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PATIENT MATTERS MANUAL

CHAPTER 14 – MIGRANT HEALTH

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Updated 4/08/2020

INTERPRETERS - STANDARD PROCEDURES FOR WORKING WITH HEALTH CARE INTERPRETERS (PD2017_044)

PD2017_044 rescinds PD2006_053

PURPOSE

Effective communication between patients, families and their carers and health services is critical to ensure accessible, safe and high quality services for people who are not fluent in English or who are Deaf. It is also essential to ensure equitable social and health care outcomes.

Working with professionally accredited or certified interpreters (referred to as 'health care interpreters' – refer to Section 1.4) aims to overcome the communication barriers faced by people who are not fluent in English or who are Deaf.

The Policy Directive provides clear direction to health care staff and services about when and how to work with health care interpreters, including in an emergency or if a health care interpreter is not available.

The detailed standard procedures for working with health care interpreters are set out in the attached *Interpreters – Standard Procedures for Working with Health Care Interpreters*. This Policy Directive has been updated and replaces PD2006_053, but retains the same title.

MANDATORY REQUIREMENTS

All Health organisations are required to comply with this Policy Directive. They are required to develop systems and procedures which ensure that patients who are not fluent in English or who are Deaf are provided with access to a health care interpreter when they access health care services.

Health care interpreters are to be engaged in all health care situations where communication is essential for patients/clients who are not fluent in English, including people who are Deaf.

Working with health care interpreters allows health professionals to fulfil their duty of care and ensures that the quality of communication is the best it can be when a language other than English is involved.

In particular, working with an interpreter is essential when patients/clients are required to give valid consent for medical treatments, such as an operation, medical or surgical procedures or blood transfusion, or to participate in medical research, except where immediate treatment is necessary to save the person's life or prevent serious injury to health.

The Policy Directive is not to be amended, added to or otherwise altered or rebadged.

IMPLEMENTATION

Roles and responsibilities of the NSW Ministry of Health:

- Provide NSW Health Organisations (including affiliated health organisations) with advice and assistance on implementation of this Policy Directive.
- Monitor and review the implementation of this Policy Directive.

Roles and responsibilities of Chief Executives:

- Assign responsibility, personnel and resources to implement the Standard Procedures for Working with Health Care Interpreters.
- Ensure that this Policy Directive is communicated to, and complied with, by all staff caring for patients/clients who are not fluent in English or are Deaf.
- Report annually on access to, and the use of, Health Care Interpreter Services.

Roles and responsibilities of all staff caring for patients/clients who are not fluent in English or are Deaf:

- Ensure their work practices comply with the Standard Procedures for Working with Health Care Interpreters.

Key Performance Indicators:

- Proportion of patients/clients with an 'interpreter' or 'interpreter required' flag who are offered and receive the assistance of a health care interpreter.

Procedures

1 BACKGROUND

1.1 Introduction

A significant proportion of the NSW population require language assistance when accessing health services.

NSW is the most culturally and linguistically diverse state in Australia. According to the 2016 Census, approximately 25% of the NSW population speak a language other than English at home, including people who use a sign language. About 4.5% of people in NSW reported that they are unable to speak English well or are unable to speak English at all.

Effective communication between patients, families and their carers and health services is critical to ensure accessible, safe and high quality services. It is also essential to ensure equitable social and health care outcomes.

Inability to communicate effectively in a service provider/client interaction can have an adverse impact on access to services. NSW Health considers reducing language barriers integral to its business planning processes, risk management strategies and operational and clinical practices.

Working with professionally accredited or certified interpreters (referred to as 'health care interpreters' – refer to 'Key definitions' in Section 1.4) aims to overcome the communication barriers faced by people using health services who are not fluent in English or who are Deaf.

Communication with the assistance of a health care interpreter allows people from culturally and linguistically diverse backgrounds, including people who are Deaf, to use mainstream services effectively and to be able to communicate with health practitioners as if they were fluent in English.

Through a health care interpreter a patient is able to ask questions about the health system, and any treatment, operation or procedure recommended and to understand the risks involved.

Working with health care interpreters also ensures that the quality of communication for the service provider is the best it can be when a language other than English is involved.

Health Care Interpreter Services (HCIS) provide access to 24 hours a day, 7 days a week interpreting services within the NSW public health system. Interpreting services are available in over 120 languages, including Australian Sign Language (Auslan) and are available to public health patients free of charge.

The Commonwealth Translating and Interpreting Service (TIS) also provides after hours services or emergency interpreting services.

Services are provided face-to-face, by telephone and in some locations by video. Appendix 8 provides a list of HCIS and TIS contact numbers.

This Policy Directive should be read in conjunction with current NSW policies for Consent for Medical Treatment and Privacy.

1.2 Principles and Scope of this Policy

The governing principles underlying this Policy Directive include:

- Recognition of the rights of people from culturally and linguistically diverse backgrounds to full and equal participation in NSW society. This includes people who are Deaf, people who speak a language other than English and/or are not fluent in English, including speakers of Australian Aboriginal English and users of Auslan. It also includes their carers and families;
- Organisational commitment to ensuring that all patients have equal access to health services and programs;
- Recognition that effective communication and equitable access to services are the responsibilities of all health staff;
- The duty of care of NSW Health and its funded services to minimise the risk of harm or injury to a person's physical and mental well-being.

This policy aims to support:

- safe, effective and clear communication between health staff and patients, their carers and families;
- the health system to meet its legislative requirements;
- the health system to build staff capacity to work cross culturally;
- the delivery of a standard of service which meets NSW Health's duty of care obligations; and
- patients, carers and families to make well informed decisions and to avoid risk of harm.

1.3 Key definitions

ASLIA means The Australian Sign Language Interpreters' Association.

AUSIT means The Australian Institute of Interpreters and Translators.

Accredited means a person who is formally accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). Note that from 1 January 2018 NAATI will "certify" interpreters rather than provide accreditation.

Auslan means Australian Sign Language, which is the language of the Deaf community in Australia.

Bilingual means the ability to speak two languages fluently. In the context of this Policy Directive it refers to someone with verbal fluency in English and one or more other language(s). Often the bilingual person speaks English as a second language.

Bilingual health practitioner means a health practitioner who has verbal fluency in English and at least one other language. A bilingual health practitioner may be formally certified or accredited by NAATI as an interpreter and/or translator, but NAATI accreditation is not a requirement for the role.

CALD means 'Culturally and Linguistically Diverse'.

Certified means a person who is formally certified by NAATI.

Consent in the context of this Policy Directive means the patient's consent to undergo an operation, procedure, treatment or blood transfusion or to participate in research in a public health facility. Consent can be implied or expressed (verbal or written).

Deaf means a person who cannot understand speech (with or without hearing aids or other devices) using sound alone (i.e. no visual clues such as lip-reading). Further information is provided in Appendix 2.

Emergency in the context of this Policy Directive means a situation where obtaining consent is required by law. It does not refer to situations where life saving treatment can be provided without any consent (i.e. with or without the assistance of an interpreter).

Hard of hearing refers to all people who have a hearing loss and use speech as their primary means of communication.

Health care interpreter means a person who is accredited or certified by NAATI as an interpreter.

Health Care Interpreter Service(s) (HCIS) provide interpreters for patients in the public health system. Contact details and further information is provided in Appendix 8.

Health organisation means a Local Health District, Specialty Network, Affiliated Health Organisation or unit of the Health Administration Corporation that provides health services (for example the Ambulance Service of NSW or Health Pathology) as part of the NSW public health system.

Health practitioner means an individual who practices in a health profession (e.g. medical practitioner, nurse, allied health professional, dentist) and who is registered under the *Health Practitioner Regulation National Law* and authorised by a Health organisation to provide clinical care to a patient.

Interpreting means the transmission of messages between two spoken languages, between a sign language and a spoken language, or between two sign languages.

NAATI means the National Accreditation Authority for Translators and Interpreters. NAATI sets the national standards in translating and interpreting for Australia. NAATI also accredits or certifies interpreters and translators under the national standards.
Not fluent in English means that a person has hesitation or difficulty in understanding and communicating in English.

Patient (also "client", "consumer") means any person accessing a health service in the NSW public health system.

Person responsible means:

- An appointed guardian (including enduring guardian) with the function of consenting to medical, mental health and dental treatment; or
- A spouse or de facto spouse (including same sex partners) who has a close and continuing relationship with the person; or
- The carer who regularly provides or arranges services and supports or did so before the person went into residential care, and who is unpaid; or
- A close friend or relative.

Professional translator means a person who is accredited or certified by NAATI as a translator.

Sight translation means the immediate translation of written material into a spoken language.

TIS means the Commonwealth Translation and Interpreting Service. Contact details and further information is provided in Appendix 8.

Translating means the transmission of messages between two written languages.

Valid consent - The following four criteria for a valid consent must be met irrespective of whether the consent is in writing or verbal:

- the patient giving consent must have capacity;
- the consent must be freely given;
- the consent must be sufficiently specific to the procedure or treatment proposed; and
- the consent must be informed.

1.4 Legal and legislative framework

NSW legislation requires that public sector agencies and services provide equitable access to people who are not fluent in English, or whose preferred language is not English, and people who are Deaf (*Anti-Discrimination Act 1977 (NSW), Mental Health Act 1890, Multicultural NSW Act 2000).*

Refer to Appendix 1 for a list of relevant government policies and legislation that impact on language services and policy development.

2 KEY PRINCIPLES

2.1 Person-centred approach

A person-centred approach puts the patient at the centre of decision-making. A patient needs to be capable of understanding communication about their treatment to be able to make genuine decisions and participate in their care.

2.2 Quality and safety

All patients are entitled to expect that they will receive safe, high-quality care and treatment. With respect to patients who are not fluent in English or who are Deaf, working with health care interpreters is essential to avoid incidents such as incorrect identification of patient, procedure or treatment site. Failure to work with a health care interpreter or engaging an untrained interpreter (including family or friends) poses an unacceptable risk to both the patient and the health practitioner. Access to a health care interpreter can support accurate diagnosis and treatment and help people to achieve better health and care outcomes.

2.3 Communication

Effective communication between health staff and patients has a critical impact on a patient's experience of their treatment. Information about the communication needs and preferences of patients who are not fluent in English or who are Deaf must be clearly recorded in written or electronic patient records.

2.4 Equity
Patients who are not fluent in English or who are Deaf, must be able to participate in their care and access health services and treatments that are responsive to their cultural, language and communication needs. They have the same right to make informed choices about their treatment as English-speaking patients. NSW Health services have a responsibility to provide health care interpreters to support informed decision-making.

2.5 Privacy
Each patient has the right to have their personal health information safeguarded from loss, misuse and unauthorised disclosure. Refer to the Privacy Manual for Health Information (2015) for further details.

3 STANDARD PROCEDURES

All Health organisations are required to implement these standard procedures.

All health staff should be made aware of the existence of the HCIS.

Training about working with health care interpreters should be provided to all staff who have direct contact with patients who are not fluent in English or are Deaf.

Health care interpreters are professional trained interpreters and abide by a professional code of ethics. Fluency in a language other than English does not equate to a person being able to interpret. Apart from exceptional circumstances (refer to Section 3.8) bilingual health practitioners or other bilingual people (e.g. administrative and support staff, family or carers) should not interpret for other staff unless they are formally accredited or certified by NAATI.

Exceptional circumstances include when there is a medical emergency and a health care interpreter is not available, in person or by telephone.

In such a situation, a health care interpreter must be engaged within the earliest possible timeframe to confirm that information has been accurately communicated and to ensure high quality communication for ongoing treatment.

Bilingual health practitioners, who are highly proficient in a language other than English, may consult and communicate directly with their patients in that language in the ordinary course of patient care. As noted above, this does not equate to an ability to interpret information for others.

3.1 Access to the HCIS

All NSW Health organisations are required to develop systems and procedures which ensure that patients who are not fluent in English or who are Deaf are provided with access to a health care interpreter.

Treating health practitioners are responsible for assessing a patient’s need for an interpreter.

The treating health practitioner is also responsible for documenting the requirement for an interpreter, and language and communication needs, in the patient record.

All health facilities are to display in public contact areas multilingual information about:

- Availability of interpreter services;
- How patients, families and carers can request a health care interpreter.

All patients who are not fluent in English or who are Deaf must be informed that they have the right to request a health care interpreter.

A health care interpreter is also to be provided when the patient or the patient's person responsible requests an interpreter, even if the health practitioner does not consider one is required.

Health practitioners are entitled to request an interpreter if they believe that communicating in English is not appropriate, even if the patient does not wish to engage a health care interpreter.

The health practitioner is responsible for ensuring the timely attendance of a health care interpreter has been arranged. In practice, administrative staff are often delegated responsibility for booking interpreters and therefore it is critical that they follow the relevant sections of these standard procedures.

3.2 Eligibility to access the HCIS

Interpreter services are provided on-site, face-to-face, by telephone or by video (depending on the facility and clinical priority) for:

- Patients of Health organisations;
- People interacting with other NSW government organisations in situations where a public health professional is the lead professional, for example child protection;
- Patients of Non-Government Organisations (NGOs) which receive 50 per cent or more of their funding from NSW Health;
- Patients of the Justice Health and Forensic Mental Health Network;
- The 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 *Mental Health Act 2002*

The HCIS may provide a service and charge for the service on a cost recovery basis in the following circumstances:

- The HCIS has a Service Agreement with a provider;
- Interpreter requests from NGOs partially (less than 50%) funded by NSW Health;
- The provision of care to patients / clients covered by workers' compensation, compulsory third party or any other form of insurance;
- A program / activity (e.g. research or health promotional campaigns) is wholly or partially funded by NSW Health;
- Health care interpreting for overseas visitors from countries that do not have a reciprocal health care agreement with Australia.

3.3 When to engage health care interpreters

When patients who are not fluent in English or who are Deaf access health care services, they must be provided access to a health care interpreter.

As a guide, a patient can be said to be not fluent in English if they hesitate or have difficulty in understanding and communicating in English.

Assessing the Need for an Interpreter

To determine whether a patient requires the assistance of an interpreter, you will need to:

- Assess if the patient is able to fully understand and communicate in a health care situation. Just because they can manage to give you their personal details and talk about everyday topics such as the weather, do not assume that they have enough English to cope in a medical situation;
- Establish if the patient would like to be assisted by an interpreter. Stress that their services are free and confidential.

Health practitioners who are uncertain whether a patient requires an interpreter should seek advice from their local HCIS.

Health care interpreters are to be engaged in all health care situations where communication is essential (*Privacy Manual for Health Information, Consent to Medical Treatment - Patient Information*).

This includes, but is not limited to:

- Admission/initial assessment;
- Advance Care Planning;
- Allied health services including speech therapy;
- Consent for operations, procedures, treatment (including day-only surgery) and research;
- Counselling;
- Death of a patient and bereavement counselling;
- Discharge;
- Domestic Violence Routine Screening;
- End of Life discussions;
- Explanation of treatments and medications, including risks and side-effects;
- Health and medical information and medical instructions;
- Health education and promotion programs (both individual and group);
- High-risk/life-threatening situations;
- Identifying the correct patient, correct procedure and correct site;
- Maternity care;
- Mental Health Review Tribunals and Mental Health Inquiries;

- Organ or tissue donation;
- Pre-operative and post-operative instructions;
- Psychiatric assessment and treatment;
- Psychological assessment;
- Research conducted in public health facilities;
- Taking a medical history, undertaking follow-on assessments and developing treatment plans;
- Transfer of Care;
- Treatment or counselling for sexual assault, physical and emotional abuse.

3.4 Initial assessment of a patient

The treating health practitioner or administrative officer should ensure that information relevant to the patient's linguistic, cultural, religious and social needs are recorded in the patient’s medical record.

At admission, intake, or transfer of care for every patient, the treating health practitioner or administrative officer must record:

- Country of birth;
- Language spoken at home (or preferred language and dialect);
- Whether an interpreter is required.

For detailed information about how to assess if an interpreter is required, please contact your local HCIS (refer to Section 3.3).

When an interpreter is required, an alert should be recorded in the patient’s record (refer to Section 3.6.1).

Procedures differ across facilities and settings, but common ways to record this includes, but is not limited to:

- Placing a sticker stating “interpreter needed/required” in the written record and specifying the patient’s language;
- Selecting the interpreter alert in the electronic record.

When a health practitioner determines that a health care interpreter is needed, but the patient’s medical record does not accurately reflect this, the health practitioner must update the patient’s medical record.

Initial assessments may take place in a variety of contexts; including emergencies (refer to Section 3.7). When an admission is unplanned and the initial assessment takes place without the assistance of a health care interpreter, the treating health practitioner should arrange for the reassessment of the patient with the assistance of a health care interpreter as a priority.

3.5 Booking a health care interpreter

Interpreters are in high demand, and may not be available at short notice.
Health practitioners should book interpreters as far in advance as possible, and may need to negotiate the time and date of the appointment. Bookings should be made with their local HCIS office.

If a HCIS interpreter is not available, the Commonwealth Translation and Interpreting Service (TIS) should be used. When a TIS interpreter is engaged the TIS job reference number should be recorded in the medical record.

In the event that a TIS interpreter is also unavailable, this must be noted in the medical record.

When booking an interpreter, health practitioners need to:

- establish the preferred language or dialect;
- establish any other relevant details, e.g. gender preference.

For example, the preferred language may not always be the main language spoken in the patient's country of birth.

The HCIS will accommodate specific requests whenever possible, e.g. for a female interpreter or an interpreter from a specific cultural background.

Refer to Appendix 5 for detailed information to have ready when booking a health care interpreter.

Health practitioners need to allow additional time for the appointment, which is:

- typically twice that of an appointment in English;
- adequate for a pre-interview briefing and post-interview debriefing, especially when scheduling appointments for situations known to be difficult or sensitive (refer to Sections 3.10 and 3.14).

Some outpatient or other clinics may have a significant number of patients who speak the same community language. In such cases, it is recommended that interpreters are booked for a block of time to see the patients in succession and make efficient use of health care interpreters.
As there are varying systems for making block bookings, it is recommended that health practitioners or administrative staff contact their local HCIS to confirm what information is required to make a block booking.

3.5.1. Booking a sign language interpreter

Before booking a health care interpreter for a Deaf person, health practitioners need to ascertain a patient's preferred mode of communication, which may be:

- Auslan;
- Signed English (usually used by Deaf children and adolescents only); or
- Fingerspelling only (usually only used by elderly Deaf people).

Deaf/Blind patients may use:

- Hand over hand (adaptation of Auslan);
- Visual frame (adaptation of Auslan); or
- Tactile fingerspelling.

If a Deaf patient lacks fluency in Auslan, Signed English or fingerspelling, a Deaf relay interpreter may also be required to work in a team with an Auslan interpreter. In this situation, the relay interpreter is a

Deaf person who transfers meaning between Auslan and a highly visual form of communication that can be understood by the patient.

If a sign language interpreter is not available from the HCIS, a sign language interpreter can be booked through the Sign Language Services, Deaf Society of NSW. This service incurs a fee and booking requests must be submitted online at https://deafsocietynsw.org.au/interpreting. For assistance please contact your local HCIS.

For information on booking interpreters for patients, carers and families who are Deaf and from a culturally and linguistically diverse background, e.g. a deaf child who uses sign language (Auslan or another sign language) and their family does not speak English, please contact your local HCIS for assistance.

3.6 Working with health care interpreters

The health practitioner should explain the interpreting process to the patient at the earliest opportunity. It is crucial that the health care practitioner informs the patient that interpreter services are confidential.

The role of the health care interpreter is to facilitate communication between two parties who do not speak the same language. If cultural advice is required please contact your local HCIS service for assistance before booking a health care interpreter. Refer to Appendix 5 for Tips on working with a health care interpreter.

Whenever possible, health care interpreters must be briefed before commencing the interpreting session. The briefing should include:

- The context of the consultation;
- An outline of the health professional's objective(s) for the consultation;
- Parameters for the session, mode of interpreting, seating arrangements and communication control strategies;
- Whether cultural background information is required;
- Any forms and/or assessment tools that may be used during the session;
- Any potential risks (e.g. where the patient has behavioural issues);
- Whether the matter is sensitive (e.g. sexual assault).

Briefing is particularly crucial in situations such as domestic violence, sexual assault, elder abuse, and torture and trauma counselling, and in areas where formal cognitive assessments are performed, including speech pathology and neuropsychology (for debriefing refer to Section 3.10).

With respect to the interpreting session, health practitioners should be aware that:

- Interpreters speak in the first person, that is, in the same grammatical form as the speaker and will say (for example) "I am unwell" rather than "The patient says she is unwell";
- The health practitioner is responsible for making the seating arrangements to facilitate direct communication between the health practitioner and the patient, taking into account the purpose of the session. Specific seating arrangements apply in the case of Auslan interpreting;

- The interpreter may provide cultural information at the health practitioner's request, or when the cultural gap is affecting communication during the interpreting session. Interpreters recognise that every patient is an individual and take care to avoid cultural stereotyping;
- Interpreters may need to sight translate documents essential to a specific patient consultation. When you know that you need written translation of documents essential to a patient's care, you should contact your local HCIS for assistance before booking an interpreter, as not all health care interpreters are qualified to translate documents (refer to Section 3.12);
- Translations of short written material not essential to individual patient care are undertaken at the discretion of each HCIS. For further information, contact your local HCIS.

Health education sessions or group interpreting
Where a health care interpreter is interpreting at health education sessions for a group of patients, the group facilitator should provide the interpreter with the material to be used at the session well in advance, to allow the interpreter time to prepare. The facilitator should brief the interpreter before the session and discuss matters such as the target audience, communication management, terminology issues and interpreting techniques.

3.6.1 Documenting attendance of a health care interpreter in Medical Records and ensuring future arrangements

In the case of a paper record, the health care interpreter should document their attendance in the patient's medical record. The health care interpreter should be given access to the medical record of the patient for this purpose.

In the case of an electronic medical record (eMR), the health practitioner is responsible for recording that they engaged an interpreter.

In each case, the following information must be recorded:

- an 'interpreter alert' (for eMR) or an interpreter sticker/note (for paper);
- the purpose of the consultation and reason for engaging the interpreter;
- the interpreter's name and employee number;
- the date and time of the attendance.

When a TIS interpreter is engaged, the TIS booking officer provides a TIS job reference number and not the name of the interpreter. This reference number should be recorded in the medical record.

The treating health practitioner is also responsible for:

- identifying any future need for interpreting for the patient;
- ensuring arrangements are made so that a health care interpreter is booked
- to attend all future appointments.

3.7 Bilingual staff in emergencies

Except in emergencies (refer to Section 3.8), bilingual staff, who are not certified or accredited by NAATI, must not be engaged to interpret information for another health worker that is clinical, legally binding or puts at risk either the organisation or the patient.

Interpreting is a professional skill and language fluency does not mean that a staff member has the ability to interpret at a professional level.

When a bilingual person assists in an emergency, this must be clearly documented in the medical record.

In such situations, a health care interpreter must be engaged within the earliest possible timeframe to ensure high quality communication for ongoing diagnosis and medical treatment.

Engaging bilingual staff to interpret for purposes other than emergencies may constitute a breach of duty of care.

3.7.1 Bilingual communication for direct patient care (i.e. not interpreting)

Bilingual health practitioners, who are highly proficient in a language other than English, may consult and communicate directly with their patients in that language in the ordinary course of patient care. As noted above, this does not equate to an ability to interpret information for others.

Health organisations should have appropriate risk management processes for bilingual health practitioners speaking a language other than English in direct patient care, in particular for high risk communication, e.g. where bilingual health practitioners are communicating clinical information such as consent (refer to Section 4.1).

38 Emergencies

Most of the HCIS have an emergency priority line that is made available to targeted or critical facilities, e.g. Emergency Departments, Birth Units and Intensive Care Units only. If you work for one of these units please enquire with your local HCIS about their emergency hotline or using TIS as a back-up service. Always contact your local HCIS for all your interpreting needs first.

In the case of life threatening emergencies, health care interpreters may not always be available within a clinically appropriate timeframe.

In such an emergency, a bilingual health practitioner, an accompanying adult family member or friend may assist in obtaining information from the patient for immediate diagnosis or medical treatment.

Use of bilingual persons should be considered in the following order of preference:

- Recognised interpreters for languages where accreditation is not possible;
- NSW Health staff (health practitioners and other health employees); and
- Adult relatives or friends.

Assistance from a person under 18 years of age should only be considered when no one described above is available.

In circumstances where a bilingual person has been asked to interpret, it should be clearly documented in the medical record that it was not possible to access a health care interpreter and the reasons why.

In any of these situations, a health care interpreter must be engaged within the earliest possible timeframe to confirm the information communicated has been understood and to ensure high quality communication for ongoing diagnosis and medical treatment.

3.9 Working with health care interpreters by telephone and video

It is sometimes appropriate to engage a health care interpreter by telephone.

Depending on the facility and clinical priority, it may also be possible to work with an interpreter by video.

Please consult your local HCIS as to whether telephone or video interpreting is suitable for your type of appointment. For example, face-to-face interpreting is preferable for mental health and speech pathology patients, or for patients who are hard of hearing.

When working with an interpreter by telephone where the patient and the health practitioner are in the same location, it is preferable to use a speakerphone or dual handsets.

It is a responsibility of the health care interpreter to ensure that they remain in a private area with no one else present while they perform telephone or video interpreting. If interpreting is provided by video, consideration must be given to easy access by the patient and their carer or family member to the video equipment, whilst still maintaining privacy and confidentiality, e.g. using a tablet or smartphone at a patient's bedside or in a private consultation room.

Health care interpreters should be briefed before and debriefed after each telephone interpreting session.

At the commencement of the session, the health practitioner should set the context and introduce the participants. The health practitioner is responsible for establishing the rules of communication and ensuring that everyone can hear and understand each other.

The health practitioner should record the medium of the interpreting session in the patient's medical record (i.e. telephone or video).

When a TIS interpreter is engaged the TIS job reference number should be recorded in the medical record.

When telephone interpreting is used in emergencies, the health practitioner should assess the need to arrange a face-to-face follow-up session. If a follow-up session is required this should be scheduled as soon as possible to ensure information, such as medical history, is captured in full and the patient gets an opportunity to ask further questions.

Health practitioners should also be aware of the following issues:

- As telephone interpreting is non-visual, the health practitioner should explain what is happening if there are pauses in the flow of conversation. For example, they can advise that they are making notes and will be silent for a while;
- Interpreters normally use the first person during telephone interpreting, but when multiple speakers are involved this may cause confusion as to who is speaking. The interpreter may then explicitly identify the speaker and then interpret in the first person, or occasionally interpret in the third person for clarity;

If reception is poor, the line drops out, the patient speaks quietly and cannot be heard, or is hard of hearing, the interview may need to be rescheduled as a face-to-face session.

3.10 Debriefing the health care interpreter

Interpreters must be offered the opportunity to debrief after an interpreting session, especially if they are emotionally affected by the interpreting assignment. After the appointment, the health practitioner should:

- Seek feedback from the interpreter about the interview;
- Discuss any issues experienced in the interview about the role of the health practitioner or health care interpreter;
- Provide feedback about the interpreting session and the ways in which the health care interpreter assisted the interview to run smoothly;
- Clarify any issues or questions.

The health practitioner should seek feedback from the health care interpreter about any language or speech matters with the patient. This may include:

- Cultural issues, including if they may have influenced the consultation;
- Matters relating to words or vocabulary, grammar or speech errors;
- Assessment issues, e.g. language or speech errors in speech pathology or neuropsychology assessments.

It is not appropriate for the health practitioner to ask the interpreter to express an opinion about the patient or what they have said beyond the issues set out above.

Health care interpreters may also suffer vicarious trauma as a result of their work, for example when they communicate about domestic and family violence, sexual assault, and torture and trauma (refer to Section 3.14).

For interpreting sessions identified as potentially traumatic additional time should be scheduled to allow sufficient time for pre-briefing and debriefing the interpreter and other health practitioners.

It is important that interpreters are provided with support via the Employee Assistance Program and are encouraged to use this support following any traumatic work.

3.11 Patients who refuse the assistance of an interpreter

The patient has the right to refuse the assistance of a health care interpreter.

When a patient declines to communicate through a health care interpreter, the health practitioner should discuss the reasons for the refusal with the patient and explain that:

- The health practitioner is obliged to ensure that all communication is accurate and impartial. This duty applies equally to communication from the health practitioner to the patient, as to communication from the patient to the health practitioner;
- The treating health practitioner has the right to work with a health care interpreter to ensure clear communication even if the patient has refused the service;
- Sub-optimal treatment or adverse outcomes may result from misunderstandings arising from inaccurate communication;

- The service is free to the patient;
- Health care interpreters have a duty to keep all communication confidential and private.

Some patients may request or insist that a friend or relative acts as an interpreter, or they might insist that a bilingual health practitioner or other health staff act as an interpreter. The health practitioner should inform them that bilingual friends/relatives/health workers are not appropriate substitutes for a health care interpreter, for the reasons listed above.

When a patient has declined the services of a health care interpreter or has insisted that a bilingual person act as an unaccredited interpreter, the health practitioner must record this in the medical record. They should also record the details of any discussions about engaging a health care interpreter, and inform the patient that this has been done.

Patients from culturally and linguistically diverse communities with smaller populations may know a health care interpreter personally, and may refuse to communicate through a specific person due to confidentiality concerns. If the HCIS cannot provide an alternative health care interpreter, a telephone interpreter should be engaged.

If the health practitioner continues to have concerns about the patient's reason for declining a health care interpreter, for example if they have concerns about domestic or family violence (DFV) being present, they should in the first instance attempt to speak to the patient privately and ask this again (where possible having an interpreter available to do this). They should use an interpreter to explain that it is NSW Health Policy that an interpreter be used, and that arrangements can be made to use an interpreter when suitable and safe to do so (i.e. when alone).

Trust and rapport will often need to be built before a patient discloses DFV and accepts any assistance for an interpreting service. Consequently, it is important that even if the patient refuses an interpreter upon initial consultation that she is asked each and every time she presents.

3.12 Working with translators

Translation is the process of transferring written words or text from one language into another.

Translating is a different process to interpreting, with translators and interpreters trained and certified in different ways by NAATI. Not all health care interpreters are qualified to perform translations and vice versa.

When you know that written translation of documents is required for a patient's care, you should contact your local HCIS for assistance before booking an interpreter, as professional translators should be used for translations.

During the course of an interpreting assignment, health care interpreters may be asked to provide very brief translations of instructions essential to patient care on request. Sight translation essential to the health care of an individual patient must take place in the presence of a health practitioner. As noted above, if they are not appropriately qualified, health care interpreters cannot be expected to sight translate documents within a clinical setting.

In particular, professional translators with the appropriate credentials should be engaged to translate lengthy, complex or high risk documents.

Best practice translation requires the highest available level of NAATI accredited/certified translator in the required language, and checking by a second accredited translator to ensure linguistic and conceptual accuracy and patient safety.

For further information contact your local HCIS, in particular if you need an urgent translation of a medical document. Contact details for translating services can also be found at Appendix 8.

For translated resources for health promotion or other non-urgent purposes, contact the Multicultural Health Communication Service.

Translating versus Interpreting

- Translators receive extensive practice with representative texts in various subject areas, learn to compile and manage glossaries of relevant terminology, and master the use of current document-related software such as word processors, desktop publishing systems, and graphics or presentation software;
- Interpreters are trained in precise listening skills under taxing conditions, memory and note-taking techniques for consecutive interpreting (in which the interpreter listens and takes notes while the speaker speaks, and then after several minutes provides the version in the other language), and split-attention for simultaneous interpreting (in which the interpreter, usually in a booth with a headset and microphone, listens and speaks at the same time, usually producing the interpreted version only seconds after the speaker provides the original).

3.13 Mobile phone apps and machine translation

Health organisations and staff should not use apps or other online machine translation services (such as Google Translate) to translate any health information which is clinical or 'official', as current evidence indicates they are not sufficiently accurate.

For example, machine translation tools are unable to take into account language variations, appropriate and polite translation, or linguistic preferences. There are especially high risks around the accuracy of using such services to translate non-European languages.

It is NSW Government policy to provide the highest quality of translation services and the accuracy of machine or online translation tools is not sufficiently proven.

3.14 Trauma-informed approach

A patient experiencing domestic or family violence, sexual assault and/or child abuse and neglect should be provided with an interpreter who has received relevant training in these areas, where possible.

Having the assistance of a professionally trained, trauma-informed interpreter is critical to help victims make first contact with frontline services, feel safe to disclose the abuse, and access help for themselves and their children.

The NSW Health Education Centre Against Violence (ECAV) offers specialist courses for HCIS to understand the dynamics, common beliefs and impact of the different forms of interpersonal violence and how these may impact on victims' ability and/or confidence to disclose their experiences of violence, abuse and neglect.

If you are working with refugees who have experienced torture and trauma, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors and the NSW Refugee Health Service may be able to provide advice.

For interpreting sessions identified as potentially traumatic, the health practitioner or other health worker (e.g. administrative or support staff) should ensure that extra time is scheduled to pre-brief and

debrief the interpreter and other health practitioners.

As noted in Section 3.10, interpreters may also suffer vicarious trauma as a result of their work. It is important that interpreters are provided with support via the Employee Assistance Program and are encouraged to use this support following any traumatic work.

3.15 Conduct of interpreters and translators

NSW Health Care Interpreters and Translators are required to comply with the NSW Health Code of Conduct and their respective Codes of Ethics (refer to Appendix 7):

- Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics; or
- Australian Sign Language Interpreters Association (ASLIA) Code of Ethics.

If a health practitioner has any concerns about unprofessional conduct or unsatisfactory practices by a health care interpreter or professional translator they should raise these with the relevant Manager of the appropriate service, e.g. their local HCIS.

Complaints and incidents are managed by respective organisations in accordance with the NSW Health *Complaints Management Policy* [PD2006_073].

4 CONSENT TO MEDICAL TREATMENT

The following section should be read in conjunction with the current NSW Health consent policy: *Consent to Medical Treatment – Patient Information* [PD2005_406].

It is imperative that a health care interpreter is present to ensure patient consent is valid and that the patient has understood the information provided when a recommendation for surgery, medical procedure or participation in medical research is communicated to a person who is not fluent in English or who is Deaf.

4.1 Requirements for obtaining valid consent

Consent for medical treatment is distinct from consent for disclosure of patient information.

It is the legal responsibility of the health practitioner carrying out the treatment to ensure that a valid consent has been obtained.

A valid consent requires that health practitioners adequately inform patients about an operation, procedure or treatment including material risks and alternatives in a way that patients can understand.

Patients are entitled to make their own decisions about their medical treatment and, 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.

A bilingual health practitioner who is confidently proficient in the patient's language may make a professional assessment that they could fully discharge their professional duty to obtain the patient's consent in the patient's preferred language (refer to Section 3.8 for further information about bilingual communication for direct patient care).

An interpreter must be engaged if a parent/guardian or person responsible who is not fluent in English or who is Deaf, is required to give consent to treatment on behalf of someone who doesn't have the

capacity to do so. A patient may lack capacity for a number of reasons, for example because they have experienced brain damage or are a child under the age of 14.

Consent for treatment which is not obtained through health care interpreters who are professionally accredited or certified – such as family members, other patients, visitors, or bilingual health practitioners acting as interpreters – may not be valid. Consent should only be obtained through someone other than a health care interpreter when an interpreter is not available in an emergency situation (refer to Sections 3.7 and 3.8).

See the consent manual for further information.

4.2 Procedure for obtaining valid consent

The health practitioner should engage a health care interpreter to ensure that the patient has been given all necessary information, including risks associated with the operation, procedure or treatment, so that the patient may give valid consent.

When the health practitioner is satisfied that the patient understands the information, the health practitioner should then read out the consent form and the interpreter should interpret this.

On occasion, an interpreter may be required to provide sight translation of the content of the consent form to the patient. If sight translation is required, it must take place in the presence of the health practitioner so that they can clarify questions which may arise. If a sight translation has taken place, it must be recorded in the patient's medical record that "the form has been sight translated for the patient in the presence of a health practitioner". See Section 3.1 for further information on sight translation.

When consent has been obtained with the assistance of an interpreter, the interpreter must sign and date the relevant section of the consent form.

Non-English consent forms are not used by NSW Health due to a number of risks, including problems with the consistency of content and compatibility with medical record systems.

If telephone or video interpreting is used to obtain consent, the health practitioner should read out the consent form and the interpreter should interpret to the patient. This must be recorded in the patient's medical record and include the interpreting medium used.

If at any time the interpreter believes the patient does not understand the content of the form, the interpreter should advise the health professional of this.

If a patient does not sign the consent form, the interpreter must write in the patient medical record that he/she was present during the interview and witnessed the patient's decision not to sign the consent form.

If the health practitioner or treating practitioner is not present to communicate all information relating to the consent, including during sight translation of the consent form, the interpreter will not sign the form, even if the patient is willing to do so.

5 TRAINING FOR HEALTH PRACTITIONERS

All health practitioners and relevant NSW Health administrative and support staff should be informed of the existence of the HCIS through orientation programs, written procedures, or in-service training programs as soon as possible after commencing employment.

Each Health organisation is to ensure that staff are aware of this Policy Directive, and that all staff are required to adhere to it and be proficient in its application.

Training on working with health care interpreters should be provided to all staff who are in direct contact with patients.

This training is provided by the HCIS, and may also be provided by staff within Multicultural Health Services in consultation with the HCIS.

6 MONITORING AND EVALUATION

To ensure patient safety and quality of care, NSW Health organisations are responsible for monitoring and reviewing the implementation of this Policy Directive.

To ensure the efficient and effective engagement of health care interpreters, Multicultural Heath Services, the HCIS and other stakeholders in Multicultural Health can assist with support for monitoring of implementation. This may include projects to monitor and report on access to and satisfaction with health care interpreters, both from the perspective of health practitioners and health staff, as well as patients who are not fluent in English or who are Deaf.

In the context of regular reporting in relation to the Multicultural Policies and Services Program, relevant Chief Executives are also responsible for reporting on access to, and the engagement of health care interpreters and the HCIS, in particular the proportion of patients with an 'interpreter' or 'interpreter required' flag who are offered and receive the assistance of a health care interpreter.

7 LIST OF APPENDICES

Appendix 1 – Legal and legislative framework
Appendix 2 – Communicating with Deaf people
Appendix 3 – Privacy information for health care interpreters
Appendix 4 – Responsibilities of health care interpreters
Appendix 5 – Information to have ready when booking a health care interpreter and Tips on working with a health care interpreter
Appendix 6 – Benefits of working with health care interpreters
Appendix 7 – Interpreter Codes of Ethics

- Australian Sign Language Interpreter's Association (ASLIA) Code of Ethics
- Australian Institute of Interpreters and Translators (AuSIT) Code of Ethics for Interpreters and Translators (extract)

Appendix 8 – Health Care Interpreter Services – Contact details
References and Related documents

7.1 Appendix 1: Legal and legislative framework

Relevant policies and legislation that impact on language services and policy development of the Commonwealth Government, State Government and NSW Health include:

Commonwealth Government

- *Disability Discrimination Act 1992*
- *Human Rights and Equal Opportunity Act 1986*
- *Racial Discrimination Act 1975*
- Australia's Multicultural Statement - Multicultural Australia: United, Strong, Successful 2017
- The People of Australia: Australia's Multicultural Policy 2011
- National Safety and Quality Health Service (NSQHS) Standards

NSW Government

- *NSW Carers (Recognition) Act 2010*
- *Mental Health Act 2007*
- *Health Records and Information Privacy Act 2002*
- *Multicultural NSW Act 2000*
- *Anti-Discrimination Act (NSW) 1977*
- Multicultural Policies and Services Program (MPSP) Framework 2016

NSW Health

- NSW Health State Plan: Towards 2021
- NSW Rural Health Plan: Towards 2021
- Clinical Procedure Safety [PD2014_036]
- Consent to Medical Treatment – Patient Information [PD2005_406]
- NSW Aboriginal Health Plan 2013-2023 [PD2012_066]
- NSW Health Complaints Management Policy [PD2006_073]
- NSW Health Framework for Women's Health 2013
- NSW Health Privacy Manual for Health Information
- NSW Multicultural Mental Health Plan 2008-2012 [PD2008_067]
- NSW Health and Equity Statement: In All Fairness
- Policy and Implementation Plan for Culturally Diverse Communities 2012-2016 [PD2012_020]
- Refugee Health Plan 2011-2016 [PD2011_014]

7.2 Appendix 2: Communicating with Deaf people

"Deaf" with a capital "D" refers to people who are born deaf or became deaf at an early age (before language acquisition). Deaf people identify themselves as part of a sociolinguistic minority group with a Deaf Culture and Community.

"deaf" with a small "d" refers to people with a condition that has led to them acquiring a hearing loss to whatever degree regardless whether signing or oral methods of communication are used.

"Hard of hearing" refers to all people who have a hearing loss and use speech as their primary means of communication. It includes children who are born with hearing loss as well as people who experience deterioration of hearing at a later stage in life having always used speech to communicate.

English is a second or non-preferred language for most Deaf people. Communicating via lip-reading or written notes is therefore inappropriate for most Deaf people.

The need for an interpreter should be considered even if the person has good speech skills.

If born in Australia, Deaf people are likely to use Australian Sign Language (Auslan) as a first or preferred language.

If born overseas, they may use a foreign sign language. For example American Sign Language (ASL) is quite different from British Sign Language (BSL), despite the fact that English is the spoken language of both countries.

Appropriate terminology should be used to refer to Deaf patients – for example, the term 'signing Deaf' is preferable to 'Deaf and dumb' or 'Deaf-mute', which are considered offensive.

7.3 Appendix 3: Privacy information for health care interpreters

Interpreters and translators engaged by NSW Health are considered staff for the purposes of the Privacy Manual for Health Information, and must be familiar with their obligations regarding the privacy of patients, their family members and staff.

Guidelines for staff regarding the core privacy principles are set out in the *NSW Health Privacy Manual for Health Information*.

The work of interpreters significantly contributes to a health organisation meeting the following two Health Privacy Principles contained in the *Health Records and Information Privacy Act 2002*:

Health Privacy Principle 3: An organisation must collect health information about an individual only from that individual, unless it is unreasonable or impracticable to do so.

> Where a patient does not speak English fluently or is Deaf, it may be impossible to collect health information from the patient directly, unless an interpreter is available.

Health Privacy Principle 9: Before using health information, organisations must take reasonable steps to ensure that the personal information they hold is relevant, accurate, up to date, complete and not misleading.

> Where a patient does not speak English fluently or is Deaf, a health organisation may not be able to be sure that the health information they have meets the terms of Health Privacy Principle 9, without the services of an interpreter.

With respect to patients who are not fluent in English or are Deaf, the assistance of interpreters in the collection and use of health information is essential for the health organisation to meet its privacy obligations.

NSW Health Privacy Leaflet for Patients

Patients should be provided with a copy of the *NSW Health Privacy Leaflet for Patients* leaflet in their own language, or the interpreter should note key points with the patient, advising that staff have an obligation to protect the privacy of the patient's health information.

This leaflet has been translated into 28 community languages and is available on the NSW Health Multicultural Health Communication Service website at: http://www.mhcs.health.nsw.gov.au/

7.4 Appendix 4: Responsibilities of health care interpreters

Anyone engaged in the act of interpreting should be aware of:

- *the expected standards and relevant ethical principles involved, and*
- *their boundaries and limitations, which should be defined according to the complexity, context and requirements of the interpretation setting, and the messages to be conveyed. (National Accreditation Authority for Translators and Interpreters, 2017)*

1. Statutory requirements
Health care interpreters are required to comply with applicable legislation.

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.

3. Skilled interpretation
Health care interpreters provide professional language support services. Their bilingual/multilingual and interpreting skills are tested and certified. Health care interpreters are required to complete an approved medical terminology course, abide by the NSW Health Code of Conduct, AUSIT Code of Ethics, and participate in ongoing professional development programs. Most health care interpreters are accredited, certified or recognised by the Commonwealth Government's National Accreditation Authority for Translators and Interpreters (NAATI).

4. Provision of cultural 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 practitioner and the patient interact. Accordingly, health care 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 practitioner should direct all initial enquires regarding culture and its impact on clinical care to the patient and their family.

5. Completion of records
In the case of face-to-face interpreting and where there is a paper record, the health care interpreter should document their attendance in the patient's medical record. The health care interpreter should be given access to the medical record of the patient for this purpose.
In the case of an electronic medical record (eMR), the health practitioner is responsible for recording that they engaged an interpreter into the eMR.

Where telephone or video interpreting has taken place, the health practitioner is responsible for documenting this in the patient's file (paper or eMR) and the medium used.

6. Sight translation
From time to time, health care interpreters may be required to provide sight translations of information written in English or other languages essential to the health care of an individual patient. Sight translation essential to the health care of an individual patient must take place in the presence of a health practitioner.

The translation of lengthy and technically complex documents may require extra time and resources and should be undertaken by professional translator.

7. Completion of questionnaires/forms
Interpreters **cannot** complete questionnaires/forms on behalf of patients or health practitioners. If the patient cannot complete a questionnaire /form independently, the health practitioner is to enter

the information on their behalf while the interpreter provides interpreting assistance.

8. Translations

During the course of an interpreting assignment, health care interpreters may provide very brief translations of instructions essential to patient care on request, if they are appropriately qualified (refer to Section 3.12).

7.5 Appendix 5: Information to have ready when booking an interpreter and Tips on working with a health care interpreter

When making a booking have the following information ready:

- Patient Details: Name and MRN
  Date of Birth
  Telephone number(s)

- Person Booking the Interpreter – name and contact number
- Health care practitioner - name and contact number (including mobile phone)
- Date and time interpreter is required
- Length of the Interpreter session (hours/minutes)
- Location of the appointment (e.g. facility location or patient's address for home visits)
- Nature of the appointment – to help the interpreter prepare for the appointment record any specific requirements:
  - If it is sensitive (e.g. domestic violence, sexual assault)
  - Preferred gender of the Interpreter and reason for the request
  - Specific ethnic background of interpreter
- Risk alert – note any safety concerns, such as behavioural issues or presence of a dog in the case of a home visit
- When making a booking with TIS, the Client Code will be required.

Tips on working with a health care interpreter

- Working with an interpreter is a learned skill, like taking a client history or putting in a drip.
- When booking the interpreter, be aware of issues like **gender**, or **dialect**.
- Explain **confidentiality** to the patient; this reassures them that they can speak freely and interpreters are bound by a professional code to maintain confidentiality.
- **Speak directly to the patient** not the interpreter, i.e. "*Do **you**...*" not "*Does **she**...*"
- Use **short sentences**, with frequent pauses.
- Use simple words; **avoid jargon**; avoid slang, which may be misunderstood.
- Before the interpreter finishes, ask the patient "*Do you have any other questions?*"
- If the session has dealt with difficult or traumatic subject matter, after the patient leaves, check in with the interpreter if they are OK. A brief discussion with the interpreter can be important for their emotional well-being.

Additional tips with an on-site interpreter:

- Maintain **eye contact with the patient** when you are speaking.
- If it's a long session, give the interpreter and yourself frequent, **short breaks** (e.g. a 5 minute break every hour).
- Allow the interpreter to choose whether to leave the room with the client, or to remain in the room. This may vary depending on the setting, situation etc.

7.6 Appendix 6: Benefits of working with health care interpreters

The **clinical benefits** to health practitioners include:

- Facilitation of accurate communication of diagnosis and/or treatment plan
- Improvement in patient engagement in, understanding of, and adherence to, medication and treatment plans
- Reduction in the incidence of avoidable readmissions to hospital/health services by ensuring that the patient clearly understands how to manage his/her health condition post-discharge, including correct use of medications and any follow-up treatment required
- The ability to offer health promotion and prevention programs.

The **benefits to patients** who are not fluent in English and those who are Deaf include the ability to:

- Understand the information imparted by care practitioners
- Participate in decisions about their care
- Ask questions about their condition, the proposed medical treatment/procedure and its associated risks
- Make an informed choice and provide valid consent before treatment.

Working with health care interpreters can bring efficiency benefits to the health system such as:

- Reduction of patient readmission rates
- Savings in health personnel time and the avoidance of unnecessary diagnostic tests and procedures
- Avoidance of litigation
- Improving safety and reducing adverse events such as incorrect patient identification, incorrect procedure or postponement of procedures due to (for example) incorrect administration of medication.

Communicating through a non-accredited interpreter may have serious consequences, including:

- Inferior quality of interpreting
- Inaccuracies in interpreting due to a lack of skills and familiarity with ethics, medical concepts and terminology
- Altering, censoring, distortion and suppression of messages, especially when relatives act as interpreters
- Breach of patient confidentiality
- Invalid consent to medical treatment/procedure
- Incorrect patient identification, undertaking an incorrect procedure, treating an incorrect site
- Inappropriate responsibilities being placed on family members and health practitioners.

The need for an interpreter should be recorded prominently in the patient's written or electronic medical record.

7.7 Appendix 7: Interpreter Codes of Ethics

Australian Sign Language Interpreters' Association (ASLIA) Code of Ethics

The full version is available at https://aslia.com.au/code-of-ethics/

An obligation of gaining NAATI accreditation is that practitioners adhere to the professional Code of Ethics. For Auslan-English interpreters, this is the ASLIA Code of Ethics. A summary of the core values in the ASLIA Code of Ethics includes:

1. Professional accountability: Accepting responsibility for professional decisions and actions.
2. Professional competence: Committing to provide quality professional service throughout one's practice.
3. Non-discrimination: Approaching professional service with respect and cultural sensitivity.
4. Integrity in professional relationships: Dealing honestly and fairly with participants and colleagues.
5. Integrity in business practices: Dealing honestly and ethically in all business practices.
6. Practitioners are to understand that each of these core values and accompanying sections are to be considered when making ethical and professional decisions in their identity and capacity as an interpreter. These values are of equal weight and importance.

Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics for Interpreters and Translators [extract]

The full version is available at http://ausit.org/AUSIT/Documents/Code_Of_Ethics_Full.pdf

General Principles

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).

Explanation:

Interpreters and translators take responsibility for their work and conduct; they are committed to providing quality service in a respectful and culturally sensitive manner, dealing honestly and fairly with other parties and colleagues, and dealing honestly in all business practices. They disclose any conflict of interest or any matter that may compromise their impartiality. They observe common professional ethics of diligence and responsiveness to the needs of other participants in their work.

2. Confidentiality

Interpreters and translators maintain confidentiality and do not disclose information acquired during the course of their work

Explanation:
Interpreters and translators are bound by strict rules of confidentiality, as are the persons they work with in professional or business fields.

3. Competence

Interpreters and translators only undertake work they are competent to perform in the languages for which they are professionally qualified through training and credentials.

Explanation:
In order to practise, interpreters and translators need to have particular levels of expertise for particular types of work. Those who work with interpreters and translators are entitled to expect that they are working with appropriately qualified practitioners. Practitioners always represent their credentials honestly. Where formal training or accreditation is not available (e.g. in less frequently used language combinations and new and emerging languages), practitioners have an obligation to increase and maintain skills through their own professional development (see Principle 8 below) or request employers, agencies or institutions to provide it.

4. Impartiality

Interpreters and translators observe impartiality in all professional contracts. Interpreters remain unbiased throughout the communication exchanges between the participants in any interpreted encounter. Translators do not show bias towards either the author of the source text or the intended readers of their translation.

Explanation:
Interpreters and translators play an important role in facilitating parties who do not share a common language to communicate effectively with each other. They aim to ensure that the full intent of the communication is conveyed. Interpreters and translators are not responsible for what the parties communicate, only for complete and accurate transfer of the message. They do not allow bias to influence their performance; likewise, they do not soften, strengthen or alter the messages being conveyed.

5. Accuracy

Interpreters and translators use their best professional judgement in remaining faithful at all times to the meaning of texts and messages.

Explanation:
Accuracy for the purposes of this Code means optimal and complete message transfer into the target language, preserving the content and intent of the source message or text without omission or distortion.

6. Clarity of role boundaries

Interpreters and translators maintain clear boundaries between their tasks as facilitators of communication through message transfer and any tasks that may be undertaken by other parties involved in the assignment.

Explanation:
The focus of interpreters and translators is on message transfer. Practitioners do not, in the course of their interpreting or translating duties, engage in other tasks such as advocacy, guidance or advice. Even where such other tasks are

mandated by particular employment arrangements, practitioners insist that a clear demarcation is agreed on between interpreting and translating and other tasks. For this purpose, interpreters and translators will, where the situation requires it, provide an explanation of their role in line with the principles of this Code.

7. Maintaining professional relationships

Interpreters and translators are responsible for the quality of their work, whether as employees, freelance practitioners or contractors with interpreting and translating agencies. They always endeavour to secure satisfactory working conditions for the performance of their duties, including physical facilities, appropriate briefing, a clear commission, and clear conduct protocols where needed in specific institutional settings. They ensure that they have allocated adequate time to complete their work; they foster a mutually respectful business relationship with the people with whom they work and encourage them to become familiar with the interpreter or translator role.

Explanation:

Interpreters and translators work in a wide variety of settings with specific institutional demands and a wide range of professional and business contexts. Some settings involve strict protocols where the interpreter or translator is a totally independent party, while others are marked by cooperation and shared responsibilities. Interpreters and translators must be familiar with these contexts, and endeavour to have the people they work with understand their role.
For practitioners who work through agencies, the agency providing them with the work is one of their clients, and practitioners maintain the same professional standards when working with them as when working with individual clients. At the same time agencies must have appropriate and fair procedures in place that recognise and foster the professionalism of interpreting and translating practitioners.

8. Professional development

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

Explanation:

Practitioners commit themselves to lifelong learning, recognising that individuals, services and practices evolve and change over time. They continually upgrade their language and transfer skills and their contextual and cultural understanding. They keep up to date with the technological advances pertinent to their practice in order to continue to provide quality service. Practitioners working in languages where there is no standard training or credential may need to assess, maintain and update their standards independently.

9. Professional solidarity

Interpreters and translators respect and support their fellow professionals, and they uphold the reputation and trustworthiness of the profession of interpreting and translating.

Explanation:

Practitioners have a loyalty to the profession that extends beyond their individual interest. They support and further the interests of the profession and their colleagues and offer each other assistance.

7.8 Appendix 8: Health Care Interpreter Services – Contact Details

Metropolitan Health Care Interpreter Services

South Western Sydney Local Health District
Health Language Services – Interpreting and Translating

Interpreter Services:	(02) 8738 6088 for bookings
Fax:	(02) 8738 6090
Email:	Interpreters.Bookings@sswahs.nsw.gov.au (non-urgent bookings only)
Postal Address:	PO Box 7103 LIVERPOOL BC 1871
Hours of Service:	HCIS is a 24 hour service, 7 days per week
Coverage:	South Western Sydney LHD
Translations:	http://www.swslhd.nsw.gov.au/services/Interpreter/translation.html

Sydney Local Health District HCIS

Interpreter Services:	(02) 9515 0030 for bookings
Fax:	(02) 9515 9577 (non-urgent bookings only)
Email:	sydneyinterpreters@health.nsw.gov.au (non-urgent bookings only)
Street Address:	Level 8 South, Missenden Road CAMPERDOWN NSW 2050
Hours of Service:	SHCIS is a 24 hour service, 7 days per week
Coverage:	Sydney LHD, South Eastern Sydney LHD, St Vincent's (Darlinghurst), Sydney Children's Hospital (Randwick) and Justice Health and Forensic Mental Health Network.
Translations:	SHCIS.Translations@health.nsw.gov.au (for enquiries) www.slhd.nsw.gov.au/interpreters/

Western Sydney Local Health District HCIS

Interpreter Services:	(02) 9912 3800 for bookings
Fax:	(02) 9840 3789
Email:	wslhd-hcis@health.nsw.gov.au
Street Address:	Building 61, Cumberland Hospital, 5 Fleet Street NORTH PARRAMATTA NSW 2150
Postal Address:	Locked Bag 7118, NORTH PARRAMATTA BC 2124
Hours of Service:	HCIS is a 24 hour service, 7 days per week
Coverage:	Western Sydney LHD, Northern Sydney LHD, Nepean Blue Mountains LHD, the Children's Hospital Westmead, St Joseph's Hospital, and Justice Health and Forensic Mental Health Network.
Translations:	http://www.wslhd.health.nsw.gov.au/Translation-Service (02) 8838 6210

Rural and Regional Health Care Interpreter Services

Hunter New England Local Health District HCIS

Interpreter Services:	**Call 1800 674 994 Freecall** for health services in the Mid North Coast, North Coast, Tablelands, Western and Far Western NSW
	Call (02) 4924 6285 (business hours) or **(02) 4921 3000** (after hours) for Hunter Valley, Newcastle, Maitland, Port Stephens, Lake Macquarie, Taree, Great Lakes and Central Coast.
Fax:	(02) 4924 6287
Email:	HNEMulticulturalHealth@hnehealth.nsw.gov.au
Street Address:	HNE Multicultural Health Service Level 2 Harker Building, Wallsend Campus Longworth Avenue WALLSEND NSW 2287
Hours of Service:	HCIS is a 24 hour service, 7 days per week
Coverage:	Hunter New England LHD, Central Coast LHD, Mid North Coast LHD, Northern NSW LHD, Far West LHD and Western NSW LHD Bookings from agencies outside NSW Health can be made by submitting a request form available on request.
Translations:	http://www.hnehealth.nsw.gov.au/multiculturalHealth/Pages/Health-Care-Interpreter-Service.aspx

Illawarra Shoalhaven Local Health District HCIS

Interpreter Services:	**Call (02) 4223 8540** for Illawarra area
	Call 1800 247 272 for Shoalhaven area, Murrumbidgee LHD and Southern NSW LHD
Fax:	(02) 4276 2487
Teletypewriter:	(02) 4223 8556
Email Address:	ISLHS-HCIS@health.nsw.gov.au
Street Address:	Ground floor, Nurses Home (Block E) Cowper Street WARRAWONG NSW 2502
Postal Address:	PO Box 21 WARRAWONG NSW 2502
Hours of Service:	Monday to Friday – 8.30 am to 5.00 pm
Coverage:	Illawarra Shoalhaven LHD,

NSW Translation Services for non-urgent purposes

For translated resources for health promotion or other non-urgent purposes, contact the:

- Multicultural Health Communication Service at http://www.mhcs.health.nsw.gov.au/ or at (02) 8753 5047.

Commonwealth Translating and Interpreter Service (TIS)

Call TIS National on **131 450** or **1300 655 030** for the hospital priority line
Information is available online at https://www.tisnational.gov.au/en

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Related Documents:

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Ageing, Disability & Home Care 2012, ***Using interpreter services when working with refugees / asylum seekers fact sheet***, NSW Department of Human Services, Strawberry Hills, NSW.

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DOMESTIC VIOLENCE AND MIGRATION REGULATIONS: RELEVANCE FOR HEALTH WORKERS (IB2018_017)

IB2018_017 rescinds Information Bulletin 2005/4

PURPOSE

This Information Bulletin outlines the special provisions relating to domestic and family violence (DFV) contained in the *Migration Regulations 1994* (the provisions) of the *Migration Act 1958.* It also describes support which can be offered to victims of DFV, in addition to clinical services, by certain professional experts within NSW Health.

This Information Bulletin expands on issues raised in the NSW Health *Policy and Procedures for Identifying and Responding to Domestic Violence 2006*, regarding clients from culturally and linguistically diverse backgrounds affected by DFV, who hold certain temporary visas.

KEY INFORMATION

The provisions ensure that persons in Australia on certain temporary visas do not feel compelled to remain in abusive relationships in order to stay in Australia.

The provisions are usually invoked by persons on temporary partner visas or prospective marriage visas, who are in the process of applying for a permanent partner visa. The provisions allow these persons to remain in Australia and apply for permanent residence, even though, as a result of DFV and a relationship breakdown, they do not meet the ordinary requirements to obtain a permanent partner visa.

The provisions can also be invoked by persons on certain skilled stream visas in some circumstances. Victims of DFV seeking to invoke the provisions must substantiate their claims by proving their relationship was genuine until it ended and that DFV took place during the relationship in Australia. If the victim's claim of DFV has not been heard by a court, that person can provide the following as evidence that DFV took place during their relationship:

- a statutory declaration (form number 1410 for DFV claims first made on or after 24 November 2012, or form number 1040 for claims made on or after 15 October 2007); and
- two items of evidence from **professional experts**.

The *Migration Regulations 1994 - Specification of Evidentiary Requirements - IMMI 12/116* (IMMI 12/116) provides information on acceptable items of evidence from **professional experts**. Victims of DVF must present at least two of the types of evidence listed in IMMI 12/116 in support of their claim. They cannot present two items of evidence of the same type.

NSW Health workers categorised as **professional experts** include registered medical practitioners, nurses or psychologists and members or eligible members of the Australian Association of Social Workers. Professional experts within NSW Health may provide a statement in a statutory declaration or an official letter with relevant supporting documents in their professional capacity, including a medical report, hospital report or a discharge summary. Their evidence must include:

- details of the violence, identifying all individuals involved;
- evidence or reasons for any opinion or assessment;
- details about their professional relationship with the victim; and
- information regarding services and support offered or provided to the victim.

Professional experts within NSW Health should proactively follow up by asking about the safety of the victim - if they are safe to go home, if they need assistance to go home or a safe place as per the NSW Health policy on *Identifying and Responding to Domestic Violence* PD2006_084.

Professional experts within NSW Health should also identify if children are involved in the violence by asking victims directly. If so, questions should be asked about this - if children have been hurt or witnessed violence, where and who are the children with, and if victims are worried about the children's safety.

Professional experts within NSW Health are also required to follow mandatory reporting protocols if they suspect that a child is at risk of significant harm.

The NSW Mandatory Reporting Guide should be used as part of this assessment and reports to the Child Protection Helpline should be made where indicated.

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NSW PLAN FOR HEALTHY CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES: 2019-2023 (PD2019_018)

PURPOSE

The NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023 is the strategic statewide policy for meeting the health needs of culturally and linguistically diverse consumers for the next five years. It aims to ensure people of culturally and linguistically diverse backgrounds have equitable access to health care services that are culturally responsive, safe and high quality. The Plan also affirms the commitment of NSW Health to the principles of the *Multicultural NSW Act 2000* in particular respecting and making provision for the culture and language of others. The Plan serves as the NSW Health multicultural plan under the NSW Multicultural Policies and Services Program.

MANDATORY REQUIREMENTS

NSW Health organisations are required to take action to work towards achieving the outcomes of the NSW Plan for Healthy Culturally and Linguistically Diverse communities: 2019-2023. These are:

1. Strategies in place to improve access and quality of care for people of culturally and linguistically diverse backgrounds
2. Support provided for people of culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health
3. Health organisations are responsive to people's individual needs, language and culture
4. An understanding of the needs, experiences and identities of culturally and linguistically diverse communities in NSW.

Local health districts, specialty health networks, pillars, statewide specialist multicultural health services and statewide health services, should use the Plan to develop a local plan or include elements of the Plan in relevant strategic plans.

IMPLEMENTATION

NSW Health organisations should:

- Nominate a senior officer to sponsor implementation and reporting on the Plan
- Have a multicultural or diversity committee to oversee implementation
- Identify local needs and develop strategies in partnership with consumers
- Have a local-level plan of action to implement the Plan
- Engage and include consumers in policy, service and program planning, implementation and evaluation processes
- Include evaluation in multicultural health projects and program
- Monitor and report on progress towards achieving the outcomes of the Plan.

The full policy implementation plan with outcomes, strategic objectives, indicators, and responsibilities are listed in the Plan on pages 10 - 13, and actions to implement the plan are listed on page 14.

Under the NSW Multicultural Policies and Services Program (MPSP) reporting program, the Ministry of Health will:

- Provide policy support and guidance to NSW Health organisations in implementing the Plan for Healthy Culturally and Linguistically Diverse communities: 2019-2023.
- Monitor progress towards achieving the outcomes of the Plan including coordinating the NSW Health annual MPSP reporting process.
- Draft the consolidated NSW Health MPSP report for submission to Multicultural NSW.
- Provide MPSP policy advice to the Minister for Health, the senior executive of the Ministry of Health, local health districts, specialty health networks, pillar organisations, statewide health services and programs.

ATTACHMENTS

1. NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023.
   https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_018