desktop, laptop), tablets, smart phones, and stand alone.

This document covers proposed guidelines and recommendations of Emergency Video Sign Language and Communication Assistance Service that would provide significant support to individuals with access and functional needs including people with disabilities.

### **b) Videophone**

A videophone is a telephone with a video display, capable of simultaneous video and audio for communication between people in real-time. Videophone service provided the first form of videotelephony, later to be followed by videoconferencing, webcams, and high-definition telepresence.

Calls placed through an Internet connection to dedicated websites or phone numbers while using a videophone, webcam, computer, or other internet connected mobile device. There are many software programs and applications available for people to communicate via video.

### **c) Language services**

Access to foreign language interpretation services at each Public Safety Answering Point (PSAP) is vital to effective emergency first response to 9-1-1. When an individual calls 9-1-1, telecommunicators will have immediate access to contracted multi-language interpretation services, from spoken English into any of more than 170 primary languages via multi-telephone conference. Registration is not required from individuals who speak foreign languages. See diagram in Appendix A

### **d) Needs of Emergency Video Sign Language and other Communication Assistance Service (EVSLCAS)**

The concept of Next Generation 9-1-1 (NG9-1-1) is to include various types of communication modes such as text, voice, video, data based on the needs of callers. Also multimedia such as multi-conferencing are included.

Communication technologies continue to evolve toward the use of digital technology. Currently the Enhanced 9-1-1 system, which is analog based, is not compatible with text, video or other IP-based technologies. Therefore, NG9-1-1 is being developed in order to meet communication technologies that the public uses daily via different network systems.

When the NG9-1-1 is deployed, it will give individuals who are deaf, deaf-blind, late deafened, hard of hearing, or who have speech disabilities the opportunity to call a PSAP directly rather than via Internet-based relay services such as Video Relay Service and Internet Protocol Relay Service.

Since applications (apps) for text and video are commonly used by many individuals today, there may be a greater possibility that users would use them to call 9-1-1 directly once the NG9-1-1 has been implemented. Individuals with disabilities would prefer to

call 9-1-1 more quickly with those apps. Some apps may be commonly used and/or designed for contacting 9-1-1.

Individuals are not required to complete their caller profiles in order to get specific language translation and communication preferences for 9-1-1 calls. When the PSAP receives a call from a caller, sometimes the answering telecommunicator can identify the language. If not, the telecommunicator would connect to a contracted language services and someone there will determine the emergency caller's language before connecting to an appropriate interpreter.

**e) Difference between Emergency Video Sign Language and Communication Assistance Service and Video Relay Service**

Video Relay Service (VRS) is accessed via a video-based broadband connection (mobile, wireless device, computer or stand-alone), which then connects to VRS where Communication Assistants (CAs) (qualified sign language interpreters) convey signed conversation back and forth between the signing consumer and speaking consumers. The result is a more natural, spontaneously flowing conversation (Source: EAAC Report and Recommendation - <http://www.fcc.gov/encyclopedia/emergency-access-advisory-committee-eaac>).

An individual calls 9-1-1 by connecting to a video interpreter (VI) or CA first and then the VI or CA connects to the PSAP. The FCC requires that individuals are to be given an appropriate 10-digit number including their location's area code after registering with their preferred relay services. Registration includes caller's information such as name, physical address and 10-digit numbers. When the individual calls 9-1-1 via VRS, the caller information is to be electronically passed over to PSAP's ANI/ALI screen. Also, the individuals calling are to use video relay provider's software program. Each relay service provider trains their interpreters on handling 9-1-1 calls – and the content and length of training varies from one provider to another provider. Each provider develops its own protocols for how the calls are being handled. There is currently no national standard for relay service providers on handling 9-1-1 calls. Also, there are no minimum requirements for video interpreters to be considered as qualified to interpret 9-1-1 calls. See diagram in Appendix B

Video Emergency Video Sign Language & Communication Assistance Services (EVSLCAS) is like any language services with which PSAPs have contracts. When a video call is connected to 9-1-1 directly, the telecommunicator connects the caller with the EVSLCAS – much the same concept as when the telecommunicator connects to language services whenever a hearing person who speaks a language other than English calls the 9-1-1. See diagram in Appendix C

The VIs and CAs will be screened for their qualifications. VIs and CAs will be intensively trained to handle video 9-1-1 calls using different communication modalities to accommodate the needs of individuals with disabilities. Also, telecommunicators should be trained to handle video calls as well as communication modes.

Multi-video conferencing will be included. This will give telecommunicators the opportunity to assess the caller's surroundings and to send appropriate assistance. NG9-1-1 will record the video of multi-video conferencing.

Registration for 9-1-1 service should not be required. Communication via video is popular with the public and more video software programs are becoming available.

Communication during times of emergency is critical. However, many individuals may not communicate effectively due to their disabilities, injury or shock.

## II. General Requirements for both EVSLCAS and PSAP

In order to have multi-video conferencing including text and voice, both PSAPs and EVSLCAS agencies should include the following list in their system for smooth flow:

- a) Network connectivity to different network system at same time
- b) Redundancy
- c) Overflow to different places
- d) Ability to connect to different devices
- e) Protocols and codecs for audio, real-time text, video and text messages (all or subset of NENA i3 enumerated)
- f) Multi-video conferencing including voice and text for all parties available
- g) Good technical media quality in video, audio and text.
- h) Technical factors adaptive to user's connection capacity (especially video bandwidth adaptation).
- i) Possibility to handle call transfers and other call operations
- j) Security in technical communication
- k) Queue information in video and text
- l) Privacy and security in studio arrangement
- m) Include different communication modalities (text, video, voice, data)
  - 1) Types of communication needs (generic)
    - a) American Sign language (ASL)
    - b) English modalities (SEE, spoken-only, etc)
    - c) Sign language to user, text (real-time text or messaging)
    - d) Voice & sign language with captions
    - e) Voice & captions
    - f) Deaf-Blind (e.g. sign language one way, text the other, or sign Language one way and speech the other)
    - g) Speech support
    - h) Language, memory and cognitive support (problems with memory concentration, etc)

## III. Standards of Emergency Video Sign Language and Communication Assistance Services

The quality of EVSLCAS shall maintain at high level with skilled interpreters and communication assistants to provide effective communication services between callers and telecommunicators during crisis calls. The EVSLCAS should include the following list:

- a) Line Services
- b) Availability of interpreters and/or services 24/7
- c) Deaf Interpreter available to provide assistance to interpreters
- d) Length of time for connection to interpreter – Real time (without caller profile)
- e) Teaming
- f) Response time (mean value and max for -say 97% of the calls) (caller profile)
- g) Redundancy for catastrophic situations. Studios in different locations. Redundant communication routes.
- h) Liability
- i) Consistent policy regarding problematic situations
- j) So that when reporting an operator or when/if needed in the future we know which operator handled the call. Or if disconnected can ask
- k) Call case logging
- l) Media recording and retrievability and chain of custody of recorded evidence
- m) Fees
  - 1) Stand-by
  - 2) Minutes for calls

#### IV. Minimal Skills

The role of Video Interpreter (VI) and Communication Assistant (CA) is to translate, transliterates or interprets conversation between two or more end users.

The EVSLCAS agency is responsible for hiring qualified and skilled VIs and CAs to handle relayed 9-1-1 calls from disabled callers using different modalities. Also they would be required to take intensive training.

Both VIs and CAs must demonstrate competency in:

- Typing (60 wpm)
- Spelling (how many errors acceptable?)
- Interpretation of ASL (visual and text)
- Knowledge of hearing and speech disability cultures
- Etiquette

It is critical that both VIs and CAs should possess those following specified skills for providing effective communication skills during difficult times

#### **Certification**

The requirement that qualifies video interpreter or communication assistant to work in Emergency Video Sign Language Interpreter and Communication Assistant Service agency is to have high skills to handle 9-1-1 calls.

Interpreter: The interpreter must possess certification of National Interpreter Certification (Master, Advanced), CI or CDI from Registry of Interpreters for the Deaf (RID).

Communication Assistant: There is no certification available for communication assistants. However a communication assistant must show certain skills qualified for handling 9-1-1 calls from people who are disabled. How can we get proof that communication assistant is qualified?

### **Minimum qualification (error rate of text, rate of delay)**

Handling 9-1-1 calls can be highly stressed and would require interpreters and communication assistants to be able to relay messages both receptive and expressive effectively between both parties. Both should have minimal experiences that would qualify for this job.

#### **Interpreter**

- 5 years or more community interpreting experience (consisting of at least 2 or more years of law enforcement and/or medical emergency interpreting services)
- At least 1 year in VRS experience with more than 1000 hours
- Speak word by word or translate to English while reading text messages from the caller (minimal error?)
- Have taken Deaf studies or knowledge of Deaf culture from the early 1900's to current year
- Vast knowledge of classifiers

#### **Communication Assistant**

- 5 years or more as speech therapist
- At least 1 year experience in Speech to Speech (traditional) with more than 1000 hours
- At least 1 year experience in Speech to Speech (video) with more than 1000 hours
- At least 1 year experience in text relay with more than 1000 hours
- Knowledgeable of speech patterns (neurological and language)
- Speak word by word or translate to English while reading text messages from the caller (minimal error?)

### **Communication capability requirement**

The interpreters and communication assistants must possess those following skills to be qualified as employees with the EVSLCAS agency.

Interpreter:

- Must be able to handle callers with various communication modalities (sign, voice, text)
- Must be able to use receptive and expressive skills in regional signs, signs for names & locations
- Must be able to speak word by word or translate to English while reading text messages from the caller
- Must be able to work with callers who have other disability beside hearing loss such as vision, mental health, minimal language, etc

Communication Assistant:

- Must have an understanding of various type of speech disabilities (neurological and language).
- Must also possess clear and articulate voice communications
- Must be patient
  - some callers may have long pauses
  - some callers may not be clear so therefore they would be asked to repeat or to clarify
  - some non-disabled people may be frustrated
- Must have strong listening skills
  - some callers may have garbled speech

### **Skills Evaluation (voice, sign, type)**

It is recommended that interpreters and communication assistants be evaluated to ensure that they are appropriate for handling 9-1-1 calls.

Also it is recommended that interpreters and communication assistants are to be tested at least every 6 months.

People who evaluate should be neutral. Recommendations of evaluators shall be teachers of ASL, teachers/board members of state deaf schools (mainstream), members of ASLTA, officers of Deaf organizations/clubs. It is not advisable to use people from interpreting agencies due to possibility of being biased.

Interpreter:

- Voice translation
- ASL translation
- Classifiers

Communication Assistant:

## V. Training

When a caller calls a PSAP who is deaf, deaf-blind, hard of hearing, who has a speech disability or other disability, effective communication is required. PSAP telecommunicators should be properly trained on methodologies for connecting to the appropriate communications assistant. If a caller is seen as well as heard by the telecommunicator or if text communication is received, the PSAP call taker should be aware of how to effectively connect to an emergency sign language interpreter or other communications assistant to complete the call and provide service in the most expedient and seamless way possible.

Training should be provided to personnel providing communication assistance in the most uniform methods possible. Training should be provided for telecommunicators, video remote interpreters, communications assistants, and emergency responders on each respective role, to enable all participants to work together to provide comprehensive services.

### **a) Video Interpreter –**

A video interpreter (VI) shall be both available and qualified when NG9-1-1 becomes deployed. This will help ensure the proper use of 9-1-1 services and expedite effective communication and response for services. Qualifications include but are not limited to:

1. A video interpreter will receive training on the procedure for connecting an interpreter to a consumer and a telecommunicator.
2. A VI will receive emergency communication training for interaction with callers, telecommunicators, and emergency responder personnel.
3. VIs will receive emergency and 9-1-1 use protocol training for emergency response. VIs will receive training on procedural matters and incident command for emergency responders. This will help VIs understand the needs of responders on the scene and what needs to be communicated to the caller and how to interpret it properly
4. VIs should have an understanding of 911 and emergency responder awareness (e.g., fire, law enforcement, emergency medical services [EMS]), be aware of 911 call handling methodologies. This training will include medical terminology (and appropriate signs), legal terms, procedures, and local agency names.
5. Additionally, incidents that are likely to result in high volume calls (e.g., automobile accident on a crowded roadway, missing persons, etc.) should be described and discussions surrounding how these call types affect these processes should occur. These scenarios will provide VIs with an overview of actions and decisions being made by the PSAP telecommunicators and allow for them to provide better transparency to both the caller and the telecommunicator.
6. VIs should obtain basic first aid and cardiopulmonary resuscitation (CPR) training. The training would help interpreters to understand techniques and

procedures described by a telecommunicator during a relevant emergency call (e.g., choking, checking a pulse, etc.) and also to provide appropriate signs to callers.

7. VIs will receive training in critical incident care. Critical incident care refers to assisting callers with critical incident stress as required (appropriate tone and statements to a survivor of an incident or someone who is assisting a survivor. Critical incident stress also refers to self-care for the VI or CA and stress management in dealing with vicarious trauma (See Section VII – Critical Incident Stress).
8. VIs will be trained in regionally appropriate signs, name signs, and signs for specific locations and people.
9. VI will be trained in Deaf culture from the early 1900's to current year

#### **b) Video Communication Assistant and Communications Assistant –**

A video communications assistant (VCA) and/or communications assistant (CA) should be available for emergency communications through NG – 911 for people with hearing loss with limited or no proficiency in American Sign Language (ASL). VCAs and CAs should be both available and qualified in the same areas as a video interpreter to provide functional equivalency for communication through, but not limited to oral interpreting, written captions, or any combination.

While there is not a required length of training for Communication Assistants, the FCC requires that all CAs be sufficiently trained to effectively meet the specialized communications needs of individuals with hearing and speech difficulties. CAs are required to competent skills in typing (minimum of 60 words per minute), grammar, spelling, interpretation of typewritten ASL, and familiarity with hearing and speech disability cultures, languages and etiquette. CAs must also possess clear and articulate voice communications.

To comply with all rules and to ensure that CAs are sufficiently trained, most providers provide 3-weeks of training before CAs handle relay calls on their own. Providers also perform a series of proficiency tests and a typing exam to ensure that CAs possess needed skills.

Rebecca – will you please condense what type of training CAs should receive that would help them to become effective in handling 9-1-1 calls? It is different from handling non-9-1-1 calls.

#### **c) Telecommunicators**

PSAP telecommunicators should be provided with training to provide effective communication for consumers using alternative communication methods. Qualifications for effective training include but are not limited to:

1. Explanations and background of the roles/responsibilities of interpreters
2. Telecommunicators should speak directly to the caller and assist in seamless communication whereas an interpreter or communications assistant is as transparent as possible. In other words, telecommunicator should not speak to the interpreter and say “tell him/her this or that.” Questions or comments should be made as if no interpreter were present. Training so all understand this should take place.
3. Telecommunicators should understand the policies and procedures for connecting to an interpreter or communications assistant as needed. Call takers should be trained on identifying callers who may have the need for an interpreter or communications assistant.
4. Protocols should be in place for handling the lag time while finding the language, ASL, or communications assistant and connecting to an interpreter or CA (and acceptable rate of delay).
5. PSAP call takers should be trained on procedures and scenarios for the possible lag time between the interpreter or communications assistant and the caller before they convey the information.
6. Call takers should be trained to use short sentences and simple vocabulary and short phrases to convey questions and instructions. Simpler words such as, instead of “conscious” use “awake.” In EMD are allowed to enhance so after read the sentence so then if no understanding can be rephrased.
7. Telecommunicators should be educated on records retention procedures, the (possible) availability of caller profiles. Training should include how to keep records of relayed calls including specifics on type of communication modes being used and evidentiary chain of custody.
8. Telecommunicators should understand that interpreters will communicate every word of the conversation.
9. Telecommunicators should be given a basic overview of the language differences between spoken language and ASL, such as the importance of facial expressions, classifiers, and the different syntax of ASL.
10. Telecommunicators should understand that all people who use communication assistance do not have equivalent knowledge and proficiency with varying modalities of communications. i.e. false statements: “all people who are deaf or hard of hearing read lips”, or “all people who are deaf or hard of hearing know sign language” or “all people who are deaf or hard of hearing have an equal understanding of written English and can read captions, etc.”

**Simulation:** Telecommunicators, VIs and CAs will participate in training drills, table top exercises, and simulations to prepare them for assisting people who are deaf, deaf-blind, or hard of hearing.

**Learning methodologies:** Some education or training may be both efficient and cost-effective if done through online training methods. However, collaboration with other members of the PSAP community makes some face-to-face training scenarios the optimal method. A blended learning path for all individuals is recommended.

**Caller profile registrations:** Caller profile registrations may help to eliminate some educated guess work by the telecommunicators as to what communications assistance is required (ASL, captions, oral interpreter, Spanish or other languages). PSAPs should explore and collaborate with local communities on the best practices for creating and maintaining caller profile registrations. Many communications assistance companies such as video relay services for video callers who are deaf or hard of hearing provide user profiles. PSAPs should work with individual companies and consumers to acquire access where possible of user profiles to eliminate redundancy. PSAPs should work with local community groups to assist in maintaining caller profiles. A caller profile registration can save valuable seconds in emergency communication by immediately connecting the caller to the appropriate communication assistance in the most seamless method possible. It is recommended that user profiles are created and used by the PSAPs. However, the maintenance of the profile should be the responsibility of the individual consumer, renewed a minimum of annually.

**EVSLICAS:** The use of emergency video sign language interpreters and communications assistants directly as opposed to relay services, eliminates third parties and potentially saves valuable time in an emergency. EVSLICAS can be effective if all users are properly trained in uniform procedures.

**Resources:** Multiple resources are available to EVSLICAS to engage in these types of training efforts. EVSLICAS should work with local PSAPs to coordinate training efforts or to look for recommendations for outside training courses. With the transition to Next Generation 911 (NG911), training courses and resources for video emergency calls should become more widespread and uniform. State and local chapters of the National Emergency Number Association (NENA) and the Association of Public Safety Communications Officials (APCO), as well as the National Academies for Emergency Dispatch (NAED) provide additional information on training courses, training standards, and additional detail on any of the described topics.

### **On-line training appropriate?**

## VI. Policy on Handling Visual & Cues Information

The following shall apply in the case of a 911 call where a Sign Language Assistance interpreter is assisting with the 911 call by way of a video connection to a Deaf or Hard of Hearing Person that is using sign language to communicate.

- If the Deaf or Hard of Hearing person is not visible on video or is not responsive to questions being asked by the telecommunicator and being relayed by the Sign Language Assistance interpreter, the SLA interpreter shall be permitted to answer questions the telecommunicator is asking regarding location, visual information, and what was seen during the video connection. In doing so, the SLA interpreter shall avoid coming to any conclusions based on what they see and attempt whenever possible to use neutral and descriptive language which conveys only

what they observe without interpretation (for example, “the caller’s eyes appear closed” instead of “the caller is unconscious”).

- If the Deaf or Hard of Hearing person is visible on video, the Sign Language Assistance interpreter shall accurately interpret all questions asked by the telecommunicator to the Deaf or Hard of Hearing person, and conversely, accurately interpret all responses signed by the Deaf or Hard of Hearing person to the telecommunicator. When necessary, the SLA interpreter shall use the third person to reinforce to the telecommunicator an understanding that the SLA interpreter is not verifying information but providing responses from the Deaf or Hard of Hearing person.
- The SLA interpreter may err on the side of health and safety, but not take license to abandon the role of an interpreter and become an active participant in the 911 call. [Mark – please explain more - which example is correct and which example is incorrect, or which part is appropriate vs. inappropriate.]

See examples below:

- Example 1:

Telecommunicator: “Are there any weapons?”

Interpreter: “Your caller is saying no; this is the interpreter, there was just a loud bang in the background.”

Telecommunicator: “Was that a gunshot?”

Interpreter: “I can only say that I heard a loud bang in the background, your caller is saying there is no gun.”

- Example 2:

Telecommunicator: “Are there any weapons?”

Interpreter: “Your caller is saying no; this is the interpreter and I see what appears to be a knife on the table.”

All of the above shall also apply in the case of a video-assisted Speech-to-Speech (STS) relay user who is making a 911 call. STS communication assistants can take visual cues from reading the expressions on the STS caller's face, or body movements, if they don't completely understand what the STS caller is saying.

## VII. Critical Incident Stress Management for Interpreters and Communication Assistants

Proper stress management methods and training for video interpreters and communications assistants is essential to protect their health and wellbeing. By being exposed to video during an emergency call, video interpreters and communications assistants are potentially exposed to traumatizing events in a way public safety answering point (PSAP) personnel currently are not. Current research is beginning to show a correlation between emergency call handling and symptoms of post-traumatic stress disorder (PTSD) and researchers believe that the addition of video to a call will only



b) Who evaluates the tape?

How many people on team to evaluate the tape? Deaf? Hearing? Speech Disabled? People who evaluate should be neutral. Recommendations of evaluators shall be teachers of ASL, teachers/board members of state deaf schools (mainstream), members of ASLTA, officers of Deaf organizations/clubs. It is not advisable to use people from interpreting agencies due to possibility of being biased.

X. Caller Profile (registry)

The 9-1-1 Registry program (Donna here – is that a specific program? If so, is this program for people with disabilities and senior citizens only?) allows people with disabilities and senior citizens to provide information about their health and medical needs to the PSAPs. This information is used for the purpose of providing effective and fast emergency services utilizing forms of data associated with a call, a location, a caller and a PSAP available to emergency responders.

NENA (National Emergency Number Association) defined the use of supportive and supplemental data in the Future Path Plan, and USDOT included it in their documentation [Richard, please clarify that previous sentence. One of the work group members is not clear about that sentence]. Supportive data is data used during the 9-1-1 call flow to provide proper routing instructions such as Vehicle Emergency Data Set (VEDS). Supplemental data is retrieved after the call reaches the PSAP or the responding emergency agency such as building data or medical records. Call taker may use to obtain information when caller is unable to provide and verify information with the caller.

[Richard, please explain why they are being mentioned. The reader needs to understand that.]

While information about callers is critical to telecommunicators whose primary responsibility is to provide appropriate assistance in an efficient way, recommendations on what type of primary and critical information should be considered for the database about the caller that would assist telecommunicators in providing effective services.

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Recommendations:

a) Voluntary for individuals to register.

Generally vCards, medical records and other type of records are fast growing and prove to be useful data for different purposes. These vCards and medical records which include information about callers are kept with companies or individuals at either no or nominal fee. They can be accessed and/or transmitted to PSAPs.

(We can indicate that this is a controversial topic that we must address.)

There are many issues around this type of data due to HIPPA laws and whenever it becomes available, the caller will have to indicated in their information date that it is permitted to release to whomever is authorized (lots of discussion on “authorized” – many believe only EMT or licensed medical person should obtain the data and not 9-1-1 call takers or dispatchers.)

There are different ways for telecommunicators to access to caller's information:

- form filled out by the caller, family member, social worker, and/or others
- vCard or medical records forwarded by the caller
- link to other databases such as medical records, vehicle, sensors, etc

Primary specific information on caller to be included in database should be:

- Language
- Communication Mode
- Disability
- Frequent address(es)
- Medical Alert
- Link to other databases
- Others

Database includes info on: (recommended fields to be added to caller profile form)

- 1) Disability
- 2) Language Preference
- 3) Communication Modes (AAC, text, video etc)
- 4) VRS, IP Relay and STS Relay Preferences

While there has been controversy that people with disabilities should register with 9-1-1 in order to receive quick and effective services, is there a requirement for non-disabled people to register? If not, then it is not functionally equivalent.

For many years, non-English speaking people have been calling 9-1-1 and telecommunicators would connect these callers with language services. This becomes phone conference. These non-speaking callers weren't required to register. The type of language would be assessed by a telecommunicator first and if the telecommunicator is not able to determine the language, s/he will transfer the call to language services. The language service has someone who does assessment before transferring the caller to an interpreter speaking the similar dialect.

The benefits for people to register with 9-1-1 are quick connection to an appropriate PSAP & communication assistant (sign language, speech to speech, etc) at same time, communication preference, language preference, medical information, frequent physical addresses, and others. See diagram in Appendix E. The challenges for individuals who are not registered with 9-1-1 are time delay in finding out communication preference, getting communication assistant and limited access to callers' information. See diagram in Appendix D.

Generally, it is not required for individuals with disabilities to register with 9-1-1. They, like any non-disabled individuals, can choose to register or not to register. It is essential that anyone should be informed on the pros and cons of registering with 9-1-1.

## XI. Consumer Education

The evolution to NG911 is likely to take some time, and will produce a changing patchwork of available technologies as local and state migration is completed nationwide. As transition occurs, it is important to educate the public on new forms of available communication to 911 and where they are available for use.

Even today, consumers are not aware of options being offered to reach 911 such as alternative communication modes and relay services. To the extent possible, consumers should be aware of the best way to help themselves in an emergency, optimal modalities to meet their individual communication needs, and the best questions to ask PSAPs to make sure the appropriate communication modes are available where and when they are needed.

The need for public education has been stated by previous FCC advisory groups, including the Communications Security, Reliability and Interoperability Council (CSRIC), Working Group 4B:

“Effective public education and awareness programs about NG911 and the appropriate use of NG911 must be developed. Educating the public about NG911 should be done in two phases, with two distinct results in mind. First, the public should be educated about the benefits of NG911 to create a groundswell of support for its implementation. An informed and engaged public will act as an extremely powerful and influential lobbying group with decision makers who may be under-informed about the creation of NG911. Later, when transition is nearing completion, the public must also be educated about NG911’s expanded capabilities for receiving information and about how they can best use these new options for contacting emergency services, as well as the limitations of the new system.”

It is essential that NG911 public education include specific components to address the needs of people with disabilities. Every community will tailor its consumer education to meet its particular needs, but there are a number of topics that should be considered, such as:

- The use of caller profile registration,
- How the 911 call is processed when registered or not registered,
- Choosing either relay services or the PSAP who will connect callers with sign language interpreter or communication assistant,
- Pros and cons of relay services and EVSLICAS, and
- Options for communication access while calling 911.

It will be a challenge to devise a plan that includes information on HOW to reach 911 as well as WHERE specific communication modalities are available to individual PSAPs. It will also be a challenge to update this information as the migration to NG911 continues. But state and local 911 Authorities are strongly encouraged to work with individuals, advocates and organizations familiar with the emergency communication needs of people with disabilities to identify their needs – from their perspective. Melding these needs with the particular needs of PSAP call takers will provide the framework for a public

education program that enables PSAP call takers the ability to help callers in truly effective ways.

There may be a variety of options for how and where NG911 consumer education could be conducted. While in-person or video education may be preferable, other methods may be useful, such as Webcast demonstration (i.e., YouTube, etc.), public service announcements with open captions, and ASL interpreter and descriptive video services. Public education could be conducted in a number of venues, including Deaf and Hard of Hearing Commission meetings, Deaf/hard of hearing/deaf-blind/late deafened clubs/organizations meetings, booths at events, agencies serving specific populations, and informational presentations.

The timing of efforts should consider not only conducting consumer education before a new emergency communication option is available, but ongoing education after implementation of new technologies – perhaps on an annual basis. The credibility of the information is crucial, so presenters should be selected carefully, and it is recommended that the message be delivered by both PSAPs and community leaders; making sure that all appropriate accommodations are available (interpreters, caption). A collaborative approach will not only ensure appropriate expertise, but may also leverage resources and facilitate the process of reaching the greatest number of people who need the information. The options for public education contained in this document are not meant to be an exhaustive or detailed list, but are intended to raise general issues for providing information about the NG911 system to the public that is truly useful for both consumers and PSAP call takers, and effective in making both callers and call takers ready for communicating in an emergency.

## **CONCLUSION**

Live video is becoming popular for communication worldwide and will be commonly used among people from different walks of life.

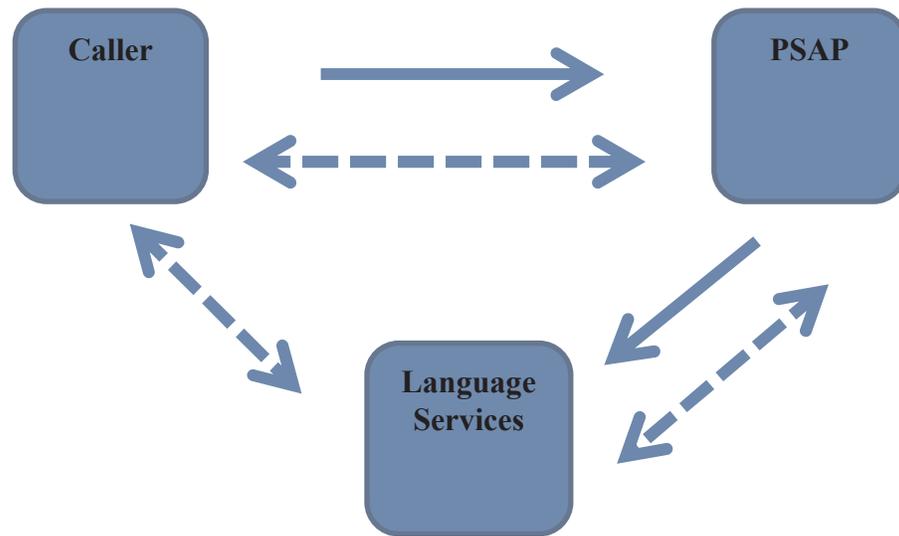
Video technologies (stand alone, built-in webcam via computer, tablets & smart phones) are expanding as well as applications which individuals use for video communication. Products and applications from video relay service will not be the only one used for calling 9-1-1. Also video conferencing is expanding. It is essential that individuals have direct access to 9-1-1 via video using any applications and devices.

Like any non-speaking hearing callers, people with disabilities will be able to call 9-1-1 directly and have telecommunicators to connect the caller with video interpreter or communication assistant. It is recommended that Emergency Video Sign Language and Communication Assistance Service to be established.

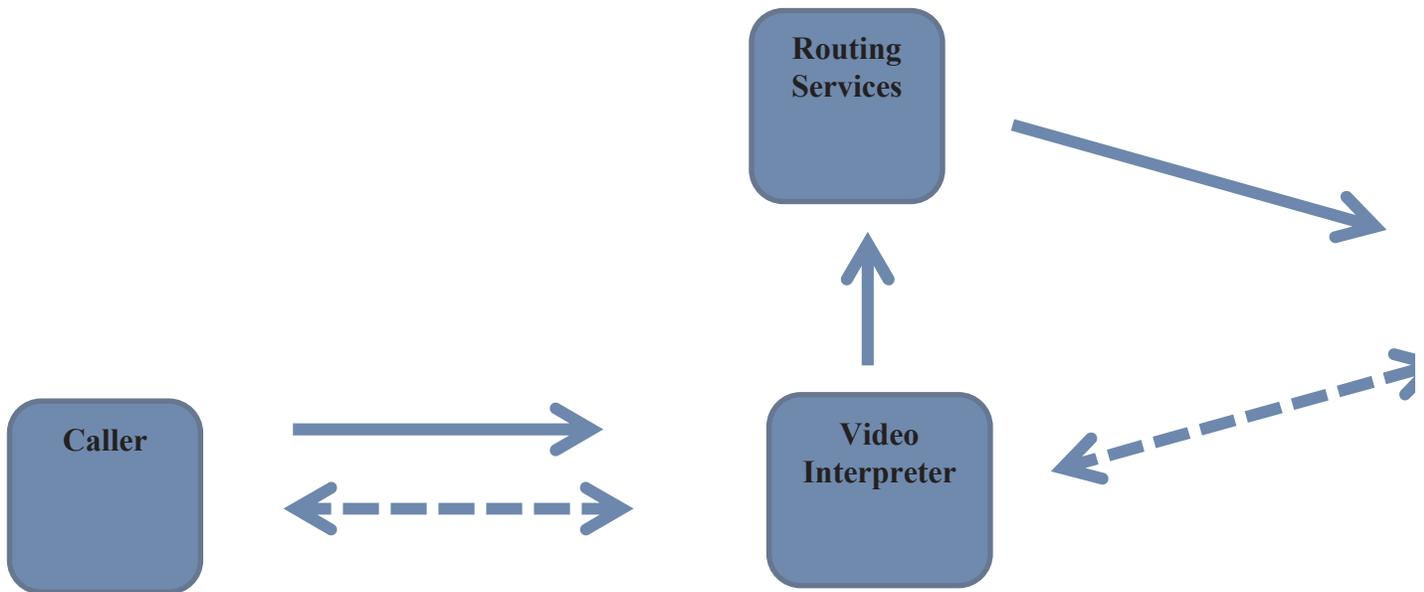
The other benefit of having direct video call to 9-1-1 is to have telecommunicator to provide visual information of caller and the surroundings snapshot to police officer, medical technician or firefighter. This will help to minimize frustration and problems for both callers and first responders as well.

**APPENDIX A: CURRENT - Hearing person who speaks foreign language other than English calls 9-1-1**

When a hearing person calls, the telecommunicator recognizes that s/he speaks another language. The telecommunicator will connect to a language services agency to provide translation services. This becomes three-way conferencing call. The PSAP has contract with the language services agency.



## APPENDIX B: Current Video Relay Service (VRS) – Calling 9-1-1



- A person calls VRS first and has the interpreter to call 9-1-1.
- Many VRS providers have contract with vendors that provide routing services to appropriate PSAPs.
- Video Interpreters call vendors first and give address to live person prior to connecting to PSAPs.
- Many calls go through non-emergency, emergency or administration line rather than via 9-1-1 line. Telecommunicators have priority to respond to calls coming through 9-1-1 lines.
- The video interpreter relays communication between telecommunicator and caller.

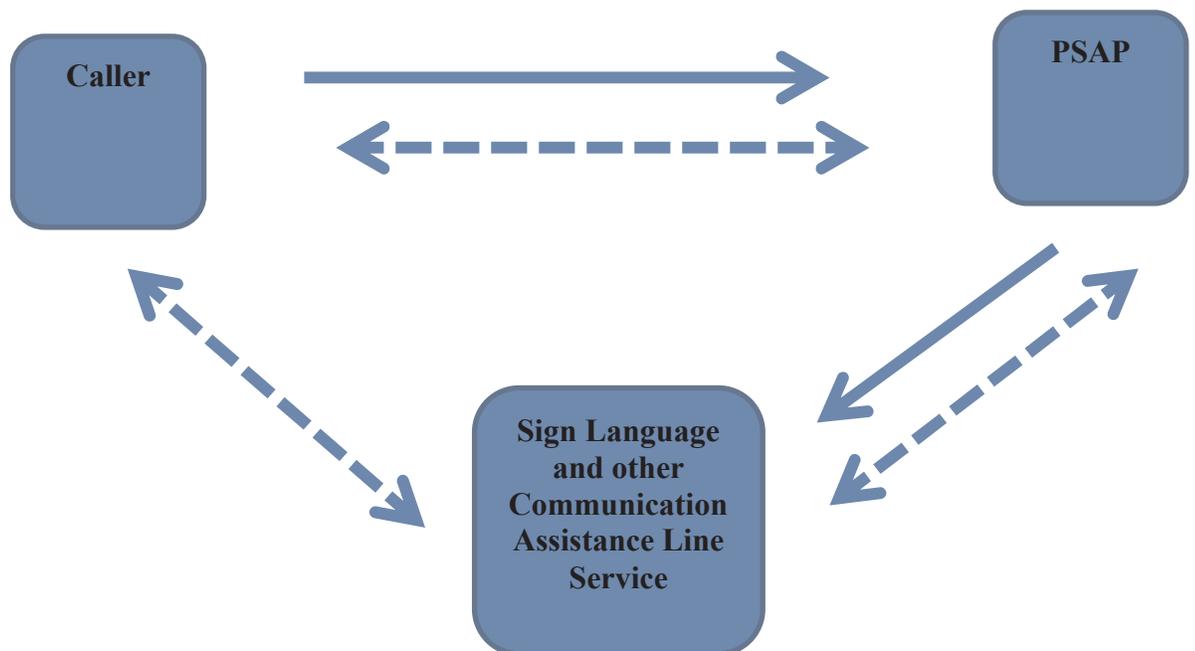
## APPENDIX C: NG9-1-1 - A person calls 9-1-1 using video (future)

When a person calls 9-1-1 via video, the telecommunicator recognizes that the caller needs sign language interpreter or revoicer and then connects to Sign Language and other Communication Assistance Line services (same concept as language services). The screen will show multi-video conferencing. There will be different types of communication modalities involved depending on the need of the callers. Examples are:

- Deaf-Blind (DB) – interpreter will voice what DB signs and then telecommunicator responds by typing to DB who will read LP or Braille
- Speech Disabled (SD) – interpreter will revoice what the SD says and then telecommunicator will talk directly to SD
- Late Deafened (LD) or others who are learning ASL – LD will voice to telecommunicator and have interpreter to sign along with captions

PSAP will record multi-way conversations.

The purpose of our work group is to develop a list of recommendations on what we would like to see the assistance line service to be established.

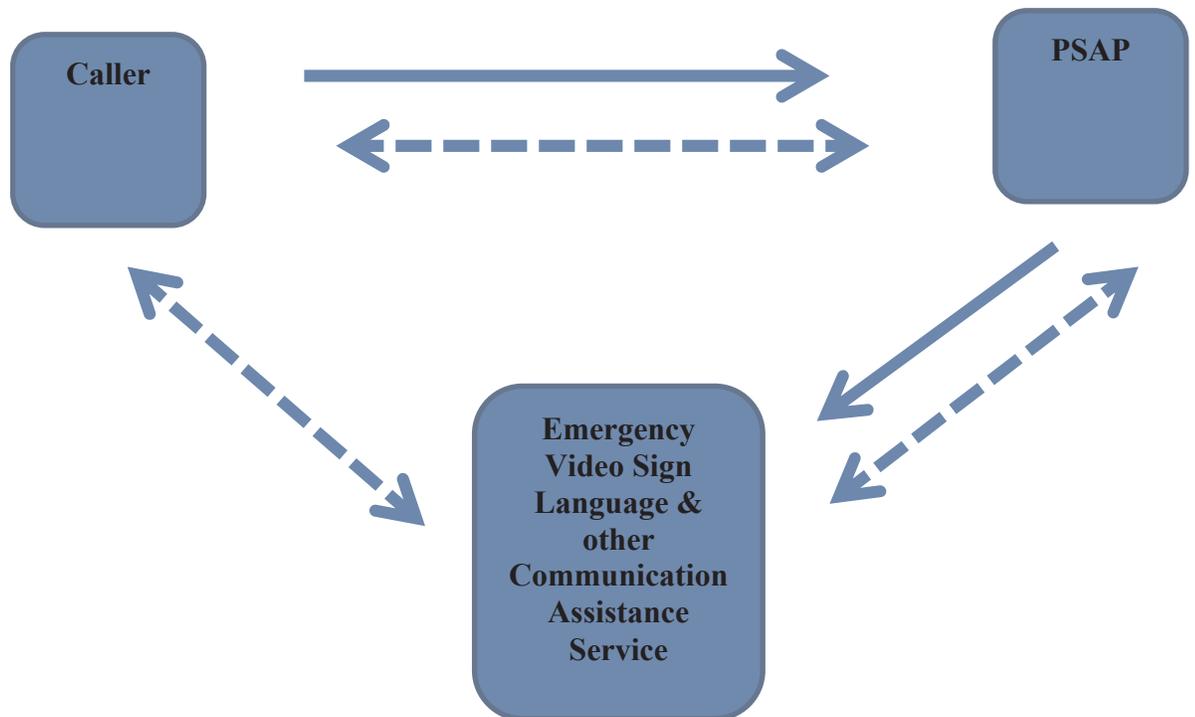


#### APPENDIX D: NG9-1-1 - A person calls 9-1-1 using video (future) [no caller profile]

When a person calls 9-1-1 via video, the telecommunicator recognizes that the caller needs sign language interpreter or revoicer and then connects to Sign Language and other Communication Assistance services (same concept as language services). The screen will show multi-video conferencing. There will be different types of communication modalities involved depending on the need of the callers. Examples are:

- Deaf-Blind (DB) – interpreter will voice what DB signs and then telecommunicator responds by typing to DB who will read LP or Braille
- Speech Disabled (SD) – interpreter will revoice what the SD says and then telecommunicator will talk directly to SD
- Late Deafened (LD) or others who are learning ASL – LD will voice to telecommunicator and have interpreter to sign along with captions

PSAP will record multi-way conversations.



**APPENDIX E: NG9-1-1 - A person calls 9-1-1 using video (future) [caller profile]**

When a person calls 9-1-1 via video, the call will go through the caller profile database which will automatically notice that the caller needs a specific communication mode and then will connect to both PSAP and Emergency Video Emergency Video Sign Language & other Communication Assistance Service OR Video Relay Service at the same time. The telecommunicator will read the caller profile at her/his station stating the type of communication mode the caller prefers prior to processing the call. All 3 will have multi-video conferencing. There will be different types of communication modalities involved depending on the need of the callers. Examples are shown in Diagram 3.

PSAP will also record multi-way conversations.

