Policy Directive

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Interpreters - Standard Procedures for Working with Health Care Interpreters

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Functional Sub group Clinical/ Patient Services - Non-English speaking

Summary This policy directive describes the roles and functions of the Health Care Interpreter Service, situations in which interpreters must be used, what to do if an interpreter is not available, and the responsibilities of health care providers when using interpreters.

Replaces Doc. No. Interpreters - Standard Procedures for the Use of Health Care Interpreters [PD2005_281]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, Public Hospitals

Audience Providers of health care services in direct contact with the public in NSW Health facilities

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes

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Director-General

Compliance with this policy directive is **mandatory**.

STANDARD PROCEDURES FOR WORKING WITH HEALTH CARE INTERPRETERS

(For people from culturally and linguistically diverse backgrounds who are not fluent in English and people who are Deaf[1]).

This policy applies to all NSW Area Health Services and replaces Policy Directive PD2005_281. It should be read in conjunction with the following related Policy Directives:

- NSW Health Departmental Policy Directive PD2005_406, "Patient information and consent to medical treatment".
- NSW Health Departmental Policy Directive PD2005_593, "NSW Health Privacy Manual (Version 2)'"
- NSW Health Departmental Policy Directive PD2005_483, "Standard procedures for improved access to Area and other public health services by non English speaking background people."
- NSW Health Departmental Guidelines GL2005_032, "Guidelines for the production of multilingual health resources by Area Health Services, NSW Health Department and NGOs funded by NSW Health"
- NSW Health Departmental Policy Directive PD2005_380, "Patient Identification – Correct Patient, Correct Procedure, and Correct Site Model Policy.

What this policy says

It is NSW Government policy that professional health care interpreters be used to facilitate communication between people who are not fluent in English, including people who are Deaf, and the staff of the NSW public health system. The use of professional interpreters allows health professionals to fulfil their duty of care, including obtaining valid consent.

This Policy Directive describes the situations in which interpreters must be used, the responsibilities of health care providers when working with interpreters, what to do if an interpreter is not available and the roles of health care interpreters.

Who this policy is for

All providers of health care services in NSW Health facilities and funded services.

[1] Use of the capital 'D' in Deaf, see glossary on page 21.

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1.0 EXECUTIVE SUMMARY

- NSW Legislation requires that public sector agencies and services provide equitable access to people from non-English speaking backgrounds and people who are Deaf (*Anti-Discrimination Act 1977, Mental Health Act 1990*, and the *Community Relations Commission and Principles of Multiculturalism Act 2000*).

- Health care interpreters are to be used in all health care situations where communication is essential including, admission, consent, assessment, counselling, discharge, explanation of treatment, associated risks and side-effects, health education and medical research and day only surgery (NSW Health Department Policy Directives PD2005_593, "NSW Health Privacy Manual (Version 2)" and PD2005_406, "Patient information and consent to medical treatment").

- Generally, health care can only be provided with the consent of the patient. Consent will not be valid unless the patient has understood the information given to them regarding the intervention. (Departmental Policy Directive PD2005_406, "Patient information and consent to medical treatment".)

- Personal health information must be collected directly from the person, unless it is unreasonable or impracticable (*Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*, Department Policy Directive PD2005_593 "NSW Health Privacy Manual (Version 2)").

- Area Health Services are to ensure that systems and procedures are in place which ensure that patients who are not fluent in English or who are Deaf are given appropriate information and consent to treatment through the use of a health care interpreter.

- Both health care providers and patients/clients have a right to request a health care interpreter.

- Professional accredited health care interpreters provide interpreting services within the NSW public health system. The service is available 24 hours a day, 7 days a week, either face-to-face by telephone or by videoconference, where it is available. All interpreting services are free to public health patients/clients.

- The need for an interpreter should be recorded in a prominent place on the patient's/client's medical record.

- Consent obtained without the use of a professional interpreter (e.g. a relative or a friend) may not be legally valid.

- Health care interpreters can usually provide short written translations which are directly related to individual patient/client care.

- Where possible, requests for interpreters should be made in advance.

- Health care interpreters are professionally trained interpreters and abide by a professional code of ethics, see Appendix 2. Bilingual health care staff are not be used as interpreters.

2.0 INTRODUCTION

From the 2001 Census, almost a quarter of the total NSW population (23%) was born overseas. During 2000-2001, NSW also received 46.1% of all immigrants arriving in Australia and the Department of Immigration and Multicultural Affairs (DIMA) indicates that this trend is unlikely to change significantly in the near future. This means, 1,012,613 people living in NSW were born in a non-English speaking country of which 1,156,767 indicated that they spoke a language other than English at home. If the numbers of people who are profoundly Deaf are included, at the last Census, 232,115 living in NSW indicated they spoke English poorly; and many of this group also lack the capacity read and write English.

The provision of professional health care interpreters aims to overcome the communication and cultural barriers faced by many Australians who are not fluent in English or who are Deaf, when using health services. Communication with the assistance of a professional health care interpreter allows non-English-speaking patient/clients, including people who are Deaf, to use mainstream services effectively and to be able to communicate with the health provider as if they were fluent in English. Through an interpreter, the patient/client is able to ask questions about the health system, the treatment and/or procedure recommended and the risks involved.

2.1 POLICY

NSW Health is committed to the Principles of Multiculturalism. The provision of health services to immigrants and refugees is based on two policy principles, which are enshrined in NSW legislation.

1. Equality of access to health care services for culturally and linguistically diverse populations including people who are Deaf (*The Anti-Discrimination Act 1977*).
2. The responsibility of the health care system to respond appropriately to the specific needs of different groups in the community which include people from culturally diverse backgrounds (*Community Relations Commission and Principles of Multiculturalism Act 2000,* and the *Mental Health Act 1990*).

The Community Relations Commission of NSW, through agency Ethnic Affairs Priority Statements, requires public sector agencies to develop protocols for

language services to ensure they are accessible to people from Culturally and Linguistically Diverse (CALD) backgrounds. The Commission also requires that staff are proficient in the application of the protocols, including the process for booking interpreters.

Health personnel must communicate appropriately and effectively, through the use of a health care interpreter, with patients who are not fluent in English or who are Deaf, when collecting personal details, health information and/or obtaining consent to conduct a medical procedure.

3.0 STANDARD PROCEDURES

To ensure optimum use of the Health Care Interpreter Services (HCIS), Area Health Services are required to implement the following standard procedures. (For a list of the HCIS contact numbers please see Appendix 3.)

3.1 PROMOTING THE AVAILABILITY AND USE OF THE HCIS

3.1.1 Areas need to develop systems and procedures which ensure that patients who are not fluent in English or who are Deaf are given appropriate information and consent to treatment through the use of a health care interpreter.

3.1.2 All patients/clients who are not fluent in English or who are Deaf should be informed about their right to access a professional health care interpreter and offered the services of the HCIS at the first point of contact with the health care service.

3.1.3 All health facilities are to display in all public contact areas:

- multilingual information about the availability of interpreter services
- the relevant contact phone and fax numbers of these services

3.1.4 The treating professional is responsible for arranging the health care interpreter.

3.1.5 An interpreter will be provided when the patient/client, the patient/client advocate or representative requests the use of a professional interpreter, even if the health care professional does not consider one is required.

3.2 WHO IS ELIGIBILE TO USE THE HCIS

3.2.1 Health care interpreting services may be provided on-site, by telephone, or by videoconferencing depending on the facility and clinical priority for:

- patients/clients of the NSW public health sector
- people using other NSW government organisations, where a public health professional is the lead professional, such as in child protection

- non-government organisations primarily funded by NSW Health, i.e. more than 50% of their funding. (The cost of the HCIS service provided to the NGOs is to be born by the Area in which the patient presents for service)
- Justice Health
- Mental Health Review Tribunal
- staff of health services in relation to non-clinical activities such as disciplinary interviews, as well as clinical care
- the Health Care Complaints Commission
- Official Visitors under the *NSW Mental Health Act*
- patients/clients attending NSW Health state-wide services

3.2.2 The Health Care Interpreter Service is **not usually available for**:

- officers of other government instrumentalities, or non-health professionals
- private health care providers and facilities

3.2.3 With an increase in coordinated care and other collaborative health programs, decisions may need to be made from time to time about whether a request for a health care interpreter falls within these guidelines. Where possible, health care providers should discuss such situations with the manager of their local HCIS.

3.2.4 In some situations the HCIS will provide a service and charge for the service on a cost recovery basis. Examples of situations where this may apply include:

- service agreements with particular providers
- some non-government agencies funded by NSW Health
- provision of care to patients/clients covered by workers' compensation or compulsory third party insurance claims
- some funded programs (e.g. research or health promotional campaigns)
- overseas visitors (those whose countries do not have reciprocal health care agreements with Australia)

3.3 CLINICAL BENEFITS OF USING HEALTH CARE INTERPRETERS

3.3.1 The clinical benefits to health care providers are:

- facilitation of accurate diagnosis
- improvement of patient/client understanding and adherence to medication and treatment plans
- ability to offer health promotion and prevention programs to patients/clients

3.3.2 The benefits to patients/clients who are not fluent in English and those who are Deaf, include:

- the ability to understand the information imparted by the health professional
- the ability to ask questions about their condition, the proposed treatment, or procedure and risks associated with it
- make an informed choice and provide informed consent before treatment

3.3.3 The use of professional interpreters can bring efficiency benefits to the health system, such as:

- the reduction of readmission rates and length of stay
- savings in health personnel time and the prevention of misunderstandings which could result in litigation
- savings in unnecessary diagnostic tests and procedures
- improving safety and reducing adverse events, eg incorrect patient identification, incorrect procedure, postponement of procedures due to incorrect administration of medication

3.3.3 Using a non-professional interpreter may have a number of serious consequences.

- inferior quality of interpreting and inaccuracies due to lack of skills and familiarity with ethics, medical concepts and terminology
- altering, censoring, distortion and suppression of messages, especially when relatives act as interpreters
- inappropriate responsibilities being placed upon family members
- breach of patient/client confidentiality
- invalidity of consent
- invalidity of patient identification, correct procedure, correct site

3.4 WHEN TO USE HEALTH CARE INTERPRETERS

3.4.1 Prior to commencing treatment, health care providers are required to disclose all relevant information regarding treatment, method, risks associated with treatment, any side-effects or adverse outcomes. It is essential to communicate this information to patients/clients who are not fluent in English and patients/clients who are Deaf, through a professional health care interpreter. (see Departmental Policy Directive PD2005_406 “Patient information and consent to medical treatment”.)

3.4.2 It is essential that health care interpreters are present during interviews or discussions with the patient/client, especially with regard to the following situations:

- admission/initial assessments (see Section 3.6)
- consent for operations, procedures, treatment and research, (see section 3.9 and 3.10)
- identifying correct patient, correct procedure and correct site, (see PD2005_380)
- high-risk/life-threatening situations
- counselling
- death of a patient/client and bereavement counselling
- discharge procedures and referrals
- explanation of medication
- day-only surgery
- health education and promotion programs (both individual and group)
- medical instructions
- medical histories, assessments and treatment plans
- Mental Health Review Tribunals and magistrates' enquiries
- pre-operative and post-operative instructions
- psychiatric assessment and treatment
- psychological assessment
- treatment or counselling for sexual assault, physical and emotional abuse
- speech therapy
- procedures relating to organ / tissue donation

3.5 THE USE OF TELEPHONE AND VIDEOCONFERENCE INTERPRETING

3.5.1 While telephone interpreting may be used, face-to-face interpreting is more reliable and therefore is the preferred option in the provision of health care. Telephone interpreting does not allow for interpretation of non-verbal forms of communication such as body language and gestures. It may also be easier to misunderstand what is said or not heard clearly over the telephone.

3.5.2 In the event that a health care interpreter cannot be provided on site, telephone interpreting or videoconference interpreting, where it is available, should be considered. The HCIS should be contacted first and if they are not available, the Commonwealth Translation and Interpreting Service (TIS) should be contacted. (For a list of the HCIS contact numbers please see Appendix 3.)

3.5.3 When using a telephone interpreting service with the patient/client present, it is preferable to use a speakerphone or a two-handset phone. These are invaluable communication devices and should be made available in all high traffic areas. Care should be taken to protect the privacy of the patients/clients when using speakerphones. Speakerphones will be installed/used in quiet/secluded areas.

3.5.4 In cases of emergency, when a HCIS, or TIS interpreter are not available, this must be noted in the medical record and the service providers must ensure that the Health Care Interpreter Service is called as soon as possible to ensure that accurate information has been communicated and the medical history taken is accurate.

3.5.5 See item 3.9.5 for information on using a telephone interpreter to obtain consent.

3.6 PROCEDURE AT INITIAL ASSESSMENT

3.6.1 Language spoken at home (or preferred language), country of birth, and need for interpreter assistance must be recorded at admission or intake for all patient/clients.

3.6.2 The treating professional or clerk of the facility should ensure that information relevant to the patient/client's linguistic, cultural, religious and social needs are recorded in the patient/client's medical record.

3.6.3 When a need for the HCIS is established, the health care provider or clerk of the facility should place a sticker stating "(language) interpreter needed" on the cover of the medical record and/or on the admission form for attention during subsequent contact and treatment. It is the responsibility of all facilities to ensure that the need for an interpreter is also clearly recorded on the electronic system.

3.6.4 It is the duty of the treating health care provider to provide all relevant information regarding treatment, method, any risks associated with treatment, any side-effects or adverse outcomes prior to commencing treatment. It is essential to communicate this information to patients/clients who are not fluent in English and those who are Deaf through a professional health care interpreter. The treating health care professional should satisfy themselves that the patient has understood the information transmitted through the interpreter to them and answer any questions raised by the patient to ensure that informed consent is obtained.

3.7 PATIENTS/CLIENTS WHO REFUSE THE USE OF HEALTH CARE INTERPRETERS

3.7.1 As the treating professional is responsible for providing best quality health care through the communication of accurate medical information, a professional interpreter should be used when the patient/client is not fluent in English or is Deaf. On occasions when a client/patient declines the use of an interpreter the practitioner should:

- Explain that he/she is obliged to ensure that all communication is accurate and impartial; this includes medical information provided by the

practitioner to the patient/client as well as information given by the patient/client to the practitioner
- explain that the service is free to the patient/client
- explain that all communication will be confidential and privacy will not be breached if an interpreter is used
- encourage the use of a professional interpreter by exploring reasons with the patient/client for their refusal

3.7.2 Patients/Clients may refuse a health care interpreter because of confidentiality - some CALD communities are small and a patient may be acquainted with the health care interpreter from that community. As a result, requests for a different health care interpreter should be supported. If the Health Care Interpreter Service cannot provide an alternative interpreter, when appropriate, a telephone interpreter from TIS may be used.

3.7.3 While some patients/clients may request that relatives or friends be present to offer support and comfort and to assist in the provision of information this is not a substitute for a health care interpreter.

3.7.4 In the case that a professional interpreter is not used because the patient/client has declined the use of one, the provider must record these details in the patient/client's medical record, with details of the discussions that have taken place about the use of an interpreter (see 3.7.1) and inform the patient/client that this is being done.

3.8 BOOKING PROCEDURE

3.8.1 The NSW HCIS is available at all NSW public health facilities, free of any charge to public health patients/clients, 7 days a week 24 hours a day. Health care interpreters cater for the communication needs of most communities.

3.8.2 When booking an interpreter, establish the preferred language or dialect for communication purposes (the preferred language may not always be the main language spoken in the country of birth).

3.8.3 For a list of the Health Care Interpreter Service (HCIS) and the Translating and Interpreting Service (TIS) contact numbers see Appendix 3.

3.8.4 When booking an interpreter for a Deaf person see Appendix 4.

3.8.5 Interpreters are in high demand, and may not be available at short notice. Health care providers should book interpreters as much in advance as possible and may need to negotiate the time and date of the appointment. Bookings should preferably be made by phone to the HCIS office.

3.8.6 Where a health care interpreter cannot be provided on site, video or telephone interpreting should be used if appropriate and they are available.

3.8.7 In outpatient or other clinics, to permit optimum and efficient use of the HCIS, patient/clients speaking the same community language should be block booked on the same day so as to be seen in succession.

3.9 CONSENT

3.9.1 It is imperative that a professional interpreter is present to ensure patient/client consent is valid and that the patient/client has understood the information provided when a recommendation for surgery, treatment or research is communicated to a person who is not fluent in English or who is Deaf. Specific procedures are to be followed by health care practitioners and interpreters in obtaining patient/client consent for surgery, clinical treatment or research. (See Section 3.10)

3.9.2 The following material should be read in conjunction with Departmental Policy Directive PD2005_406, "Patient information and consent to medical treatment".

Departmental Policy Directive PD2005_406, "Patient information and consent to medical treatment" states that:

- *As a general rule, no operation, procedure or treatment may be undertaken without the consent of the patient, if the patient is a competent adult. Adequately informing patients and obtaining consent in regard to an operation, procedure or treatment is both a specific legal requirement and an accepted part of good medical practice. The NSW Health Patient Charter also contains a commitment to patients that public health organisations will clearly explain proposed treatment including significant risks and alternatives in a way patients can understand and obtain patient consent before treatment, except in an emergency or where the law says patients must have treatment. Consent to the general nature of a proposed operation, procedure, or treatment must be obtained from a patient. Failure to do this could result in legal action for assault and battery against a practitioner who performs the procedure.*

- *In addition to meeting the requirements for obtaining a valid consent, the patient must be provided with sufficient and material information for there to be a genuine understanding of the nature of the operation, procedure or treatment. Failure to warn a patient about the material risks inherent in a proposed procedure is a breach of the medical practitioner's duty of care to the patient and could give rise to legal action for negligence.*

3.9.3 The responsibility for ensuring that informed consent has been obtained rests with the attending medical officer.

3.9.4 Consent for treatment may not be valid if it is obtained through a child, other family members, other patient/clients, visitors, or non-accredited staff acting as interpreters.

3.9.5 Telephone or video interpreting for obtaining consent should only be provided when face-to-face interpreters are not available and medical intervention is urgently required. If consent has been obtained over the phone, it is desirable that the patient/client be seen by a professional interpreter as soon as possible after the event to ensure that information provided has been understood and enable further communication to occur if necessary.

3.9.6 New technology such as Tele-Health will increasingly allow interpreting to be provided from a remote site. However, this should not be used as a substitute for obtaining consent by the use of a face-to-face interpreter if this option is available.

3.10 PROCEDURE FOR OBTAINING CONSENT WITH AN INTERPRETER PRESENT

3.10.1 The process of obtaining informed consent from a person who is not fluent in English or who is Deaf via an interpreter is to follow one of the two procedures outlined below.

Procedure one: The treating health care professional provides all necessary information and risks associated with the medical procedure so

that the patient/client may give informed consent (these procedures are detailed in Departmental Policy Directive PD2005_406) and the health care interpreter interprets this information. Once the health care provider is satisfied that the patient/client understands the information, the treating practitioner *should then read out the consent form and the interpreter should interpret this.*

Procedure two: The treating health care professional provides all necessary information and risks associated with the medical procedure so that the patient/client may give informed consent (these procedures are detailed in Departmental Policy Directive PD2005_406.) and the health care interpreter interprets this information. Once the health care provider is satisfied that the patient/client understands the information provided, the interpreter may be asked to ‘sight translate’ the content of the consent form to the patient/client. If sight translation is requested, it must take place in the presence of the health care provider in order that the provider can clarify questions which may arise. When sight translation is completed, a note with the interpreter’s signature that states ”the form has been sight translated for

the patient/client in the presence of a health care provider" must be included in the consent form.

3.10.2 If at any time the interpreter believes the patient/client has not understood the content of the form, the interpreter should advise the practitioner of this so further explanations can be provided by the health care provider.

3.10.3 All consent forms should contain a section for the interpreter to sign indicating they were present and interpreted for consent.

For example:

Health care interpreter present..... (signature)

Interpreter's Name ..... (block letters)

Date.....

3.10.4 If the consent form does not contain such a section, the interpreter should note on the consent form that they were present.

3.10.5 Interpreters should also write a brief statement in the patient/client medical record indicating that interpreting has been provided for the patient/client in the presence of a health care provider (e.g. "interpreted in the presence of Dr X and patient\client Y") and then sign and date the entry. An "Interpreter Attended" sticker must also be placed on the record, where a paper record is used, see section 4.1.5 for further details.

3.10.6 Approved bilingual consent forms (i.e. forms in both the patients/clients language and English) may be used if available, but these should not replace the use of a health care interpreter who can enable the patient/client to ask the health care provider questions essential for making an informed decision.

3.10.7 In the event where a patient/client does not sign the consent form, the interpreter should not sign the consent form and must write in the patient/client medical record that the interpreter was present during the interview and witnessed the patient/client decline to sign the consent form. The interpreter must sign and date this entry. Similarly, if the health care provider is not present for the provision of all information relating to consent, including during sight translation of the form, the interpreter should not sign the form, even if the patient/client is willing to do so.

3.11 BRIEFING AND DEBRIEFING THE INTERPRETER

3.11.1 The health care provider will brief and debrief the health care interpreter, especially in difficult and sensitive situations.

3.12 INTERPRETER ACCESS TO MEDICAL RECORDS

3.12.1 The health care interpreter will always be regarded as an integral member of the multidisciplinary health care team and be given access to medical records for the purpose of documenting his/her visit and the patient/client's future need for language services support. It is the responsibility of the health professional to ensure that this requirement is met. Health care interpreters are bound by the Australian Institute of Interpreters and Translators' Code of Ethics which require them to maintain confidentiality of patients/clients at all times. (See Appendix 2 for a summary of this code of ethics or the following web-link for the unabridged version, http://www.ausit.org.)

3.13 PROCEDURE AT DISCHARGE

3.13.1 A health care interpreter should be booked to attend when information on discharge and medication is given. The patient/client should be informed of available community services, any follow-up appointments, or referrals appropriate to the case.

3.14 HEALTH INFORMATION IN COMMUNITY LANGUAGES

3.14.1 The provision of written information in appropriate community languages should be seen as complementary to the Health Care Interpreter Service. Written patient/client information should not replace the use of a professional interpreter where the patient/client is not fluent in English or is Deaf.

3.14.2 The Health Care Interpreter Service can generally be asked to provide written translation of short documents essential to individual patient/client care, subject to resource availability.

3.14.3 It is at the discretion of each Health Care Interpreter Service to undertake translations of short written material not essential to individual patient/client care. For translation of longer documents or interpretation in languages not generally available through the staff of HCIS, fees may be charged.

3.14.4 The Health Care Interpreter Service and the NSW Health Multicultural Health Communication Service can also provide advice on alternative options for the translation of health information.

3.14.5 NSW Health Department Guidelines, GL2005_032 "Guidelines for the Production of Multilingual Health Resources by Area Health Services, NSW Health Department and NGOs Funded by NSW Health", is to be used in the development of multilingual resources. Copies of all multilingual resources developed are to be provided to the NSW Multicultural Health Communication Service.

3.14.6 Written translations on a wide range of health issues can be obtained from the NSW Health Multicultural Health Communication Service website, (Intranet) http://www.health.nsw.gov.au/health-public-affairs/mhcs/index.html or (Internet) http://www.mhcs.health.nsw.gov.au. Where internet or intranet access is not possible, the Service can be contacted on telephone number 02 9816 0302.

3.15 BILINGUAL HEALTH CARE PROVIDERS/STAFF

3.15.1 Interpreting is a professional skill. Fluency in a language other than English does not imply the ability to interpret at a professional level. A distinction must be made between staff who are bilingual and staff who are professional interpreters.

3.15.2 Bilingual staff members may use their community language in the provision of direct patient/client care in the normal course of their work. Bilingual staff members should not be used to interpret for other staff members unless they are formally accredited under NATTI as an interpreter. Any such use is contrary to the Policy Directive, Standard Procedure for Working with Health Care Interpreters, and may constitute a breach of the legal duty of care.

3.16 STAFF TRAINING

3.16.1 All health personnel need to be informed of the existence of the HCIS immediately after commencing their employment in a particular facility through orientation programs, written procedures, or in-service training programs. Each Area Health Service is to ensure that all personnel are aware of the Policy Directive, Standard Procedure for Working with Health Care Interpreters, and that all staff are required to adhere to it and be proficient in its application.

3.16.2 Training on working with health care interpreters must be provided to all staff who are in positions of direct contact with patients/clients.

3.16.3 Such training can be provided by the Health Care Interpreter Service or multicultural health staff, or by outside trainers approved by these services.

3.17 QUALITY ASSURANCE AND EVALUATION

3.17.1 Consumer satisfaction surveys should ensure that patient/clients who are not fluent in English or who are Deaf, are proportionally represented. Access to and satisfaction with the HCIS should also be regularly surveyed among CALD patient/clients.

3.17.2 The Multicultural Health Service including health care interpreters will assist with the administration of such surveys subject to resource availability.

3.18 COMPLAINTS PROCEDURES

3.18.1 The Policy Directive, Standard Procedure for Working with Health Care Interpreters, and the Australian Institute of Interpreters and Translators Code of Ethics detail the behaviour expected of a health care interpreter in fulfilling their duties, and of a health professional in using an interpreter.

3.18.2 Patient/clients should be informed of their right to make a complaint if they are not satisfied with a health service or the HCIS.

3.18.3 The HCIS is available for use by the Health Care Complaints Commission, the Health Conciliation Registry and Area Health Services to assist them with the complaints management process.

3.18.4 If a health care provider has a complaint about the behaviour or professionalism of an interpreter, contact should be made in the first instance with the manager of the HCIS from which the interpreter was called and follow Area Health Service and Department of Health complaints procedures.

4.1 DUTIES OF THE HEALTH CARE INTERPRETER

4.1.1 **Statutory Requirements**
Health care interpreters are required to comply with the Health Records and Information *Privacy Act (NSW) 2002*.

4.1.2 **Code of Ethics**
Health care interpreters are at all times required to abide by a code of professional ethics, which includes confidentiality, accuracy and impartiality, (See Appendix 2 for a summary of this code of ethics or the following web-link for the unabridged version, http://www.ausit.org.)

4.1.3 **Skilled Interpretation**
Interpreters provide a professional language support services. Their bilingual and interpreting skills are both tested and accredited. Interpreters are required to complete an approved medical terminology course, operate within the confines of their code of conduct, and participate in on-going professional development programmes. Most interpreters are accredited or recognised by the Commonwealth National Accreditation Authority for Translators and Interpreters (NAATI), or other appropriate bodies.

4.1.4 **Language Assessment**
Health care interpreters may be asked to assess a patient/client's comprehension and ability to converse in English. Their assessment should override any other opinion.

4.1.5 **Cultural Advice and Information**

Interpreting requires a thorough knowledge of cultural differences, value and belief systems expressed through the use of language, as well as an understanding of the cultural contexts within which the health care provider and the patient/client interact. Accordingly, interpreters may be asked to provide specific culturally related information that is relevant to the clinical and social needs of patient care.

However, the health care provider should direct all initial enquires regarding culture and its impact on clinical care to the patient and their family.

4.1.6 **Completion of Records**

The health care interpreter is required to sign and date the patient medical record or patient/client community health record and to document his or her attendance at the interview by writing a statement indicating the nature of service she/he provided.

An “Interpreter Attended” sticker must also be placed on the record, where a paper record is used. For example: 23 July 2004, 9.30 a.m. - Interpreted for Dr. X, procedure explained to patient/client and consent form was signed .

Specific entries will ensure accurate records and hospital/centre compliance with this policy.

Interpreters may document information in the medical record relevant to the patient/client’s linguistic, cultural, religious or social needs. Where required, health care interpreters may need to enter this information on computerised systems.

4.1.7 **Sight Translation**

Interpreters provide sight translations of information written in English or other languages which are essential to the health care of an individual patient/client. Sight translation essential to the health care of an individual patient/client must take place in the presence of a health care provider. The translation of lengthy and technically complex documents may require extra time and resources. (For other translation requirements refer to Section 3.14).

4.1.8 **Completion of Questionnaires/forms**

Health care providers are required to be present when health care interpreters provide interpreting assistance to complete forms and questionnaires.

4.1.9 **Translations**

Health care interpreters may be asked to provide written translations of documents essential to individual patient/client care.

4.1.10 **Other Duties**

Health care interpreters may also be asked to carry out other duties consistent with their role and the needs of the Service, such as administrative tasks, participation in health promoting activities and promoting access and appropriate use of health care interpreters.

Robyn Kruk
Director-General

APPENDIX 1

5.0 GLOSSARY

5.1.1 **Interpreting** is the transmission of messages between two spoken languages, between a signed language and a spoken language, or between two signed languages. The interpreter, therefore, enables two or more parties who do not share a common language to communicate verbally or in sign by attending to what one party says or signs and repeating that message in the other party's language, transferring all components of the message that would be available to the parties as if they shared a common language.

5.1.2 **Translation** is the written transmission of messages from one language into another.

5.1.3 **Deaf** - The capital 'D' in Deaf reflects membership of and identification with a sociolinguistic minority group. People who are Deaf identify as a CALD group even if they are born and raised in Australia of Australian parents and use a sign language, usually Auslan (Australian Sign Language), as a first or preferred language. For most Deaf people, English is therefore a second or non-preferred language. Communicating via lip-reading and/or written notes is inappropriate for most members of this community.

The need for an interpreter should be considered even if the person has good speech skills and appropriate terminology should be used to refer to Deaf patients/clients – for example, the term 'signing Deaf' is preferable to 'deaf and dumb' or 'deaf-mute', which are considered offensive.

5.1.4 **Sight translation** is the spoken or signed transmission, sometimes in summary, of a written message in another language. In the health context, this should occur in the presence of a health care provider.

5.1.5 The terms **patient**, **client** and **consumer** are used in the Policy Directive, Standard Procedure for Working with Health Care Interpreters, refer to any person obtaining a health service in the NSW public health system.

5.1.6 **CALD** - Culturally and Linguistically Diverse

5.1.7 **HCIS** - Health Care Interpreter Service

5.1.8 **TIS** - Translation and Interpreting Service

5.1.9 **HCI** - Health Care Interpreter

5.1.10 **AUSIT** - The Australian Institute of Interpreters and Translators

5.1.11 **NAATI** - National Accreditation Authority for Translators and Interpreters

APPENDIX 2

The Australian Institute of Interpreters and Translators Code of Ethics for Interpreters & Translators [abridged]

1. Professional conduct

Interpreters and translators shall at all times act in accordance with the standards of conduct and decorum appropriate to the aims of The Australian Institute of Interpreters and Translators (AUSIT).

Interpreters and translators should:

- always be polite and courteous, unobtrusive, firm and dignified
- explain their role to clients, encouraging them to speak to each other directly
- allow nothing to prejudice or influence their work, and disclose any possible conflict of interest
- decline gifts and tips (except token gifts customary in some cultures), explaining to clients that accepting them could compromise their professional integrity
- ensure punctuality at all times (and if lateness is unavoidable, advise clients immediately)
- prepare appropriately for assignments and ensure they are completed
- refrain from unprofessional or dishonourable behaviour and refer any unresolved disputes to the AUSIT Executive Committee and accept its decision

2. Confidentiality

Interpreters and translators shall not disclose information acquired during the course of their assignments.

- interpreters and translators may only disclose information with the permission of their clients (or if the law requires disclosure)
- if other interpreters or translators are involved in the same assignment and require briefing, this should be done after obtaining the clients' permission, and all are obliged to maintain confidentiality
- no work should be subcontracted to colleagues without clients' permission.
- translated documents remain the client's property

3. Competence

Interpreters and translators shall undertake only work which they are competent to perform in the language areas for which they are "accredited" or "recognised" by NAATI.

- acceptance of an assignment is a declaration of one's competence and constitutes a contract. If, during an assignment, it becomes clear that the work is beyond the interpreter's or translator's competence, they should inform clients immediately and withdraw

- interpreters/translators must clearly specify their NAATI accreditation, level and language direction, if necessary explaining its significance to clients

- it is the interpreter's responsibility to ensure that working conditions facilitate communication

- if an interpreter or translator is asked to provide a second opinion or to review alterations to the work of another practitioner, there should be final agreement between all interpreters and translators concerned.

4. Impartiality

Interpreters and translators shall observe impartiality in all professional contracts.

- professional detachment must be maintained at all times. If interpreters or translators feel their objectivity is threatened, they should withdraw from the assignment
- practitioners should not recommend to clients anyone or anything in which they have personal or financial interest. If for some reason they have to do so they must fully disclose such interest - including assignments for relatives or friends, or which affect their employers
- they should not accept, or should withdraw from, assignments in which impartiality may be risked because of personal beliefs or circumstances
- interpreters and translators are not responsible for what clients say or write. They should not voice or write an opinion on anything or anyone concerned with an assignment
- if approached for service by all parties to a legal dispute, an interpreter or translator shall offer to work for the first party making the request and notify all parties concerned

5. Accuracy

Interpreters and translators shall take all reasonable care to be accurate.
They must:

- relay accurately and completely all that is said by all parties in a meeting - including derogatory or vulgar remarks, non-verbal clues, and anything they know to be untrue
- not alter, add to or omit anything from the assigned work
- acknowledge and promptly rectify any interpreting or translation mistakes. If anything is unclear, interpreters must ask for repetition, rephrasing or explanation. If interpreters have lapses of memory which lead to inadequate interpreting, they should inform the client, ask for a pause and signal when they are ready to continue
- ensure speech is clearly heard and understood by all present. Where possible (and if agreed to by all parties), interpreters may arrange a short general conversation with clients beforehand to ensure clear understanding by all
- provide full evidence of NAATI accreditation or recognition if requested

6. Employment

Interpreters and translators shall be responsible for the quality of their work, whether employed as freelance practitioners or by interpreting and translation agencies or other employers.

- AUSIT members may set their own rates and conditions in freelance assignments

- they may not accept for personal gain any fees, favours or commissions from anyone when making any recommendations to clients
- interpreters and translators are responsible for services to clients performed by assistants or subcontracted employees. Interpretation and translation practitioners employed by colleagues must exercise the same diligence in performing their duties

7. Professional development

Interpreters and translators shall continue to develop their professional knowledge and skills.

- they should constantly review and re-evaluate their work performance
- they should maintain and enhance their skills by study and experience, and keep up to date with relevant languages and cultures

8. Professional solidarity

Interpreters and translators shall respect and support their fellow professionals. They should:

- assist and further the interests of colleagues, refraining from comments injurious to the reputation of a colleague
- promote and enhance the integrity of the profession through trust and mutual respect. Differences of opinion should be expressed with candour and respect - not by denigration -refraining from behaviour considered unprofessional by their peers

The full version of this code of ethics is available at the following link http://server.dream-fusion.net/ausit2/pics/ethics.pdf

APPENDIX 3

NSW Health Care Interpreter Service, the Translation and Interpreting Service (TIS) telephone numbers

Geographical Location[2]	Business Hours	After Hours
Sydney South West (Eastern Zone) and South East Sydney	(02) 951 59500	(02) 9515 9500
Sydney South West (Western Zone)	(02 9828 6088	(02) 9616 8111
Sydney West	(02) 9840 3456	(02) 9840 3456
Northern Sydney	(02) 992 67560	(02) 992 66500
Central Coast	1 800 674 994	1 800 674 994
Hunter	(02) 4924 6285	(02) 4921 3000
All country NSW except Greater Southern	1 800 674 994	1 800 674 994
Illawarra	(02) 4274 4211	(02) 4274 4211
Greater Southern	1 800 247 272	1 800 247 272
Translating and Interpreting Service (TIS)		
- General number	131 450	131 450
- Hospital Priority Number	1300 655030	1300 655030

[2] Valid as of 21/6/06

APPENDIX 4

When booking an interpreter for a Deaf person, please ascertain the preferred mode of communication, which include:

- Australian Sign Language (Auslan);
- Signed English (usually used by Deaf children and adolescents only)
- fingerspelling only (usually only used by elderly Deaf people)

For people who are Deafblind:

- hand over hand (Auslan)
- visual frame (Auslan)
- tactile fingerspelling

For Deaf people who lack fluency in Auslan, Signed English or fingerspelling, (due to educational or linguistic disadvantage, intellectual, psychiatric or physical disability, *or* having recently migrated to Australia), a Deaf relay interpreter may also be required to work in a team with an Auslan interpreter.