

Use of interpreter services

Type: Policy GI4-Interpreting

Issued by: Executive Leadership Team (ELT)

Version: V1 2014 (adapted from C&C DHB Policy)

Applicable to: All HVDHB and Wairarapa DHB

Contact person:

Lead DHB: Local to HVDHB and Wairarapa DHB

Purpose:

- To assist Hutt Valley DHB staff to be able to determine the need for and access to interpreters for patients/clients.
- To facilitate clear communication between patients who are unable to understand and converse in English, including patients who are deaf, and the staff of Hutt Valley

Scope:

- All the staff of HVDHB who require interpretation service to facilitate communication with patients.

For the purposes of this document, staff will refer to:

- *Employees irrespective of their length of service*
- *Agency workers*
- *Self-employed workers*
- *Volunteers*
- *Consultants*
- *Third party service providers, and any other individual or suppliers working for [organisation], including personnel affiliated with third parties, contractors, temporary workers and volunteers*
- *Students*

The policy is based on the following principles:

- all patients who experience English language/communication difficulties are entitled to have access to trained interpreters where necessary and reasonably practicable (Right 5 –HDC Code of Health & Disability Services Consumers’ Right Regulation 1996)
- HVDHB recognises that effective communication is an essential element of quality care

Implementing the policy will assist patients, carers and their families to:

- understand their rights and responsibilities
- participate in the management of their care
- have their individual needs identified and addressed

Document author: Director Special Projects and Initiatives (adapted from CCDHB Interpreter Policy)

Authorised by COO

Issue date: July 2014

Review date: July 2016

Date first issued:

Document ID [to be developed]:V1

Page 1 of 22

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Definitions:

Interpreting	The processing of oral language in a manner that preserves the meaning, tone and register of the original language without adding or deleting anything from one language to another.
Interpreter	A person who translates orally from one language into another.
Trained interpreter	A person who is trained and credentialed by an interpreting service and is fluent in two languages – English and one other OR signing language OR has been approved to provide interpreting services to HVDHB (see <i>Appendix 6: Interpreters - contact list</i>).
Untrained interpreter	Any individual capable of interpreting speech from one language to another and not specifically trained or accredited in interpreting.
Patient	For the purpose of this document the term ‘patient’ is used to include patients (in-patients, out-patients and patients receiving services in the community which forms part of HVDGB Hospital Health Service (HHS) funded services), consumers, tangata whaiora, clients, residents and any other direct recipient of HVDHB HHS services.
Health professional	This includes doctors, nurses, midwives and allied health staff.
Line Manager	For the purpose of this document the term ‘line manager’ is used to describe the person in charge of the area at the time. This could include duty manager, team or service leader, shift coordinator.

Policy

Indications

An interpreter is required when:

a patient or family request an interpreter and the assessment criteria are met

- health professionals assess that an interpreter is necessary to ensure safe and adequate assessment, planning, and intervention of care and treatment, e.g to obtain informed consent (see Right 5 of The Code of Health and Disability Services Consumers’ Rights 1996)

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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1		Page 2 of 22

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- Section 6 of the Mental Health Act 1992 appliesMain text of document

Contraindications

An interpreter will not be provided when:

- a patient or family request an interpreter and the assessment criteria are not met and the clinical team assessment is that an interpreter is not indicated. This decision is to be noted in the patient's clinical record

Risks and precautions

- There are risks associated with family members, including children, acting as interpreters. These may be:
 - someone close to the patient may not stop their own views of the situation colouring their translation
 - they may try to protect the patient from bad news or decide to tell them later in private
 - a lack of medical vocabulary in English and their own language
 - miscommunication of the patient's message, preferring that the provider hear their version of the situation.
 - the child may interpret messages to suit his/her personal view of what is appropriate, convenient, or proper to say in order to spare parents from suffering embarrassment
 - an adult patient may omit mentioning important information because they do not want the child to know sensitive aspects of their life
 - the child may feel they are the cause of suffering because they said something painful or made a mistake in conveying a message
 - it is unlikely that children understand all the intended messages, even when they say (and believe) they do.

Patients may worry about confidentiality when using an interpreter if both the patient and interpreter are members of a small cultural community.

As a precaution, HVDHB has adopted a preference for telephone interpreting, which facilitates greater anonymity and a freer exchange of information especially where personal, embarrassing or sensitive matters are concerned.

Emergency interpreting

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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 3 of 22	

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The following options including ‘untrained’ interpreters may be used in an emergency situation as deemed by the health professional or clinician in charge at that time, for the purposes of communicating with the patient:

- Web based options such as Google translate
- friends or relatives except when family violence is, or may be, a consideration
- HVDHB employees, with their consent and the consent of their line manager

It is the clinician’s responsibility to document the interpreter’s name and the content of interpreting in the clinical record.

A clinical consultation or interaction can occur in a language other than English if the health professional is proficient in the patient’s language. The interaction is then documented in English as usual in the progress notes. (The notes should also name the language in which the interaction was conducted.)

Procedure

Assessment of interpreter need and language type

Refer to the flow-chart: *Assessment for need of an Interpreter* (Appendix 1).

An assessment for need of an interpreter is made at the time of:

- **referral** – check with referring agency or general practitioner, or
- **initial contact** with the patient by HVDHB staff. For example, if during the course of a telephone conversation, the staff member is alerted to a possible language barrier, the staff member should make an assessment of a possible need for an interpreter by:
 - asking an open question that requires the patient to answer in a sentence
 - avoiding closed questions, that can be answered ‘yes’ or ‘no’ or a very familiar question such as, “Where do you live?”

If, in responding to these questions, the patient cannot construct a sentence in English or cannot relay back the message given (and there are no sensory or cognitive impairments that may limit the patient’s ability to understand, such as hearing impairment, decreased cognition), then an interpreter is required.

Even if a patient can have a basic conversation in English, it does not always mean that they understand written English or have the skills to understand complicated health information. If you have any doubts about a patient’s ability to communicate in and comprehend English, an interpreter should be used.

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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 4 of 22	

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On determining that an interpreter is required, ask the patient/family what language is preferred (and if possible the dialect). Document the patient's gender, age, religion, marital and social status on the HVDHB form, *Request for an Interpreter* (Appendix 2).

If the patient does not speak English and cannot inform you what language he or she speaks, use the *Pictorial Explanation sheets* (Appendix 8).

Telephone interpreting – preferred HVDHB method

- Telephone interpreting is the preferred method by which interpreting services are provided and is to be used for the majority of patients.
- Telephone interpreting allows for absolute anonymity and decreases hazards for both the patient and the interpreter, as the interpreter is not physically present.
- The impersonal nature of telephone interpreting increases the patient's sense of confidentiality.
- Telephone interpreting requires the use of a speaker phone to enable the maintenance of eye contact between the patient and the health professional and has particular advantages in a community setting. Speaker phones are available from the telephonists.

Arranging for interpreting services to be provided

- A clinical decision is made on the need for an interpreter and how the service is delivered. *Language Line (dept of Internal Affairs)* - telephone interpreting service is the preferred service provider. Any decision to use face-to-face interpreter services requires clinical assessment made either in person or by telephone against criteria. (Refer to Appendix 7: *Exemptions to use of Telephone Interpreting.*)
- An interpreter can only be booked by people with delegated authority in each service.
- HVDHB has contracts with providers of interpreting services. Telephone interpreting is to be used in non-emergency situations unless criteria for face-to-face interpretation are met. (Refer to Appendix 6, *Exemptions to use of Telephone Interpreting.*) Contact an approved interpreter using the *Interpreters - contact list* Appendix 7.
- In the case of face-to-face interpretation, ascertain any hazards the interpreter may be exposed to during the interpreted consultation. Provide this information to the interpreting service and document on the HVDHB form, *Request for an interpreter* (Appendix 2).
- When the name of the interpreter is provided, the named interpreter can be declined by either the clinician or the patient. The reason for refusal must be documented in the clinical record and a further attempt to provide an acceptable interpreter made.
- Place the form in the patient's record.

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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 5 of 22	

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If the interpreter is declined

- If an interpreter is declined by the patient, the staff member continues to contact the contracted interpreting agencies until an interpreter is found who is acceptable to the patient.
- If the patient declines to use an interpreter and the health professional has assessed the patient as requiring an interpreter, it is a clinical decision to continue treatment without an interpreter. This decision must be discussed with the clinical leader or a senior medical officer and clearly documented in the clinical record by the attending clinician.
- Once treatment has been agreed to (in the absence of an interpreter) the *Pictorial Explanations* (Appendix 8) and signs should be used to communicate. Use of these pictorial explanations is documented in the clinical record.

Conducting an interpreted consultation

Key points for health professionals working with an interpreter are:

- The health professional maintains control and direction. The interpreter is not expected to intervene other than to clarify or check meaning. The patient is constantly encouraged to ask questions, to comment on what has been said, and to seek clarification if something is unclear.
- At the beginning of the consultation the health professional indicates to the interpreter the purpose of the consultation and the issues to be covered and ensures this is communicated to the patient.
- Advise the interpreter to ask for clarification from either the health professional or patient if something is not clear; it is important to speak simply and unambiguously.
- The interpreter must be introduced to the patient at the beginning of the consultation. The interpreter's role is explained and the observation of confidentiality emphasised. Ensure that the interpreter's name is documented in the clinical record.
- The patient must be spoken to directly, maintaining eye contact (where culturally appropriate). For example, "Where does it hurt you?" Not, "Where does it hurt her?" Pause frequently and be particularly attentive when the patient responds.
- The health professional is responsible for ensuring the consultation is documented in the clinical record. Clinical notes regarding use of interpreters must record at least:
 - who authorised the interpreter
 - the rationale for using an interpreter
 - details of information given to the patient via the interpreter
 - the time the interpreter was involved with the patient
 - the name of the interpreter.

Document author: Director Special Projects and Initiatives (adapted from CCDHB Interpreter Policy)		
Authorised by COO		
Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 6 of 22	

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- The health professional conducting the consultation completes the HVDHB form, *Request for an Interpreter* (Appendix 2). This form then is copied and placed in the patient's clinical record and the original is given to the Line Manager of the service.

Sign language interpreting

Once the need for a sign language interpreter is assessed from the referral or initial contact with the patient:

- Ascertain which type of sign language the patient uses, as there are various forms, eg, New Zealand, Australian or English Sign and they may require a different interpreter.
- refer to the *Interpreters – contact list* (Appendix 6).
- when the interpreter is agreed to by all parties, the staff member fills out the HVDHB form, *Request for an Interpreter* (Appendix 2) and puts this into the patient's clinical record.

Working with a sign interpreter is similar to working with other language interpreters, but there are some important differences in technique:

- a sign language interpreter sits beside and slightly behind the person conducting the interview, so that the patient sees both the interviewer and the interpreter's hands
- lighting must be adequate and seating may need to be rearranged so that the interpreter is not sitting in shadow, in front of a window or a busy backdrop – any of these factors may impede the deaf person's viewing of the signing
- ensure that extra time is allowed for the interpreter to 'finger spell' proper names.

The health professional conducting the consultation signs the interpreter's timesheet and completes the HVDHB form, *Request for an Interpreter* (Appendix 2), which is copied and placed in the patient's clinical record and the original is given to the line manager of the service.

Interpreting for people with other impairments

- Oral interpreters can often assist with people who cannot talk but who can move their lips.
- If a person has an impairment whereby they have difficulties communicating verbally, check if they can communicate in a written form. In such cases pen and paper or touch computer may be able to be used in the consultation or to obtain informed consent.
- Some people with visual impairments may require larger print texts or Braille to assist with written communications.
- People with an intellectual impairment may have specific ways of communicating that are understood by their family/caregivers but are difficult for others to understand.

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Authorised by COO		
Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 7 of 22	

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- If the person is also from another culture/ethnic group or their preferred language is not English, this will have to be considered as well as their impairment when seeking the most appropriate person to interpret.
- The health professional conducting the consultation signs the interpreter's timesheet and completes the HVDHB form, *Request for an Interpreter* (Appendix 2), which is copied and placed in the patient's clinical record and the original is given to the line manager of the service.

Service responsibilities for interpreter costs

- The service that requires or requests the interpreter is required to meet the cost of such service.
- Where a patient moves from one service to another, the department where the interpreting is actually provided bears the costs incurred.
- The interpreting service provider will invoice the relevant cost centre and the invoice is then authorised in accordance with delegations and passed to Accounts Payable, Finance Department for payment.
- Note that appointments that are cancelled will be charged for at a rate dependant on the length of booking and the notice given.
- **Non resident:** If a patient is not a New Zealand citizen or resident, the patient must incur the cost of interpreting fees.
- **ACC Patients:** Interpreter costs are met by the requisitioning service, whilst an ACC patient is:
 - attending the Emergency Department
 - in an acute bed
 - attending outpatients within the first six weeks of discharge from the acute bed stay
 - attending outpatients within one week of a GP referral.
- With prior approval (in circumstances where there are contracts between ACC and HVDHB for provision of services) ACC may meet the cost of interpreting.
- The HVDHB form, *Request for Interpreter* (Appendix 2) is completed. If ACC is responsible for payment, this is indicated on the form.

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Authorised by COO		
Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 8 of 22	

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Evaluation of interpreter service

Any difficulties or comments regarding any aspect of the service provided by an individual interpreter should be brought to the attention of the line manager. This is to be documented at the end of the interpreted consultation on the HVDHB form, *Request for an Interpreter* (Appendix 2) for action by the line manager and forwarded via the operations manager, Non-Clinical Support to the contracting agency for action.

References

- CCDHB Policy: Use of Interpreter Services
- Department of Internal Affairs. Te Tari Taiwhenua. (2004). *Let's Talk: Guidelines for Government Agencies Hiring Interpreter*
- Ensein, J, Tripp-Reimer T, Skemp Kelley L, Choi Eunice, McCarty L (2002). Evidence-Based Protocol Interpreter facilitation for Individuals with Limited English Proficiency. *Journal of Gerontological Nursing*
- Health and Disability Commissioner Act (1994)
- The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996
- Health and Safety in Employment Act 1992 and Amendment 2002
- Mental Health (Compulsory Assessment and Treatment) Act 1992 and Amendments
- The EQulP 4 NZ Guide Part 1 Accreditation, Standards, Guidelines 2008
- Human Rights Act (1993) "Every individual has the legal right to an interpreter"
- New Zealand Sign Language Act 2006 No 18 (as at 30 June 2008), Public Act. "...declaring New Zealand Sign Language to be an official language of New Zealand."

Acknowledgments

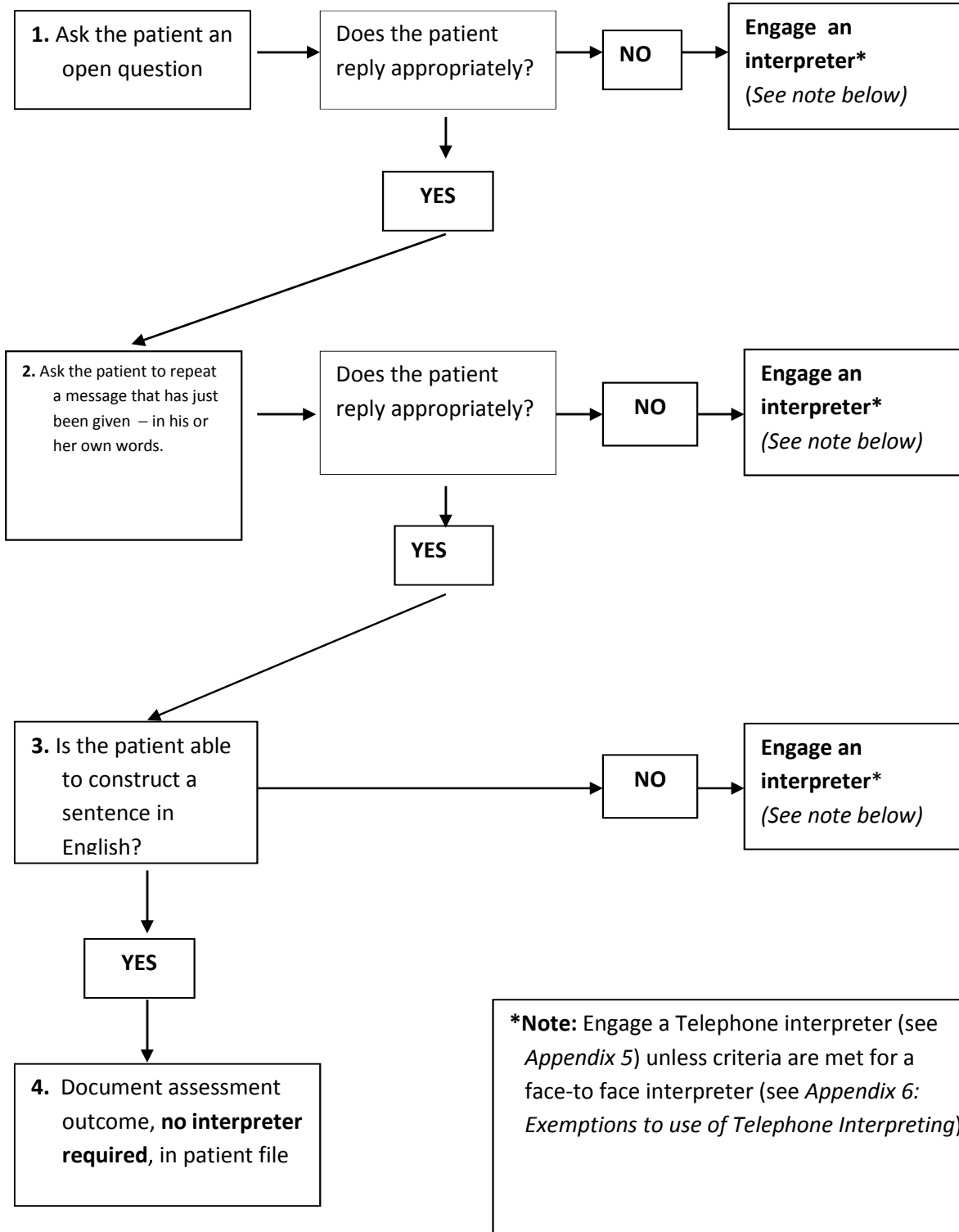
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- The EQulP 4 NZ Guide Part 1 Accreditation, Standards, Guidelines 2008
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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 9 of 22	

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Appendix 1

Assessment for need of an interpreter



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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 10 of 22	

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Request for an Interpreter

Appendix 2

Patient name _____ NHI _____

(or attach patient label)

Date of Interpretation: _____ Time Interpreter Required: _____

Language used: _____

Any special requirements e.g. gender, lengthy telephone interpreting session (notify the service provider if the session is anticipated to be in excess of 30 minutes), hazards that interpreter may be exposed to (face-to-face interpreters only):

Type of Interpreter Service Used:

Telephone interpreting Face-to-face interpreter

Service Provider:

Language Line (9am – 6pm)
 Interpreting Wellington (after hours for telephone interpreter and 24/7 for face-to-face)

ACC Claim Y/N ACC No: _____

Patient from other DHB Y/N DHB: _____

Interpreter Requested by:	
Position:	Cost Code:

If face-to-face interpreter is used:

Reason telephone interpreting not used _____

Time of Arrival of Interpreter _____ am/pm

Time of Departure of Interpreter _____ am/pm

Name of Interpreter _____

Please attach interpreters invoice

Copy placed in clinical file Date: _____ Signature: _____

Original to Team Leader (following data entry into RMS or service specific procedure)

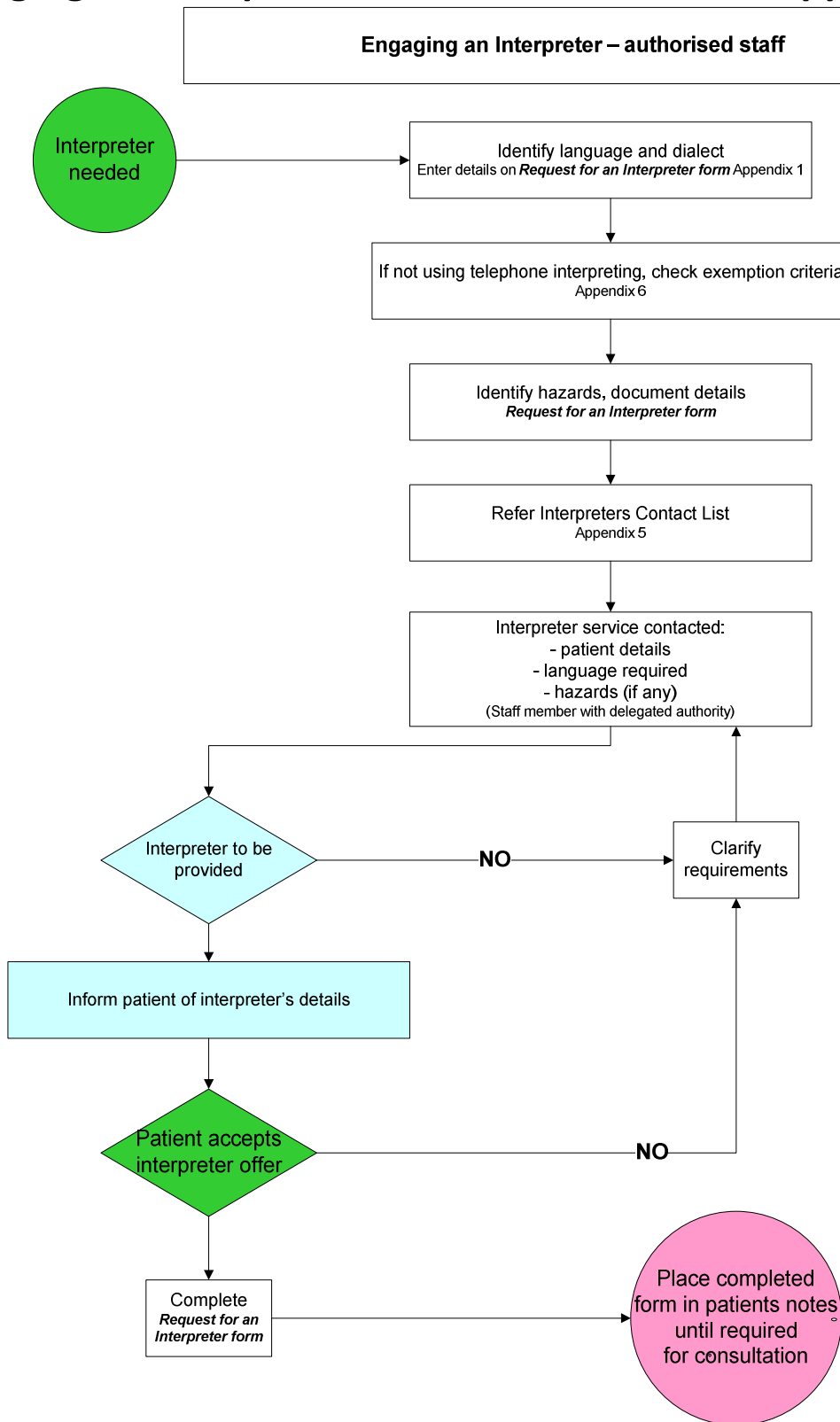
Date: _____ Signature: _____

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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 11 of 22	

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Engaging an interpreter

Appendix 3



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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 12 of 22	

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Appendix 4

Languages available through Interpreting Services

Language Line Telephone Interpreting Service (9am – 6pm Monday to Friday) – languages available

	Country	Language
A	Afghanistan	Dari
	Algeria	Pashto Arabic
	American Samoa	French Samoan
	Argentina	Spanish
B	Bangladesh	Bengali
	Bhutan	Nepali
	Bolivia	Spanish
	Bosnia	Bosnian
	Brazil	Croatian Serbian Portuguese
C	Cambodia	Khmer
	Chile	French Spanish
	China	Mandarin
	Colombia	Cantonese Spanish
	Congo	French
	Cook Islands	Cook Island Maori
	Croatia	Croatian
		Bosnian Serbian
D	Democratic Republic of Congo	French
	Djibouti	French
E	East Timor	Portuguese
	Egypt	Arabic
	Ethiopia	Amharic
F	Fiji	Hindi
	France	French
G	Georgia	Russian
H	Hong Kong	Cantonese
I	India	Hindi
		Bengali
		Gujarati
		Punjabi
		Tamil
		Urdu
	Iran	Farsi
	Iraq	Arabic
	Assyrian	

Document author: Director Special Projects and Initiatives (adapted from CCDHB Interpreter Policy)

Authorised by COO

Issue date: July 2014

Review date: July 2016

Date first issued:

Document ID [to be developed]:V1

Page 13 of 22

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		Kurdish
J	Japan Jordan	Japanese Arabic
K	Korea Kuwait	Korean Arabic
L	Lao Lebanon Lithuania	Lao Arabic French Russian
M	Malawi Malaysia Mexico Mozambique	Portuguese Cantonese Mandarin Tamil Spanish Portuguese
	Myanmar (Formerly Burma)	Myanmar (Burmese)
N	Nepal Niue	Nepali Niuean
O	Oman	Arabic
P	Pakistan Paraguay Peru Portugal	Urdu Punjabi Spanish Spanish Portuguese
R	Russia	Russian
S	Samoa Saudi Arabia Serbia Singapore Somalia Spain Sri Lanka Sudan	Samoaan Arabic Serbian Bosnian Croatian Mandarin Tamil Arabic Somalian Spanish Sinhalese Tamil Arabic
T	Taiwan Thailand Tokelau Tonga Tuvalu	Mandarin Thai Tokelauan Tongan Tuvaluan
U	Ukraine Uruguay	Ukrainian Spanish
V	Venezuela Vietnam	Spanish Vietnamese Khmer

Note: The official languages are set out in bold

Document author: Director Special Projects and Initiatives (adapted from CCDHB Interpreter Policy)		
Authorised by COO		
Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1		Page 14 of 22

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Interpreting Wellington (face-to-face and for out of hours telephone interpreting)

INTERPRETING WELLINGTON	
Afghani (Dari)	Kinyarwanda
Amharic	Kiribati
Arabic	Kirundi
Armenian	Korean
Assyrian	Kurdish
Bhutanese (See Nepali)	Lao
Burmese	Lebanese Arabic
Cambodian Khmer	Malay (Bahasa Melayu)
Teochew	Malayalam
Cantonese	Mandarin
Chinese Mandarin	Nepali (Spoken by some Bhutanese)
Cantonese	Niuean
Hakka	Oromo
Hokkien	Persian Farsi
Teochew	Philippines Tagalog
Seyip	Polish
Cook Is Maori	Portuguese
Croatian	Punjabi
Czech	Rarotongan
Dari	Romanian
Dutch	Russian
Eritrean Samoan	Samoan
Ethiopian Amharic	Serbian
Oromo	Sign Language NZ Sign Language
Tigringa	US Sign Language
Farsi	Relay Interpreting
Filipino Tagalog	Sinhalese
Fijian Hindi	Somali
French	Spanish
Georgian	Tagalog
German	Telugu
Greek	Thai
Gujarati	Tigrinya
Hindi	Tokelauan
Hungarian	Tongan
Indian Turkish	Tuvalu
Hindi	Ukrainian
Malayalam	Urdu
Tamil	Vietnamese
Telugu	

Document author: Director Special Projects and Initiatives (adapted from CCDHB Interpreter Policy)

Authorised by COO

Issue date: July 2014

Review date: July 2016

Date first issued:

Document ID [to be developed]:V1

Page 15 of 22

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Indonesian (Bahasa Indonesia)	
Iranian Farsi	
Japanese	
Juba Arabic (Sudan)	
Khmer	

Name	DEAF ASSOCIATION OF NEW ZEALAND
Sign Languages	• NZ Sign Language
	• Relay Interpreting
	• Signed English
	• Oral Interpreting

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Authorised by COO		
Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1		Page 16 of 22

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Appendix 5

How to use Telephone Interpreting

When the patient is in front of you

- Establish that the patient doesn't have a clear understanding of English or doesn't speak English at all.
- Offer the use of an interpreter.
- Ask the patient what language they speak. Ensure that you ask for the language not the country. For example, India has 150 languages.
- Ask the patient what gender they would prefer their interpreter to be (male/female or woman/man – whichever you prefer). Be aware that sometimes this question will not be understood.
- Ask the patient to wait while you get an interpreter. Again, be aware that sometimes the client will not understand this statement.
- **Dial the HVDHB confidential Language Line** number (1) 0800 656 656

Note: *Language Line* is the preferred Telephone Interpreting Service provider and is available 9am – 6pm Monday to Friday; Sat 9-2pm. See *Interpreters – contact list (Appendix 5)* for after hours telephone interpreting service provider

- You will hear a recorded message that says, "Welcome to Language Line. Please note that only officials from the participating agencies will be put through to an interpreter. Please hold while your call is being transferred to an agent."
- Once you have reached the Language Line call centre, give them your name and what department you are from, and what region you are calling from. For example: "Hi. It's Kate from the Intensive Care Unit at Hutt Hospital."
- You will then be asked what language you want. If you require a specific gender ensure you tell the call centre at this stage. For example: "Please could I have a male Arabic interpreter?"
- If an interpreter is required for more than 20–30 minutes advise Language Line at this point.
- Once the interpreter has been connected, introduce yourself (your first name is fine). Also advise the interpreter if you are speaking on a speaker phone or if you need to hand the phone between yourself and the patient.
- Press the speaker button or hand the receiver to the patient.

Document author: Director Special Projects and Initiatives (adapted from CCDHB Interpreter Policy)		
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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 17 of 22	

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- At the end of the call, ensure that you clearly indicate to both the patient and the interpreter that you have finished. For example, say, “Thank you very much. Good bye.”

Important points to remember

- If you have asked the patient what language he/she speaks and an interpreter is not available in that language, ask the patient if there is another language that he/she would also be comfortable to speak in. Also keep this in mind for the gender option.
- Ensure that you actually speak to your patient rather than the interpreter.
- Speak in short concise sentences. Remember everything you say has to be repeated by the interpreter.
- Do not use any jargon when talking for example, “You need to go to ICU”. “You need to go to the Intensive Care Unit.”
- Sometimes the interpreter will appear to be having his or her own conversation with the patient. The interpreter will either be interpreting what you have said (some languages have to say more than you do in English) or the patient will have asked for clarification on something they have said.

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Document ID [to be developed]:V1	Page 18 of 22	

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Appendix 6

Exemptions to use of Telephone Interpreting

Use of Telephone Interpreting Service may be exempt

- in emergency situations (Refer to *Emergency Interpreting*, page 3).
- where a language is not available through Telephone Interpreting Services.
- when sign language interpreting is required (see *Appendix 5: Interpreters – contact list*).
- where a person has other impairments affecting their ability to communicate
- where a consultation may take over 60 minutes

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Authorised by COO		
Issue date: July 2014	Review date: July 2016	Date first issued:
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Appendix 7

Interpreters – contact list

Name	LANGUAGE LINE - **PREFERRED PROVIDER**
Phone No.	HVDHB Confidential number 0800 656 656
Web site:	http://ethnicaffairs.govt.nz/story/booking-interpreter
Services	Telephone Interpreting Service – Monday to Friday 9am – 6pm Sat 9am-2pm

Name	INTERPRETING WELLINGTON
Phone No.	384-2849 (24/7) Toll Free: 0508 468 377
Web site:	http://www.interpret.org.nz/contact-us
Fax No.	916 2467
Services	Telephone Interpreting Services – use for after hours telephone interpreting Face-to-Face – 24 hour, seven days per week, including weekends and public holidays

Name	DEAF ASSOCIATION OF NEW ZEALAND
Phone No.	Monday to Friday, during normal working hours phone the Deaf Association on: Phone: 04 499 3963 Fax: 04 499 3964 After hours contact the Lower Hutt Police who have a list of interpreters on call. Interpreting New Zealand also have Sign language options
Website:	For video interpreting: http://www.vri.govt.nz/Bookings
Type of Service	Sign Language Interpreting/face to face or video interpreting
Hours of Operation	8.30am – 5pm

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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1		Page 20 of 22

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Appendix 8

Pictorial explanations

	Medicine		Bed		Toilet Paper Toilet		Cold		Maori Health Unit
	Tooth		Turn Over		Get out of chair		Hot		Chaplain
	Ambulance Hospital		Sit Up		Weight		Physio		Fruit
	Nurse		Adjust bed Up		Lie Down		Help Walking		Food / Dinner
	Doctor		Adjust bed down		Eat		Food / Lunch		
	X-Ray		High Blood Pressure		Sleep		Drink		Sugar
	Injection		Pain		Exerciser		Drink / glass		Milk
	Surgery		Chest Pain		ECG		Coffee		Tea
					Cutlery				

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Issue date: July 2014	Review date: July 2016	Date first issued:
Document ID [to be developed]:V1	Page 21 of 22	

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 Happy ← → Sad	 O.K.	 NO Smoking	 Chair Wheelchair	 Read Book
 I don't know	 Money	 Write / Mail	 Telephone	 TV
 No	 Dog	 Cat	 Light	 Hearing Aid
 Family	 Time	 Comb	 Computer	 Tissues
 Night	 Shave	 Dentures	 Mirror	 Shower
 Car / Taxi	 Plane	 Hair Dryer	 Teeth	 Wash
 Home	 Date	 Flowers / Florist	 Day	 Yes

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Issue date: July 2014	Review date: July 2016	Date first issued:
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