

# Falkland Islands Government

Department of Health and Social Services



## Interpreting and Translation Policy

**Author:** Healthcare Governance Manager

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## **1. INTRODUCTION**

Good communication between staff and service users is essential for the delivery of high quality effective care.

The Health and Social Services department is committed in ensuring all service users have equal access to services, taking into account the barriers that may be created due to language or impairment.

We have an ethical responsibility to ensure patients are treated equally; receive high quality care; are fully informed about their care and can give informed consent.

The provision of interpreter and translations service enables us to ensure quality of access to health services.

We have a duty to provide communication support for people where this is needed. This includes those for whom English is not their main language, and/or those who are visually, hearing or speech impaired.

This policy is intended for all staff working within the Health and Social Services Department and applies to all situations where a service user does not have English as their first language; has a disability or sensory loss and assistance is required to communicate; or where it is necessary to translate information into other language formats.

In the interest of accuracy, confidentiality, the use of staff, friends or family members in clinical situations is not acceptable, unless there are exceptional circumstances.

## **2. DEFINITIONS**

For the purpose of this policy – the following definitions apply:

Interpreter = is identified as a person who interprets a spoken or signed (BSL) message from one language to another. This can be face to face or by telephone.

Translator = is the written transmission of text from one language to another.

## **3. FRIENDS OR FAMILY MEMBERS AS INTERPRETERS**

In the interests of accuracy, confidentiality and accountability, the use of family or friends is not recommended in clinical situations.

The patient should be offered the services of an independent interpreter and the reasons for this explained.

Staff should be aware that although relatives and friends may speak the same language, they may not be skilled or competent enough to interpret in a healthcare setting.

They may have conflicting thoughts/ideas; confidentiality may be breached; the service user may or may not feel able to speak freely. The friend or family member may add or omit information; they may have difficulty with medical terminology; misinformation could lead to misdiagnosis resulting in possible litigation.

There may be situations where some service users refuse to use an independent interpreter, but who may wish to rely upon a spouse, child, family member or friend. We cannot force a person to use an independent interpreter, however, the member of staff dealing with the situation will need to explain the risks for not using one and ensure that this is clearly documented.

Under no circumstances should a child under the age of 18 be used as an interpreter. Children should not be used as interpreters as their understanding and interpreting abilities cannot be guaranteed; they may miss school; parents may not feel able to speak through a child; may cause long-term damage to family relationships.

In the case of acute emergencies, health professionals could use an accompanying child to illicit and communicate basic information, for example 'what happened' or any demographic information such as 'who are you and where do you live?'

If the patient is a child an independent interpreter should be used. This does not prevent the family from being present to provide support as they would do in other circumstances.

#### **4. STAFF AS INTERPRETERS**

In the interests of accuracy, confidentiality and accountability, the use of staff is not acceptable in clinical situations. The patient should always be offered the services of an independent interpreter and the reasons for this explained.

Failure to provide an independent interpreter may leave the department open to challenge should the information given by a staff member prove to have been misconstrued or misunderstood.

Bilingual staff should only be used to help communicate basic information about care such as frequency and amount of medication to be taken, when to change dressings etc. or provide signposting and basic information such as visiting times, opening hours and appointments etc. Staff must not be used to interpret clinical information, medical terminology or to facilitate decision making in relation to care.

#### **5. EMERGENCY SITUATIONS**

In an emergency situation it may be necessary to use staff members and adult family members to help communicate basic information about care or personal history. An independent interpreter should be requested at the earliest opportunity.

In the event of an emergency situation, consent or treatment decisions must be made in the patient's best interest by the clinician and should not be delayed waiting for an interpreter. This should be fully documented in the health record of the patient.

## 6. USE OF INDEPENDENT INTERPRETERS

There is a list of interpreters held on the ward. The list contains the details of both local individuals and telephone contacts for a range of language requirements.

With regard to Fishing Agents – many are able to provide a basic interpretation service for the patients requiring treatment.

It must be emphasised that interpreters shall always remain neutral, impartial and unbiased. Nor should they counsel, advise or project their own personal biases or beliefs.

Confidentiality is to maintained in all situations, except when legally mandated to disclose information in specific situations such as safeguarding.

## 7. LANGUAGE LINE

Is a UK language translation/interpretation paid service offering 240 languages 24/7, to which we have access to and should be used whenever possible.

To contact this service you will need to dial **(9)0044 845 310 9900**

Once connected you will be asked for the Quote ID which is:

**289419 King Edward Memorial Hospital Falkland Islands**

As the department is charged for this service – it is important to make efficient use of the system by ensuring that the following is taken into consideration.

- 1 Prior to the call gather all questions needed from all health professionals involved and write them down
- 2 If possible communicate to the patient that there is going to be an interpreter on the phone and then they also may gather their thoughts
- 3 Have paper and pen available to you
- 4 Ensure that the room is as quiet and private as possible and that water and tissues are available. Did the patient need the toilet beforehand?
- 5 Make the initial call using the number above. The Language Line may have to call back when they have found an interpreter and they will tell you how long this is likely to be.
- 6 The telephone can be set to 'speaker phone' using the button on the left. Introduce yourself and the patient and briefly explain to the interpreter the present situation.
- 7 Allow the patient the opportunity and time to talk with the interpreter
- 8 Once you have acquired all you need, check with the patient if they have anything further to ask or say.
- 9 During the conversation it may be reasonable to ask some basic information such as dietary/ drink preferences for example (if not already obtained).
- 10 Depending on the individual circumstances for using the service, it may be necessary to ask the interpreter to reassure / inform/ explain certain issues which meet the patient's specific needs.