

## Health Care Interpreter Services – Culturally and Linguistically Diverse and d/Deaf Patients

*Implementation Guide to NSW Health Policy Directive PD2017\_044 Interpreters – Standard Procedures for Working with Health Care Interpreters*

**Policy Number** 1.230

**Policy Function** Continuum of care

**Issue Date** 17 June 2019

**Summary** This implementation guide provides information on the use of health care interpreters and other communication aids, and provides health staff with guidelines for the delivery of culturally appropriate health services to patients from culturally and linguistically diverse backgrounds and patients who are d/Deaf.

**Responsible Officer** ED Clinical Operations

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 1.230 (Oct 2016; Sep 2013; June 2013; Sep 2008; Jun 2005 and Sep 2000)

**Change Summary**

- Policy is reformatted as Implementation Guide to NSW Health PD2017\_044
- Procedures and title updated to include services for d/Deaf patients
- Changes to reflect updates to the Ministry of Health Policy Directive

**HPRM Reference** POLJH/1230

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

## 1. Preface

This implementation guide provides Justice Health and Forensic Mental Health Network (the Network) staff with procedures pertaining to and governing the NSW Ministry of Health's Principles of Multiculturalism.

The provision of health services to Culturally and Linguistically Diverse (CALD) and d/Deaf patients is based on the following legislation and plan:

- Equality of access to health care services for culturally and linguistically diverse populations (the [Anti-Discrimination Act 1997](#)); and
- The responsibility of the health care system to respond appropriately to the specific needs of different groups in the community which include people from culturally and linguistically diverse backgrounds ([Multicultural NSW Act 2000](#), and the [Mental Health Act 2007](#)).
- [PD2012 020](#) *NSW Health Policy & Implementation Plan for Culturally Diverse Communities 2012-2016* is the strategic state-wide policy for improving the health of NSW residents from backgrounds which are culturally, religiously and linguistically diverse. The Policy and Implementation Plan takes advantage of evidence about multicultural health amassed over the last decade and, drawing on state level policy requirements, sets the NSW Government's multicultural health policy direction over the next five years. The Policy and Plan serve as NSW Health's multicultural forward plan under the NSW Multicultural Policies and Services Program.
- [PD2017 044](#) *Interpreters – Standard Procedures for Working with Health Care Interpreters* describes when and how to work with health care interpreters to support safe, effective and clear communication between health care staff and patients, their carers and families.

It is a requirement of NSW Government policy that all health services are accessible and appropriate, and that professional health care interpreters are used to facilitate communication between patients, families and carers not fluent in English and/or who are d/Deaf, and staff of the NSW public health system. This is achieved through access and provision of programs such as the [NSW Health Care Interpreting and Translating Services](#), Transcultural Mental Health Service and Multicultural Health Communication Service. These services facilitate the provision of written and other communication information to patients, and their carer/s where appropriate, in the language of their choice or in a form that can be universally understood.

Health care interpreters are to be used in all health care situations where communication is essential including admission, obtaining consent, conducting assessments, counselling, explanation of treatment including associated risks and side-effects, health education, case reviews, Mental Health Review Tribunal hearings and discharge planning.

## 2. Policy Content

### 2.1. Mandatory Requirements

Network staff must strive to ensure the same standard of health care is provided to all patients irrespective of their cultural or linguistic background. 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 d/Deaf and/or hard of hearing, and that cultural factors relevant to the diagnosis, assessment and management of a clinical condition are taken into account.

When an interpreter is required and is not available, either through an inability to book or a cancellation, this must be logged as an incident in the Incident Information Management System (IIMS). An IIMS must be completed each time a patient or staff member is used as an interpreter for a patient.

## **2.2. Implementation - Roles & Responsibilities**

Prior to commencing treatment, health care providers must disclose all relevant information regarding treatment and any associated risks, side effects or possible adverse outcomes. This information must be communicated to patients, and where appropriate their family and carer/s, who are not fluent in English or are d/Deaf, through a professional health care interpreter.

Upon contact with health staff (e.g. appointments, reception, inpatient admissions or community initial assessments), all patients must be identified as either a person who speaks a language other than English and/or are not fluent in English, including speakers of Australian Aboriginal English, people who are d/Deaf and users of Auslan and require the services of an interpreter. For correctional patients this is to be noted on a *Health Problem Notification Form* (HPNF) for adults and a *Health Problem Notification and Escort Form* (HPNEF) for adolescents, on the cover of the patient's Health Record and as an alert in the Network's Patient Administration System (PAS).

Staff must be supported and educated to identify and engage patients, their families and carers where appropriate, in the provision of health care. All health workers need to respond to the expressed needs of patients and their carers where appropriate, to help reduce any barriers to health service provisions and the delivery of timely and accurate information that promotes patient, family and carer independence and empowerment.

## **2.3. 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 Health Care Interpreter Service (HCIS).

Health care interpreters services are to be engaged in all health care situations where communication is essential (NSW Health [Privacy Manual for Health Information](#), Policy [1.085](#) *Consent to Medical Treatment - Patient Information*).

# **3. Procedures**

## **3.1. Culturally Appropriate Care**

All health staff providing clinical care for patients must be aware of cultural considerations when interacting with patients, and their family and carers where appropriate. Culturally appropriate services are to be provided, as required.

Examples of placing clinical interactions in a cultural context are:

- Communication signals – people from different backgrounds use communication signals differently, e.g. personal space, eye contact and style of speech.
- Health management plans – treatment plans should be developed in consideration of the patient's cultural needs.
- Ethnic stereotypes – ethnic stereotyping must not be attributed to groups or to any particular individual e.g. a culture that a clinician has stereotyped as quiet may miss the negative symptoms of depression.
- Acknowledging and respecting the religion and/or cultural belief systems of patients.

Health staff are encouraged to use the practical guide for cultural assessments that can be found at the [Cultural Assessment Checklist](#).

When required, the SMR025.065 *Mental Health Transcultural Assessment* form can be used during assessment at any point of care where a consumer has been identified as being from a culturally and linguistically diverse background. The form provides a structural format for the documentation of cultural information.

### **3.2. Appropriate Care to d/Deaf Patients**

d/Deaf people communicate in a variety of ways. For many d/Deaf people Auslan is their preferred primary language. An Auslan interpreter should be used as required, in line with this policy.

Lip reading and reading/writing are generally not considered substitutes for using an Auslan interpreter. d/Deaf people often have lower levels of literacy in their first language and lip reading is not a preferred or accurate method of communication for many d/Deaf people.

Many d/Deaf people experience barriers in accessing healthcare information because of limited English literacy and a lack of information being available in Auslan, apart from when Auslan interpreters are present in health care appointments.

### **3.3. Written and Other Resources**

The implementation of this policy requires all Network service areas to provide information and health resources in languages other than English. An adequate supply of relevant multilingual publications should be on display at all clinical service contact points and/or available on the shared Multicultural folder on the [G: drive](#). The [Multicultural Health Communication Service](#) (MHCS) publishes over 450 publications in a wide range of languages.

The [Transcultural Mental Health Centre](#) (TMHC) offers multicultural information as well as providing a Clinical Consultation and Assessment service for patients from a CALD background experiencing a mental health issue. The TMHC provides specific outreach clinics to assist mainstream health providers accurately assess CALD patients presenting with mental health issues and assist in the development of culturally appropriate treatment plans.

[NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors](#) (STARTTS) is the NSW service that provides assistance to people from refugee and refugee-like backgrounds who have experienced

torture or other traumatic events before arriving in Australia. The service provides a range of publications, individual counselling and other useful resources.

The literacy level of some non-English speaking patients in their own language may not be adequate to understand the written information provided, therefore equity of access for CALD patients is not met simply by the provision of written information in their own language. Health care workers have a responsibility to ensure that all information imparted to the patient is understood. Written information should not replace verbal communication in clinical practice. For accurate communication with a patient a professional interpreter must be used. Each health facility must display a clearly visible sign indicating the availability of the HCIS. In addition, health service signs must be displayed using multilingual text and universal symbols. The Network signage in ambulatory Health Centres must also be provided in Arabic, Mandarin and Vietnamese.

### **3.4. Modifying Services to meet needs**

When practical, it is important, for health facilities to modify services to help meet the health needs of patients from CALD backgrounds. Modified services can include, but are not limited to:

- Provision of multilingual pharmaceutical labels, and/or [drug information](#) where possible.
- Access to female clinical staff for female patients when requested.
- Provision of [multilingual information](#) relating to health care and services.

### **3.5. Health Care Interpreter Service (HCIS)**

All patients who are not fluent in English or who are d/Deaf must be informed of their right to access a professional health care interpreter and be offered access to a professional health care interpreter at their first point of contact with the Network and on an ongoing basis as required. A written resource is available on the [G Drive](#) which can be used to communicate this information to the patient.

A professional healthcare interpreter must be provided when the patient, the patient advocate/family/carer or representative requests the use of a professional interpreter, even if the Health Centre staff do not consider one is required or necessary. Interpreter services can also be initiated by health care staff.

The aim of the (HCIS) is to assist clients from CALD backgrounds access health services by providing professional and confidential interpreting services. There are five HCIS in NSW - three metropolitan and two rural. They provide 24 hour 7 days a week onsite and phone interpreting services in over 120 languages including Auslan for people who are d/Deaf.

#### **Metropolitan Health Care Interpreter Services**

- Health Care Interpreter Service - Western Sydney Local Health District  
Coverage: Western Sydney LHD, Northern Sydney LHD, Nepean Blue Mountains LHD, the Children's Hospital Westmead and St Joseph's Hospital.
- Health Language Services - South Western Sydney Local Health District  
Coverage: South Western Sydney LHD
- Sydney Health Care Interpreter Service – Sydney Local Health District  
Coverage: Sydney LHD, South Eastern Sydney LHD, St Vincent's (Darlinghurst), Sydney Children's Hospital (Randwick) and Justice Health and Forensic Mental Health Services.

### **Rural and Regional Health Care Interpreter Services**

- Health Care Interpreter Services – Hunter New England Local Health District  
Coverage: Hunter New England LHD, Central Coast LHD, Mid North Coast LHD, Northern LHD, Far West LHD and Western LHD
- Health Care Interpreter Services – Illawarra Shoalhaven Local Health District  
Coverage: Illawarra Shoalhaven LHD, Murrumbidgee LHD and Southern NSW LHD

The [Translating and Interpreting Service](#) (TIS National) is an interpreting service provided federally by the Department of Home Affairs. The TIS National is only to be utilised if the local HCIS are unavailable at the time requested.

A professional healthcare interpreter should be used (but not limited to) the following situations:

- Initial assessment and diagnosis of patients
- Terminal illness, particularly when discussing management and assessment of end of life treatment options with the patient
- Screening, including pre and post-test discussion, diagnosis and treatment of sexually transmitted infections and blood borne viruses
- Preoperative and postoperative instructions
- Obtaining medical and psychiatric histories, in assessment and ongoing treatment/management/in-depth case review
- Counselling
- Mental Health Review Tribunals or Legal Reviews (including when their families and carers are attending and are not fluent in English)
- Explanation of medication
- Seeking of informed consent
- Release planning arrangements
- Discharge planning arrangements from inpatient facilities
- Mental Health Transcultural Assessment is required

Care Plans should note the need for an interpreter if required. Consent to treatment may not be valid if it is obtained through a child or family member, other patients, visitors or staff acting as interpreters. Non-professional interpreters should only be used when the patient has declined the offer of a professional interpreter or is not readily available. An IIMS must be completed in such cases.

#### **3.5.1 Telephone and videoconference interpreting service**

When using a telephone interpreting service with the patient present, it is preferable to use a speakerphone or a two-handset phone. Care should be taken to protect the patient's privacy when using speakerphones.

In cases of emergency, when the HCIS, HLS or TIS interpreters are not available, this must be clearly noted in the patient's health record and that the Network staff member responsible must ensure that an interpreter is

called as soon as possible to ensure that accurate information has been communicated and the medical history is accurate. An IIMS must be completed in such cases.

### **3.5.2 Access to health care interpreters**

The NSW Ministry of Health Policy Directive PD2017\_044 Interpreters - [Standard Procedures for Working with Health Care Interpreters](#) directs that:

- Language spoken at home (or preferred language), country of birth and need for interpreter assistance must be recorded at admission or reception for all patients.
- All patients of CALD backgrounds must be informed about the availability of health care interpreter services.
- Information regarding health care interpreter services is to be detailed in community languages in patient rights pamphlets, information brochures and signs.

Health staff are requested to document in the patient's health record the outcome of interviews with the health care interpreter. This should include any comments, relevant cultural information and advice for health staff. Health care interpreters are required to be present, with the permission of the patient, during any interviews or discussions relevant to health care treatment. If it is considered that a patient's mental state impacts their ability to request an interpreter's assistance and then an interpreter must be used to assist in the assessment.

### **3.5.3 Patients who refuse the use of an interpreter**

When a patient declines the use of an interpreter health staff must:

- Explain that s/he is obliged to ensure that all communication is accurate and impartial; this includes medical information provided by the health care provider as well as information given by the patient;
- Explain that the service is free to the patient;
- Explain that all communication is confidential and private and will not be breached if an interpreter is used; and
- Encourage the use of an interpreter with the patient and explore their reasons for refusal.

While some patients may refuse a professional health care interpreter in favour of using a relative or friend, the patient must be advised that this is not suitable for meeting the legal requirements of professional interpreting.

Pictograms and other resources are available from the [NSW Multicultural Health Communication Services](#) (MHCS) to assist with conveying this information.

When a professional healthcare interpreter is not used because the patient has declined, the health care provider must record the details in the patient's Health Record, including the details of the discussions that have taken place about the use of an interpreter.

### **3.5.4 When an interpreter is not available**

Every effort must be made to use an interpreter. In circumstances where an interpreter is not available, and health care must still be provided, the following process should be followed.

When essential health information needs to be gathered, particularly at reception, and an interpreter is not available within one hour, then health staff must contact the centre Nursing Unit Manager (NUM) during

business hours or the After Hours Nurse Manager (AHNM) after hours to seek approval to use another patient, bilingual staff member or family member to act as an interpreter. Staff must be aware that this is a potential breach of the patient's confidentiality and therefore must seek consent from the patient before this can occur. The patient must be advised that only essential information will be asked and they can refuse to have a non-professional person interpret for them.

If the patient refuses to have another patient or staff member interpret for them this must be documented in the patient's Health Record and another means of attempting to gather essential information should be used, for example basic questions/pictograms requiring a yes or no response.

Patient's health and safety may be compromised during times when an interpreter cannot be used. Health staff must ensure that close monitoring of the patient is maintained until such times as an interpreter can be accessed. This may require the patient being placed in a Health Centre observation bed or an assessment cell until an interpreter is available to assist with fully assessing the patient and gathering accurate information.

## 4. Definitions

### **Must**

Indicates a mandatory action to be complied with.

### **Should**

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

### **Hard of Hearing**

"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

### **Deaf**

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**

"deaf" with a lowercase "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.

## 5. Legislation and Related Documents

Legislation

[Anti-Discrimination Act 1997](#)

[Mental Health Act 2007](#)

[Multicultural NSW Act 2000](#)

Related Links

[NSW Health Care Interpreting and Translating Services](#)



[NSW Multicultural Health Communication Service](#)

[NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors](#)

[Transcultural Mental Health Centre](#)

Network Forms

*Health Problem Notification Form*

*Health Problem Notification and Escort Form*

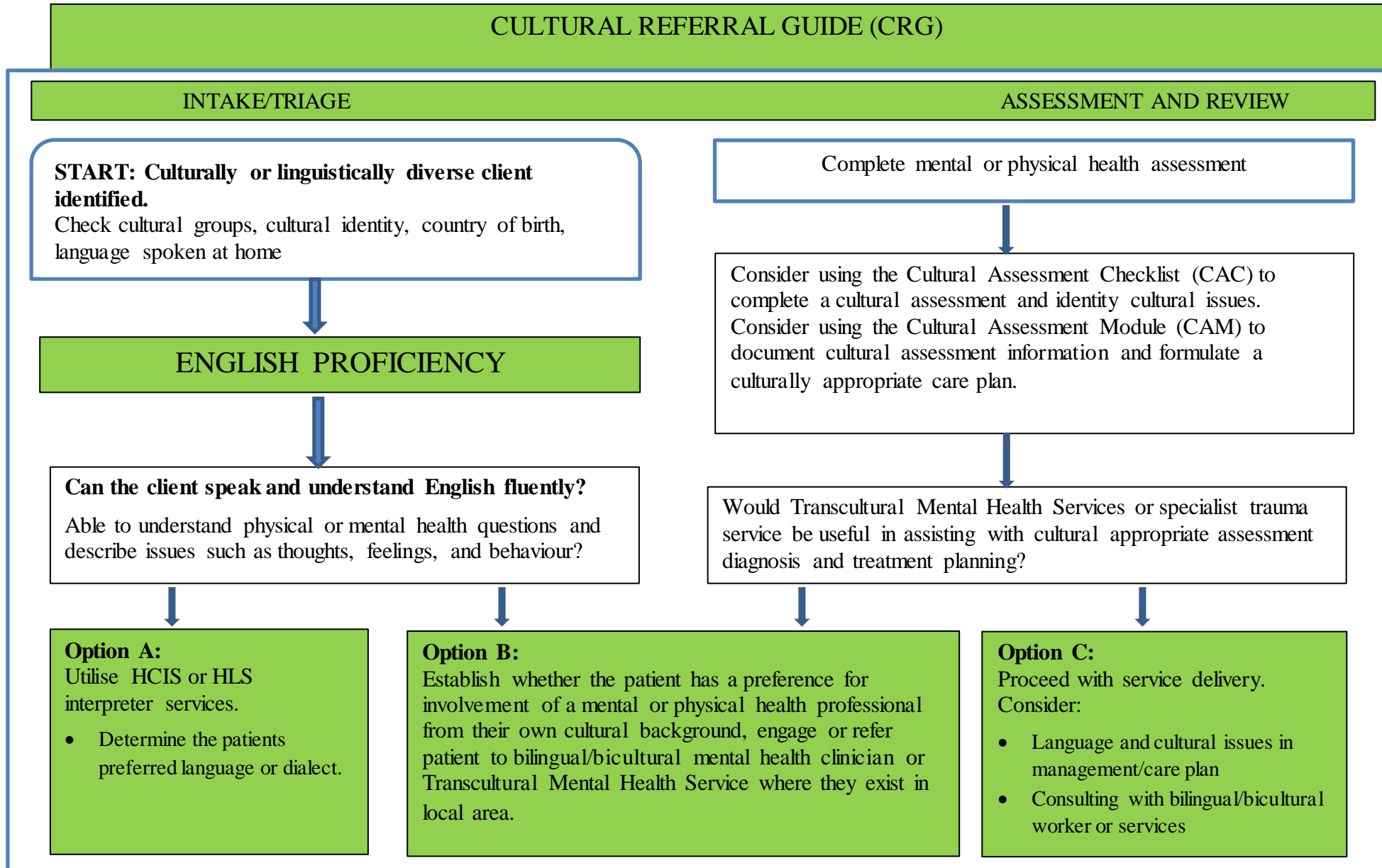
*SMR025.065 Mental Health Transcultural Assessment form*

NSW Health Policy Directives, and Guidelines

[PD2017 044](#) *Interpreters - Standard Procedures for Working with Health Care Interpreters*

[PD2012 020](#) *NSW Health Policy & Implementation Plan for Culturally Diverse*

## Appendix A: Process to follow for using Interpreters



## CULTURAL REFERRAL GUIDE (CRG)

### Accessing culturally appropriate health services for CALD patients and/or their families/carers

The Cultural Referral Guide (CRG) will help you to decide on and access appropriate cultural health service option(s) for you CALD client. This guide should be used during intake/triage and assessment and review stages of care or at the earliest possible opportunity.

#### Cultural health service options for culturally and linguistically diverse (CALD) clients

	Service Name	LHD	Contact Information
<b>Option A</b> Health Care Interpreting Services Health Languages Services	<a href="#">Health Care Interpreter Service (HCIS)</a>	Western Sydney Nepean Blue Mountains Northern Sydney	(02) 9840 3771
	<a href="#">Health Care Interpreter Service (HCIS)</a>	Northern; Hunter New England; Mid North Coast Central Coast ;  Mid North Coast, Tablelands; Western & Far West ;	(02) 4924 6285 After hours 4921 3000 Fax 4924 6287  Call 1800 674 3000
	<a href="#">Health Care Interpreter Service (HCIS)</a>	Illawarra Shoalhaven; Murrumbidgee; Southern NSW	(02) 4221 6899 FAX 4221 6868
	<a href="#">Sydney Health Care Interpreting Service (SHCIS)</a>	Sydney, Forensic and Long Bay Hospitals , South Eastern Sydney	(02) 9515 0030
	<a href="#">Health Language Service (HLS) Interpreting &amp; Translating</a>	South Western Sydney	(02) 8738 6088
<b>Option B</b> Culturally specific mental health services for clients, their family/carer and clinicians. <ul style="list-style-type: none"> <li>• Services range widely from providing referral, assessment and treatment information to providing culturally and linguistically specific mental health consultations.</li> </ul>	<a href="#">Transcultural Mental Health Centre (TMHC)</a> in partnership with local mental health services.		Ph: (02) 9912 3851 or 1800 648 911
	<a href="#">Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)</a>		Ph: (02) 9794 1900 Fax: (02) 9794 1910
	<a href="#">National Translating and Interpreting Service (TIS)</a> Bicultural mental health clinician or GP (if available)		Ph: 131 450 (fee for this service)
	Other:		Ph:
<b>Option C</b> Proceed with usual service delivery with consideration for culturally diverse presentation needs . The <a href="#">Cultural Assessment Checklist (CAC)</a> and <a href="#">Cultural Assessment Module (CAM)</a> can be downloaded from the NSW Health MHOAT clinical documentation intranet site. For more information and resources for culturally and linguistically diverse clients go to the Diversity Health Institute at <a href="http://www.dhi.health.nsw.gov.au/">http://www.dhi.health.nsw.gov.au/</a> Information adapted and updated from the Transcultural Mental Health Centre and NSW Health guide distributed in 2010			