



The **COMMUNICATOR** *Express*

VOLUME 9 JUNE 2007



CCCS has dedicated this edition of the Communicator Express to emergency preparedness and what interpreters need to know about isolation and quarantine, two key strategies for controlling the spread of contagious diseases. This is the first in a series of newsletters that will deal with contagious diseases and bioterrorism.

Although you can't predict the future, taking simple preparedness actions now will help you to deal with disasters of all sorts much more effectively if and when they do occur. The following information has been adapted from the American Red Cross and the Centers for Disease Control and Prevention (To learn more about emergency preparedness, see http://www.redcross.org/preparedness/cdc_english/home.asp and www.cdc.gov). By sharing this information with our freelance interpreter pool, we aim to protect each interpreter at home and on assignment.

ALTHOUGH YOU CAN'T PREDICT THE FUTURE, TAKING SIMPLE PREPAREDNESS ACTIONS NOW WILL HELP YOU TO DEAL WITH DISASTERS OF ALL SORTS MUCH MORE EFFECTIVELY IF AND WHEN THEY DO OCCUR.

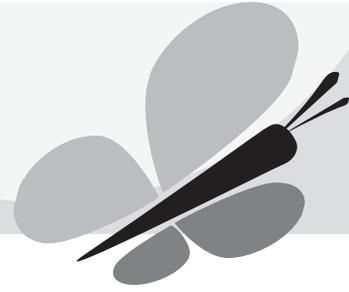
CONTROLLING THE SPREAD OF CONTAGIOUS DISEASES

People can be infected with dangerous diseases in a number of ways. Some germs are passed to humans by animals. Other germs are carried to people by contaminated food or water. Still others are passed directly from person to person.

The Centers for Disease Control and Prevention (CDC) is the government agency responsible for identifying, tracking, and controlling the spread of disease. With the help of the CDC, state and local health departments have created emergency preparedness plans. In addition to early detection, rapid diagnosis, and treatment with antibiotics or antivirals, these plans make use of two main strategies—**quarantine and isolation**—to contain the spread of disease.



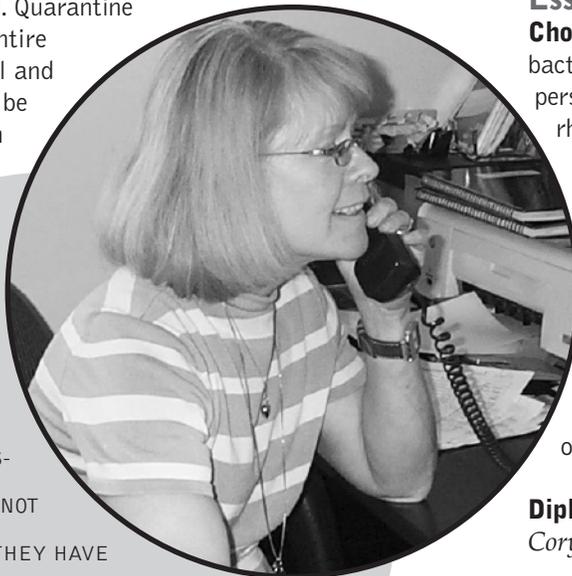
CONTINUED ON PAGE 2



CONTROLLING THE SPREAD OF CONTAGIOUS DISEASES CONTINUED FROM PAGE 1

When someone is known to be ill with a contagious disease, they are placed in isolation and receive individualized care, with special rules in place to protect others from exposure to the disease. Patients may be isolated at home or in a hospital, and providers, interpreters and all visitors must wear protective clothing and take other precautions, depending on the circumstances of the specific illness. As a freelance interpreter, always check-in with hospital staff before entering an isolated room or unit, and follow all instructions for personal safety.

When someone has been exposed to a contagious disease and it is not yet known if they have caught it, they may be quarantined or separated from others who have not been exposed to the disease. Quarantined individuals may be cared for at home, or in a specialized hospital or designated emergency facility. In cases of suspected public health risks, they will be among the first to receive vaccination, antibiotics, testing, and monitoring. Quarantine can be applied to entire groups, and medical and ancillary staff may be detained along with



WHEN SOME-
ONE HAS BEEN
EXPOSED TO A
CONTAGIOUS DIS-
EASE AND IT IS NOT
YET KNOWN IF THEY HAVE
CAUGHT IT, THEY MAY BE QUARANTINED
OR SEPARATED FROM OTHERS WHO HAVE NOT BEEN
EXPOSED TO THE DISEASE.

patients. As a freelance interpreter, be sure to identify yourself to medical staff and follow all instructions for personal safety. Do not panic, and do not attempt to leave the designated quarantine area without permission from appropriate medical or law enforcement personnel.

Currently, the government reserves the right to quarantine in cases involving cholera, diphtheria, tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic diseases, and SARS (Severe Acute Respiratory Syndrome). States have the authority to declare and enforce quarantine and isolation within their borders. Further, at the national level, the CDC may detain and medically examine persons suspected of having these contagious diseases. This authority applies to individuals arriving from foreign countries, as well as to individuals traveling from one state to another or in the event of "inadequate local control."

Essential Vocabulary for Interpreters

Cholera - an illness caused by infection of the intestine with the bacterium *Vibrio cholerae*. An approximately one in 20 infected person has severe disease characterized by profuse watery diarrhea, vomiting, and leg cramps. In these persons, rapid loss of body fluids leads to dehydration and shock. Without treatment, death can occur within hours.

Communicable disease - an infectious disease that is contagious and which can be transmitted from one source to another by infectious bacteria or viral organisms.

Contagious disease - a communicable disease capable of spreading rapidly from one person to another by contact or close proximity.

Diphtheria - an illness caused by a bacterium called *Corynebacterium diphtheriae*.

It lives in the mouth, throat and nose of an infected person and can be spread to others by coughing or sneezing. It can initially cause a sore throat, fever and chills. But if it is not properly diagnosed and treated it produces a **toxin** in the body that can cause serious complications such as heart failure or



CURRENTLY, THE GOVERNMENT RESERVES THE RIGHT TO QUARANTINE IN CASES INVOLVING CHOLERA, DIPHTHERIA, TUBERCULOSIS, PLAGUE, SMALLPOX, YELLOW FEVER, VIRAL HEMORRHAGIC DISEASES, AND SARS (SEVERE ACUTE RESPIRATORY SYNDROME).

paralysis. About 1 person out of 10 who get diphtheria dies from it.

Infectious disease - a disease caused by a microorganism, which may or may not be communicable. Examples of "non-communicables" are diseases caused by toxins from food poisoning or infection caused by toxins in the environment, such as tetanus.

Tuberculosis - Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs. But, TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.

Plague - Plague is a rare bacterial disease caused by *Yersinia pestis*. Usually, people get plague from the bite of an infected flea. Symptoms include fever, chills, weakness, and swollen and painful lymph nodes. A few people get pneumonia as a first symptom of plague. The infection then spreads to other parts of the body. If this disease is not treated right away, many people who get sick will not survive.

SARS (Severe Acute Respiratory Syndrome) - a viral respiratory illness that usually begins with a high fever sometimes associated with chills or other symptoms, including headache, general feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms or diarrhea at the outset. Within a few days, SARS patients may develop a dry, nonproductive cough that might progress to a condition in which the oxygen levels in the blood are low. In 10 percent to 20 percent of cases, patients require mechanical ventilation.

Smallpox - Smallpox is a serious, contagious, and sometimes fatal infectious disease. There is no specific treatment for *smallpox* disease, and the only prevention is vaccination. The name smallpox is derived from the Latin word for "spotted" and refers to the raised bumps that appear on the face and body of an infected person.

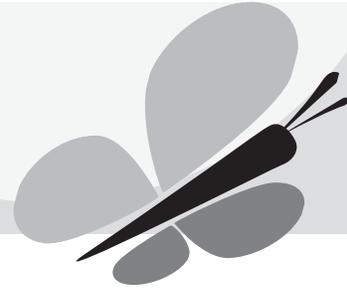
Yellow fever - Yellow fever is a viral disease that is transmitted to humans through the bite of infected mosquitoes. Illness ranges in severity from an influenza-like syndrome to severe hepatitis and hemorrhagic fever.

CCCS INTERPRETER UPDATES

CCCS would like to remind its 400 freelance interpreters that all Service Verification Forms (SVF) are due June 30, 2007. Standard CCCS procedure requires interpreters to submit SVF within 48 hours of any assignment. However, June 30th marks the end of the fiscal year, and any service forms pertaining to the current fiscal year that are received after this date cannot be processed for payment.

CCCS is one of the few agencies to make reminder calls to its interpreters for each appointment. In return, we expect that our interpreters cross reference the information received in a reminder call with the information documented in the corresponding SVF. Any discrepancies, including names, locations, dates and times, should be immediately reported to the CCCS Interpreter Services Department.

CCCS is moving towards an environmentally-sound "paperless office". We will soon be asking our interpreters to provide a password-protected encrypted email to which assignments and other correspondence can be sent. This email should be accessible only to the individual CCCS interpreter, and should not be accessed by any third party. We encourage all interpreters to prepare for this transition by setting up secure Internet and email systems.



CCCS MIFT PROGRAM

In March 2007, CCCS revised its interpreter policies and guidelines in a new publication, the **Medical Interpreter Foundations Manual**. This manual, distributed to all active CCCS interpreters, reinforces the Code of Ethics and provides interpreters with tips on managing their schedules, preparing for assignments, navigating the triadic encounter, documenting work and reporting critical incidents.

All active CCCS interpreters are required to attend an updated 8-hour **Medical Interpreter Foundations Training (MIFT)** by October 2007.

These trainings will be held once a month (on a Monday from 9AM to 5PM) throughout the summer. Please contact Gail Marinaccio at (781) 729-3736 x.106 or by email at gmarinaccio@cccsorg.com to reserve your seat for one of the following sessions:

June 25

July 23

August 20

Sept. 24



TRAINING FOR CCCS INTERPRETERS

As a medical interpreter, are you dedicated to your profession? If so, you have likely considered the need for intermediate and advanced training to supplement your personal study and daily practice. Indeed, the *MMIA Standards of Practice* list, as an indicator of mastery, the need to engage in "ongoing professional development". (Standard C6-E)

The Office of Civil Rights recommends a minimum of 40 hours of training for all healthcare interpreters. At CCCS, we are committed to working exclusively with trained interpreters, and our current hiring practices reflect this value. If you are a long-time interpreter who has not undergone at least 40 hours of training, CCCS urges you to formalize your interpreter education.

At the moment, several local organizations offer basic to advanced medical interpreter training. CCCS will soon require that each interpreter submit proof of professional training. For more information on local programs, visit the International Medical Interpreters Association (IMIA) website, www.mmia.org. While your professional training can be obtained from any reputable interpreter-training program, CCCS is currently offering its active interpreters a 50% discount on all course offerings at the Woburn, MA and Nashua, NH locations. For more information on summer and fall programs, contact Stefanie DiMeo, Program Coordinator, at (781) 729-3736 x.111 or sdimeo@cccsorg.com.



CCCS

cross cultural communication systems, inc.

PO Box 2308, Woburn, MA 01888 | p: 781-729-3736 | f: 781-729-1217
 New Hampshire Regional Office: PO Box 733, Nashua, NH 03060 | p: 1-888-678-CCCS | f: 603-386-6655
cccsinc@cccsorg.com | www.cccsorg.com
 CCCS Inc. is a SOMWBA and DBE-certified business Copyright 2006 CCCS