



# Language Services Procedure

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This procedure supports the application of [MP 0051/17 Language Services Policy](#).

It sets out the minimum policy reporting obligations and processes to be undertaken prior to engaging language services and to assist with the management of health, legal and other risks that may arise in the delivery of health services.

## 1. Assessing the need for language services

### 1.1. Clinical and hospital settings

The need for language services must be assessed at every point of a person's journey within the WA health system. Critical contact points in the health journey include, but are not limited to:

- initial health assessments and new appointments
- pre-admission clinics
- admission/intake
- emergency situations
- outpatient clinics and in-patient clinics
- patient accounts
- appointments or waitlist desks
- assessments, diagnoses and development of treatment plans
- providing information about medications
- providing pre-operative and post-operative instructions
- seeking informed consent for surgery, invasive procedures, investigation treatment and research
- informing people of results of investigative procedures including advice of terminal illness and dying
- diagnosis of a disability
- situations involving abuse, violence or assault
- mental health assessment, diagnosis and treatment
- discharge procedures and referrals
- community services and the [Patient Assisted Travel Scheme](#)
- providing public health information
- end of life decisions.

### 1.2 Public settings

Language services for health events and activities in public settings should be assessed based on its impact on the broader community.

Language services must be provided where there is need to provide accessible information about a health issue or incident, services, preventative measures and safety. Examples of situations may include:

- public health incidences and major outbreaks of infectious diseases (e.g. COVID-19)
- environmental health issues and critical events

- health promotion information and campaigns
- community education or consultation, and health research.

Staff members are responsible for determining the potential risks for the consumer and public where miscommunication may occur and to document the need for language services in the consumer's medical and/or other relevant records.

## 2. Qualifications and credentials for translators and interpreters

All staff must ensure that only tertiary qualified and/or National Accreditation Authority for Translators and Interpreters (NAATI) credentialed interpreters are engaged to provide translation and interpreter services. The use of tertiary qualified and/or NAATI credentialed interpreters and translators is also required under some legislation, for example the *Voluntary Assistance Dying Act 2019*<sup>1</sup>.

Family members, carers or friends of the consumer and/or carer, and staff who are fluent in a Language Other than English (LOTE) must not be engaged for interpreting or translating unless it is in defined and short-term circumstances such as emergencies or to share non-clinical information. LOTE staff can only be engaged as interpreters if they hold tertiary qualifications and/or NAATI credentials, and must show evidence of this.

Persons under 18 years of age must not be engaged to provide language services due to risk factors relating to privacy, family dynamics and emotional wellbeing for the young person. Web based and software applications such as google translate or machine interpreting also must not be used to replace interpreters or translations.

To be a qualified interpreter or translator the person must have one or more of the following qualifications:

- a Bachelor's degree, graduate certificate and/or Master's degree in interpreting or translating
- an Advance Diploma of Interpreting, Diploma of Interpreting, Advance Diploma of Translating or Diploma of Translating from a Vocational Education and Training (VET) provider such as a TAFE college, or other registered training provider
- Registration with the Aboriginal Interpreting WA for languages of some Aboriginal communities.

All information related to translation and interpreter bookings, and/or engagement of family members, carers, friends or LOTE staff for short term language assistance, must be recorded in the consumer's medical records and/or other relevant records.

## 3. Engaging interpreters and translators

### 3.1 Types of interpreting services

There are many types of interpreting services available. The decision to use face-to-face, telephone or Video Remote Interpreters (VRI) should be based on the following factors:

- clinically appropriate timeframes
- assessment of risk to consumers and/or carers, staff and the organisation
- complexity or sensitivity of the consultation or treatment
- estimated length or duration of discussion/appointment
- urgency of the situation
- consumer and/or carer preference
- need for anonymity of consumers and/or carers

<sup>1</sup> The Voluntary Assistance Dying (VAD) Act 2019 explicitly prohibits family members to interpret as part of the VAD process.

- location of a service, for example rural and regional areas
- number of people involved
- availability of appropriate equipment.

Staff members must ask the consumer and/or carer before deciding which mode of interpreting to use. People who are Deaf or hard of hearing communicating in Auslan must always require face-to-face interpreting or VRI.

Adequate equipment and facilities must be made available to facilitate any interpreting sessions. Please refer to the WA Health [Language Service Guidelines](#) - Engaging Interpreters section for guidance on how to book interpreters and translators.

### **3.2 Consumers and/or carers declining to engage with qualified interpreters**

In some instances, consumers and/or carers may decline the assistance of a tertiary qualified and/or credentialed interpreter. In this situation staff must sensitively and appropriately enquire about the reasons for refusal through a telephone interpreter, LOTE staff member, or an adult friend or family member.

The staff member needs to emphasise that health professionals need to understand the information being conveyed to them by the consumer and/or carer to deliver appropriate treatment and care. Staff must explain that:

- it is WA health system policy to use qualified and/or credentialed interpreters
- medical interpreting is a specialist skill, and family members may not have the ability to interpret accurately, or objectively, on health and medical matters
- they can indicate their preference for a male or female interpreter
- interpreters must maintain confidentiality
- interpreters are available face-to-face, via videoconferencing or by telephone (the consumer and/or carer can remain anonymous with a telephone interpreter)
- qualified and/or credentialed interpreters are trained, insured, and bound by a code of ethics
- an interpreter will assist in providing the best possible and safest care
- the consumer may still have their trusted family/friend in attendance if they wish.

If the consumer and/or carer still declines engaging with a qualified interpreter, the staff member must document the following in the consumer's medical record and/or other relevant records:

- the steps taken and reasons for not engaging a tertiary qualified and/or credentialed interpreter
- whether a family member, friend or staff with LOTE interpreted
- the content of what was interpreted, and the language spoken
- other details of the situation (in the event the consumer and/or carer claims that information was not communicated to them).

The consumers' rights to have a carer or other support person such as a family member or friend during treatment and care must be respected. Staff must ensure consumers and/or carers understand the different roles that support persons and interpreters play during appointments in the treatment process.

### **3.2 Requests to be matched with a specific interpreter**

In some instances, consumers and/or carers may request to be matched with a specific interpreter due to family and/or cultural issues or because they may prefer working with a familiar interpreter. Staff must support these requests, providing the requested interpreter meets the qualification or credential standards and is available at the required time.

Where the requested interpreter does not meet the qualification or credentialed standards, or is not available, staff must book an alternate tertiary qualified and/or credentialed interpreter and provide adequate reasons to the consumer and/or carer to ensure that communication proceeds successfully.

### **3.3 Working with interpreters**

In complex situations, where they may be serious implications for the consumer and/or carer and the WA health system, the interpreting session must be undertaken by a highly experienced interpreter where possible.

In most cases, the language service provider will be able to assess the skill level required for a particular situation, for example whether the interpreter has experience working in drug and alcohol settings, or with medicolegal issues. It is therefore critical that as much information as possible about the assignment is provided when requesting an interpreter.

Prior to making a booking to engage language services, the staff member must collate the following information:

- consumer details/Unit Medical Record Number (UMRN)
- language and dialect
- preferred gender and/or ethnicity of interpreter
- time, place and length of appointment
- reason for the appointment
- staff member details.

## **4. Consumers and/or carers feedback and complaints**

The WA health system recognises consumers' and/or carers' right to complain about health care and to have their health concerns addressed promptly, including those that pertain to language services.

- Complaints lodged by consumers and/or carers must be managed according to the processes set out in [MP 0130/20 Complaint Management Policy](#).
- Staff need to ensure that people with limited or no English proficiency and people who are Deaf or hard of hearing are supported should they wish to make a complaint around language services issues.
- The consumer must be informed that the Health Consumer's Council and the Health and Disability Services Complaints Office can support people to provide feedback and complaints.
- Language service complaints made by WA health staff, on behalf of the consumer and/or carer, must only be done with the knowledge and consent of the consumer and/or carer.

Complaints must be recorded and filed separately from the consumer's medical records.

**This document can be made available in alternative formats on request for a person with a disability.**

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