



Interpreter services

All staff working with residents are responsible for informing the resident with English language difficulties of interpreter services, and providing them with the opportunity to access these services. Any requirement for interpreting must be noted in the person's RMITS and this information should be made available whenever decisions about the resident are being made. The quarantine facility is required to establish a referral process for interpreters, recognising that this will need to involve a telephone interpreting service to ensure all languages are covered.

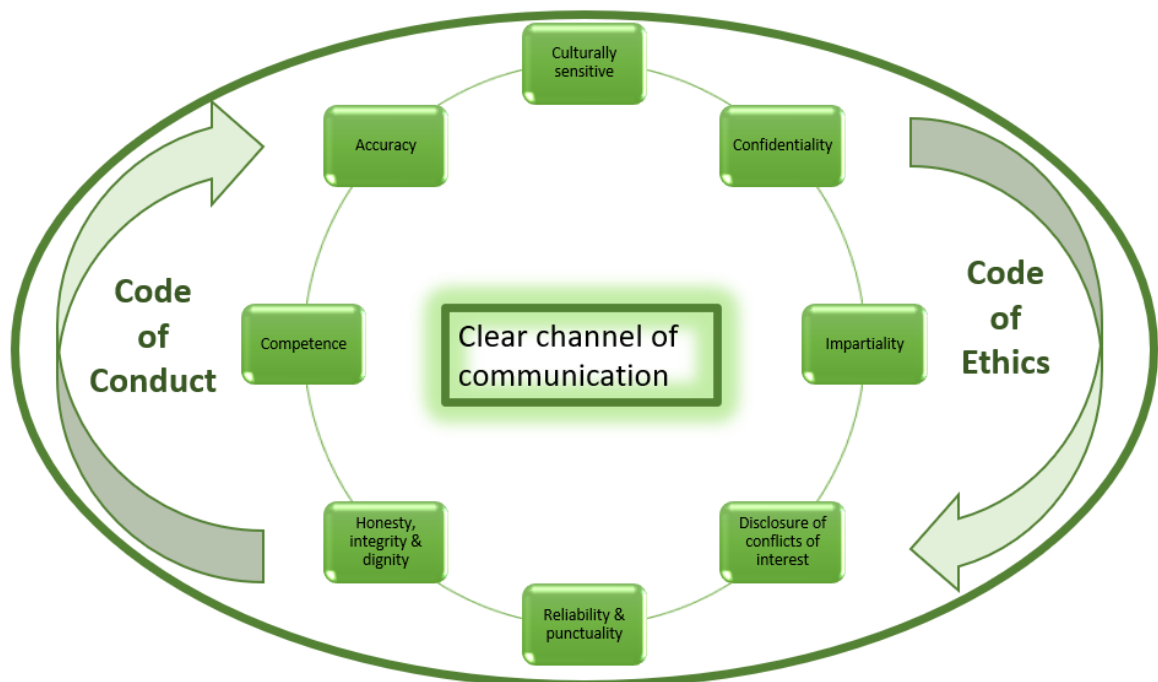
The Interpreters who are employed by the site are recommended to be placed with the Specialist Team and are required to attend a full orientation ensuring they are competent in IPC and PPE practices. They are available to accompany medical, nursing, police, and other specialist roles where accurate interpretation is required of the content of the conversation.

The Interpreters will be allocated to attend resident arrivals (especially if it is known their services are required) and spend time with Pod Teams who are working with repatriation flights to assist in communication, issues resolution and explaining key parts of quarantine.

Role of an Interpreter

Interpreters are used to provide a clear channel of communication, not to provide direct counselling or advice to the resident. They are bound by strict codes of conduct and ethics to ensure a high level of integrity and professionalism.

Common standards of an accredited interpreter



Use of Interpreters

An assessment of a resident's level of understanding and ability to express themselves in English will determine whether an interpreter is needed. This may also be predetermined as part of the resident pre-arrival process.

Interpreters in quarantine are required to ask open questions beginning with 'what', 'why', 'which' and 'how' rather than closed questions which only need a 'yes' or 'no' answer. For example, 'Tell me about your family.' or 'How do you get to see your doctor?'

An accredited interpreter may be used when:

- A resident or family member requests an interpreter;
- Bilingual staff are not available, (as a first point of contact or for simple enquiries but not for complex medical or legal matters);
- The resident cannot communicate in English at all;
- The resident has very limited personal conversation, cannot use simple sentences and cannot understand simple conversations;
- The resident can hold one-to-one conversations, but cannot follow group discussions and has difficulty in expressing a broad range of feelings and thoughts;
- The resident has basic competence in English but may not be able to engage in conversation involving complicated, technical or highly emotive material;
- The resident temporarily loses their English fluency under stress.

Residents may initially refuse to have an interpreter even when one is clearly needed, often for confidentiality reasons. Staff should reassure the resident of the interpreter's confidentiality, impartiality, and accuracy and explain the importance of the interpreter for effective communication.

Bilingual Staff

Bilingual staff can interpret only as a first point of contact and/or for simple enquiries. Discretion about using bilingual staff should be employed when interpretation involves sensitive issues relating to complaints about the service or particular staff members because of potential misinterpretation and conflict of roles.

Bilingual staff are welcome to engage with residents in language as they feel appropriate noting that many conversations with residents are not formal, diagnostic, legal or treatment-related. This is not considered interpreting.

During the staff orientation process, it is recommended staff who are bilingual and willing to assist with interpretation are noted. The Director of Nursing and Director of Clinical Services will oversee the list of all staff who are proficient speakers in other languages.



Carers, Family Members and Friends as interpreters

Carers, family members, friends, or other people in a resident's immediate social circle should not generally be used to interpret because of:

- Potential breaches of confidentiality;
- Possible misinterpretation;
- Conflict of interest;
- Potential for loss of objectivity;
- Conflict of roles.

Carers, family members, friends, or other people a resident's immediate social circle may only be used to interpret when:

- The resident and/or their carer refuses to have a professional interpreter present;
- The staff member cannot obtain an interpreter despite reasonable efforts (including telephone interpreting or bilingual staff).

When family members are used in these circumstances staff should document the reasons in the clinical record and the RMITS.

The interpreting process

Before the conversation

When possible, there should be an arrangement to meet the interpreter immediately prior to the conversation. The onsite interpreters require a dedicated email address for Pod Teams to contact them and organise their services. Additionally, interpreters may join the team with their routine interactions with culturally and linguistically diverse residents to assist with routine interactions such as daily health checks or viral screening).

When organising the interpreter to meet with residents the process needs to include:

- Inform the interpreter about the resident relevant to the conversation.
- Establish the purpose and goals of the conversation with the resident.
- Establish the mode of interpreting (consecutive or simultaneous):
 - Consecutive interpreting - the interpreter interprets what is said immediately after each sentence or section of speech.
 - Simultaneous interpreting - the interpreter interprets what the speaker says at the same time and at the same rate as the speaker.

In the conversation

At the start of the conversation:

- Arrange the seating so that you are sitting (or standing) opposite the resident with the interpreter sitting/standing beside the resident.
- Physical distances and PPE must be adhered to at all times.
- The health staff member needs to introduce themselves and the interpreter to the resident, ensuring they look at the resident when speaking, not the interpreter.
- The staff member should speak in the first person. For example, "How are you feeling?" not "Please ask the resident how she is feeling."
- Speak slowly and clearly, using short sentences and pausing often.
- Use plain language and avoid using jargon.
- Summarise your discussion regularly throughout the interview, and ask the resident to summarise what has been said, to ensure staff and the resident share the same understanding.
- Avoid talking to the interpreter in front of the resident unless necessary. If you must discuss something, always tell the resident what you are discussing and why.

Difficulties that may arise

If any of the following happens, stop the interview and resolve the issue.

- The interpreter knows the resident;
- There is a confusion of roles;
- The interpreter takes over;
- The resident and the interpreter ignore the interviewer;
- The resident does not trust the interpreter;
- The resident rejects the interpreter;
- The interpreter feels distressed through over-identification with the resident.

Content Acknowledgement

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