

Position Statement on Communicating with Deaf and Hard of Hearing People While Wearing Masks

**developed by the National Association of the Deaf (NAD) with input from other deaf, hard of hearing, and DeafBlind consumer advocacy organizations and subject matter experts*

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Overview

With the goal of reducing the spread of coronavirus, recent mandates in many parts of the United States have required the public to wear masks in all indoor settings and certain outside settings with crowded conditions. While the widespread use of masks is necessary, it hinders communication for many deaf and hard of hearing people regardless of their communication preferences. Widespread use of opaque masks affects speechreaders (otherwise known as lipreaders) who are unable to see the lips, those who rely on residual hearing who struggle to hear muffled speech behind face masks, and also those who do not speechread, because being able to see the mouth movements and facial expressions are helpful cues to basic communication in various situations such as at the food store, bank, or other parts of daily life. While the benefits of mask use are clear during the COVID-19 pandemic, effective communication with deaf and hard of hearing people must still be ensured.

This document is intended to serve as a guide for best practices in communicating with those who are deaf, hard of hearing, DeafBlind, and deaf with other disabilities¹ in a wide variety of contexts, such as the workplace, schools, and businesses. Also, public health guidance and research on ensuring safety yet maintaining optimal accessibility is still evolving, and public health guidance and research on the medical efficacy of face shields as a substitute for clear or opaque face masks is still ongoing. One promising study however highlighted that the clear face shields' efficacy against influenza virus ranged from 68% to 96%, and further work is anticipated to assess how they and other clear masks perform against coronavirus.² The objective of this document is focused on the accessibility of face coverings and makes no claims about the public health efficacy of different coverings, nor does it attempt to resolve potential tensions between accessibility and public health considerations that might arise as guidance and research are developed.

¹ All deaf, hard of hearing, DeafBlind, and deaf individuals with other disabilities will hereinafter be referred to as "deaf or hard of hearing" for the remainder of this document.

² See Lindsley WG, Noti JD, Blachere FM, Szalajda JV, Beezhold DH. Efficacy of face shields against cough aerosol droplets from a cough simulator. *J Occup Environ Hyg*. 2014;11(8):509-518.

For the aforementioned reasons, we encourage the use of clear masks and possibly clear face shields to make it easier for deaf and hard of hearing people to communicate. We also emphasize that the use of clear masks or face shields does not mean there is full accessibility for all deaf and hard of hearing people. For instance, clear masks, even those with large clear viewing areas, often are not clear enough for full comprehension even for expert lipreaders and they do not show the whole face. And lipreading is by nature error-prone, a risk that not all deaf or hard of hearing people are willing to assume. . Clear face shields may also be susceptible to glare that may obscure the speaker's lips and other facial cues. Both masks and face shields, clear or otherwise, often muffle speech sounds, posing a barrier for deaf and hard of hearing people who rely on residual hearing and hearing amplification.³ Clear masks and face shields are nevertheless helpful to provide visual cues to assist with communication in limited situations.

For longer conversations, we recommend that other means of communication be supplemented or provided. This may include complex discussions such as during medical and mental health appointments, legal consultations, educational settings, court appearances, and work meetings. The use of qualified professional sign language interpreters, Cued Language Transliterators, professionally rendered captioning services (often referred to as CART), and/or assistive listening devices and systems should be considered and provided. The use of clear face shields and clear face masks does not absolve these entities from providing the aforementioned traditional accommodations under the Americans with Disabilities Act (ADA) and other disability laws. Furthermore, clear face shields and clear face masks or communicating from six feet away will not provide accessibility for DeafBlind consumers and other accommodations should be considered and provided, with input from the DeafBlind consumer in question. Those working with DeafBlind consumers should be provided with full personal protective equipment (PPE).

Recommended Mask Policies

Entities may have differing policies regarding masks and shields which may conflict with communication accessibility. We urge entities to be flexible with mask policies to ensure better accessibility. Entities should consult with deaf and hard of hearing persons when developing such policies. These recommendations are meant to work in conjunction with the advice and recommendations of health officials, and are not intended to supersede them. Although the CDC specifically recommends masks and new studies⁴ are being done on clear face shields, we are focused solely on accessibility in this document and we make no claims as to the efficacy of

³ See <https://www.hearingreview.com/hearing-loss/health-wellness/how-do-medical-masks-degrade-speech-reception>

⁴ See <https://jamanetwork.com/journals/jama/fullarticle/2765525> and <https://www.aarp.org/health/healthy-living/info-2020/shields-compared-to-masks.html>

either clear face shields or clear face masks in regard to transmission. Options include full face shields with anti-glare measures,⁵ clear masks,⁶ and cloth masks or surgical masks with additional communication strategies.

1. Clear Face Shields

Clear face shields allow deaf and hard of hearing people to see the entire face of the wearer. Wearing a clear face shield enables the other person to see the wearer's facial expressions, which are integral for comprehension when speechreading (otherwise known as lipreading) or using sign language. While we do not endorse any product, Appendix A has a list of resources for purchasing clear face shields or making homemade face shields if none are available for purchase. Even with face shields, speech might come across as muffled or altered, so be sure to be patient and enunciate. Face shields may also reflect glare from lights, so be sure to adjust so that there is no glare affecting the deaf or hard of hearing person.

2. Clear Masks

Clear masks are not as good for visibility as clear face shields with anti-glare measures but are better than standard surgical, fabric, or N-95 masks for communication purposes. While we do not endorse any product, Appendix A has a list of resources for purchasing clear masks or making homemade clear masks if none are available for purchase.⁷ We recognize that the demand for clear masks is more than those companies can meet and support any efforts to use makeshift clear masks for the time being. Appendix A has a list of resources for purchasing clear masks, and also for making homemade clear masks if none are available for purchase. One common complaint with regard to clear face masks is that they tend to fog up. Appendix A below provides resources with tips on how to prevent fogging.

Keep in mind that even when using clear masks, speech might come across as muffled or altered, so be sure to be patient and enunciate.

3. Cloth or Surgical Mask with Additional Communication Strategies

⁵ It is unclear whether face shields without anti-glare measures are still more effective for communication than clear masks.

⁶ Depending on availability, approved commercially manufactured masks or cloth masks with clear shields sewn into them.

⁷ One clear mask brand is FDA-approved while some other masks are merely "FDA-registered," which is not intended for use in medical settings.

Non-transparent masks are the most commonly used type of mask but since they cover up the mouth and muffle speech, they do hinder communication for deaf and hard of hearing people and should be avoided in favor of the above options when possible. If there is no other alternative in an impromptu setting (see below for obligations in formal settings), the mask wearer should have a fully charged cell phone to type messages. Each person should have their own cell phone as handing the device back and forth should be avoided. A fully charged portable battery is also recommended for backup. It is advisable to use phone apps for typing big text, such as those outlined in Appendix A below, or speech-to-text apps (also outlined in Appendix A below).⁸ Hard of hearing consumers may have portable FMs, portable hearing loops, or personal streaming devices with them and readily available to use. One can also use a whiteboard and marker or paper and several pens - sharing is not recommended. Short of these options, as an absolute last resort, if the person who needs speechreading is at least six feet away, it may be possible to pull down the mask - if both parties are comfortable with this - and move your mouths to allow lipreading at a safe distance. Hearing people can still be inclusive, even during pandemics.

Entities' Continued Obligation to Provide Accommodations

As mentioned earlier, the use of clear face shields and clear face masks does not absolve covered entities from providing traditional auxiliary aids and reasonable accommodations under the Americans with Disabilities Act (ADA) and other disability laws. Other means of communication should be provided, especially for complex discussions such as those during medical and mental health visits, legal consultations, educational settings, court appearances, and work meetings. In other words, qualified professional sign language interpreters (including Certified Deaf Interpreters and ProTactile interpreters if necessary), Cued Language Translitterators, professionally rendered captioning services, and/or assistive listening systems or devices should be provided. The interpreters and translitterators should be provided with clear face shields and clear face masks since seeing the mouth and facial expressions are vital for deaf and hard of hearing people to understand what the interpreters and translitterators are conveying.

1. Workplaces

Several employers, such as federal agencies, have stated that once employees return to the office, they should bring their own masks. This is problematic since individuals are likely to bring cloth masks, which hinder communication as they cover the mouth. Instead, if deaf and hard of hearing employees are located at a certain office, the employer should provide clear masks or

⁸ However, speech-to-text app performance also degrades when speech is muffled by masks, and it may be necessary to hold the microphone close to the speaker to get acceptable performance.

clear face shields. When a deaf or hard of hearing employee requests that co-workers wear clear face coverings and such masks are available, the employer should require all employees to wear such masks. The employer should work with the deaf or hard of hearing employee to create an accessible workplace environment. Interpreters, whether they are staff interpreters, contractors or freelance, should be provided the appropriate clear masks, face shields, and PPE by the employer upon entering the workplace. If the employer fails to address the deaf or hard of hearing employee's request for such reasonable accommodations, the deaf or hard of hearing employee has several legal options including filing a claim with the [Equal Employment Opportunity Commission](#) (E.E.O.C.) or, if in the federal sector, the federal employee should follow their agency's protocol for resolving disputes.

Some deaf or hard of hearing employees may prefer not to go back in person at all given the communication barriers posed by masks. For those who are able to do their work remotely, they should have the ability to request to remain at home if clear face shields or clear masks are not provided by the employer or mandated to be worn by co-workers. **Every effort should be made to continue [remote work](#) as long as it remains an effective option.**

2. Educational Settings

Educational administrators should, to the extent that our recommendations are compatible with the [CDC guidelines](#), prioritize the use of clear plastic face shields or clear masks for all employees and students communicating with deaf or hard of hearing staff as well as deaf or hard of hearing students. In the preK-12 context, this includes all service personnel, such as audiologists, American Sign Language interpreters, Cued Language Transliterators, language specialists, occupational and physical therapists, speech-language pathologists, along with related staff, e.g. administrative office workers, bus drivers, cafeteria workers and nurses. In addition, employees that are expected to communicate with parents, for instance, those working at the front desk, should wear clear plastic face shields or clear masks so as to facilitate communication with parents that are deaf or hard of hearing.

Teachers of the deaf and interpreters/transliterators are encouraged to wear clear face coverings⁹ that cover the nose and wrap securely around the face to maximize deaf and hard of hearing students' ability to learn without communication barriers while being safe. In a program where there is more than one deaf student or in a deaf school where students need to understand each other, school administrators should consider which type of clear face covering works best for each deaf or hard of hearing student, depending on their age and/or comfort level.

⁹ See <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/cloth-face-cover.html>

For both the preK-12 and higher education contexts, in the classroom, the same level and quality of access should be provided for deaf or hard of hearing students, including sign language interpreters, Cued Language Transliterators, CART, captioning, FM systems, et cetera. As discussed earlier in this document, face shields and masks do not assist with communication, they only provide some level of protection from transmitting viruses. For some staff or students, face shields and masks may necessitate increased accommodations, due to sound or facial blockages.

3. Medical Settings

Hospitals must comply with U.S. Food and Drug Administration (FDA) standards and thus are likely to be the strictest in regard to medical-grade masks but nevertheless must make every allowance for clear communication that does not put the health of others at risk. Whenever possible, clear plastic FDA-approved clear masks or face shields should be provided for American Sign Language (ASL) interpreters, Cued Language Transliterators, Support Service Providers (SSPs), and medical personnel as an accommodation. We urge the FDA to prioritize expediting approval for clear masks and clear face shields. Additionally, mask manufacturers should be encouraged to increase their supplies to assist with supply shortages. If local supply is limited, access to current hospital and medical office inventory of clear face shields and clear masks should be restricted in accordance with the following prioritized list:

1. ASL interpreters and Cued Language Transliterators for the deaf and hard of hearing and Support Service Providers (SSPs)/Co-Navigators (CNs) for the DeafBlind, who should be provided other personal protective equipment (PPE) as well
2. Medical personnel and patient advocates (e.g., case managers and those with power of attorney) who have constant contact with deaf, hard of hearing, or DeafBlind co-workers, patients, and companions.
3. Medical personnel and patient advocates (e.g., case managers and those with power of attorney) having only intermittent contact with deaf, hard of hearing, or DeafBlind individuals

During the coronavirus pandemic, doctors who are seeing patients in-person should follow these mask guidelines. Doctors who are using telehealth for non-urgent doctor-patient interactions, please see our [guidelines on telehealth](#).

Furthermore, we are receiving reports of hearing people increasingly pushing children as young as five to interpret for their parents. Children should *not* be expected to become interpreters for their parents, especially in the medical setting. It does not matter what age a child is; federal and

state disability rights laws mandate that the interpreters be impartial which necessarily prohibit any family member from interpreting regardless of skill or age.

4. Legal Settings

For legal consultations, attorney-client meetings, and court appearances during the coronavirus pandemic, every effort should be made to continue providing the remote option unless otherwise requested by the deaf or hard of hearing individual. If it must take place in person, then the use of clear masks or clear face shields should be prioritized. In the case of a court appearance, the set up in the courtroom should be planned not just with physical distancing in mind but also to ensure the visibility of the ASL interpreters, Cued Language Transliterators, and/or the court reporter. If the person is DeafBlind, then exceptions must be made for physical distancing between the DeafBlind person and interpreters and both should be given appropriate personal protective equipment (PPE).

5. Law Enforcement

Even during the COVID-19 pandemic, federal laws mandate that all public officials, including those in law enforcement, provide effective communication with deaf and hard of hearing people. Such laws prohibit the use of family members to interpret, especially young children. It is never appropriate to use a child to interpret. Public officials should always endeavor to talk directly with deaf or hard of hearing individuals. Masks are essential for everyone's safety, and there are ways to provide effective communication without compromising anyone's safety such as the use of clear face shields and/or clear masks, pulling masks down with appropriate distancing (only if both parties are comfortable doing so, and consider distancing further than six feet when talking at increased volume without a mask) so others can speechread and/or use hearing amplification devices, using one's own phone to type messages in big text, and simply writing on paper. Phones and paper/pen supplies should not be shared. These communication strategies are primarily for limited situations such as traffic stops but for more formal conversations, such as interviews at police stations, qualified professional sign language interpreters (including Certified Deaf Interpreters if necessary), Cued Language Transliterators, and/or professionally rendered captioning services (CART) should be provided. Again, interpreters and transliterators should be provided with clear face shields and clear face masks since seeing the mouth and facial expressions are vital for deaf and hard of hearing people to understand what the interpreters and transliterators are conveying.

Impromptu Settings/Brief Interactions

Many grocery stores and banks have already erected temporary plexiglass barriers at the counter to protect their employees. As these plexiglass barriers already provide a layer of protection, these employees should be permitted to temporarily remove their masks upon request to aid with communication with deaf and hard of hearing customers. Restaurants, places of worship, voting stations, and law enforcement agencies should purchase and keep a supply of clear face shields and clear face masks on hand for communicating with deaf and hard of hearing individuals. Again, children should *not* be expected to facilitate communication between their parents and employees. Always communicate directly with the deaf or hard of hearing individual.

If clear face shields or clear face masks are not available, the mask wearer should have a fully charged cell phone to type messages. Each person should have their own cell phone as handing the device back and forth should be avoided. A fully charged portable battery is also recommended for backup. It is advisable to use phone apps for typing big text, such as those outlined in Appendix A below, or speech-to-text apps (also outlined in Appendix A below). One can also use a whiteboard and marker or paper and several pens - sharing is not recommended. Short of these options, as an absolute last resort and only if both parties are comfortable with this, if the person who needs speechreading is at least six feet away, it may be possible to pull down the mask and move your mouths to allow lipreading at a safe distance.

List of Supporting Organizations and Professionals (in alphabetical order)

[American Association of the DeafBlind*](#)

[Association of Late-Deafened Adults \(ALDA\)*](#)

[Cerebral Palsy and Deaf Organization \(CPADO\)*](#)

[Communication Service for the Deaf \(CSD\)*](#)

[CueSign, Inc.*](#)

Christopher J. Moreland, M.D., MPH, Associate Professor of Internal Medicine, Dell Medical School at the University of Texas at Austin

[Deaf in Government \(DIG\)](#)

[Gallaudet University](#)

[Hearing Loss Association of America \(HLAA\)*](#)

Michael McKee, M.D., MPH, Associate Professor of Family Medicine, University of Michigan

[National Association of the Deaf \(NAD\)*](#)

[National Association of State Agencies of the Deaf and Hard of Hearing \(NASADHH\)](#)

[National Technical Institute for the Deaf \(NTID\) Center on Employment](#)

[National Cued Speech Association \(NCSA\)*](#)

[Telecommunications for the Deaf and Hard of Hearing, Inc. \(TDI\)*](#)

(*consumer advocacy groups that advocate for the rights of deaf, hard of hearing, and DeafBlind people)

Appendix A: Resources

We encourage companies that produce clear face shields and clear masks to increase production of their shield or mask and to continue innovating to meet the needs of deaf and hard of hearing people. Again, we do not endorse any of the products listed below but offer them as a resource.

Possible Companies to Order Face Shields From:

* Please note that the availability of these masks may change from day-to-day as orders come in and raw materials are available so please be sure to verify with the vendor.

1. [InstaShield](#)
2. [Z Shield](#)
3. [Crosstex](#)
4. [Humanity Shield](#)
5. [Dome Shield](#)

Possible Companies to Order Clear Masks From:

* Please note that the availability of these masks may change from day-to-day as orders come in and raw materials are available so please be sure to verify with the vendor.

1. [SafenClear](#)
2. [ClearMask](#)
3. [FaceView Mask](#)
4. [LEAF N-99 Clear Mask](#)
5. Residents of Missouri may apply using [this link](#) to have a clear mask mailed anywhere in the state.

Tips for Keeping Clear Masks from Fogging:

- [Hearing Spot](#)
- [Knowledge Base](#)

Making Homemade Face Shields or Face Masks:

*please consider the [CDC's guidelines on face coverings](#) to ensure the shield/masks you make are safe

- [Tutorial on Making Homemade Clear Acetate Face Shield](#)
- [Tutorial on Making Homemade Clear Visor Face Shield](#)
- [Face Shield DIY Tutorial](#)
- [Tutorials on Making Homemade Clear Masks](#)

Typing Back and Forth with Large Print:

- Big Note ([iOS](#), [Android](#))
- Cardzilla ([iOS](#), [Android](#))
- Google Keep ([iOS](#), [Android](#))
- Make It Big ([iOS](#), [Android](#))
- Sorenson Buzz Cards ([iOS](#), [Android](#))

Speech-to-Text:

- [Ava](#) (can type back, many languages available) ([iOS](#), [Android](#))
- [Google Live Transcribe](#) (can type back, many languages available) ([Android](#))
- [iOS Dictation](#) (works with any text app on iOS, must be enabled in settings)
- [Microsoft Translator](#) (can type back and translate, many languages available) ([iOS](#), [Android](#), [Windows](#))
- [Otter.ai](#) (English only) ([iOS](#), [Android](#))
- [Web Captioner](#) (many languages available)