 Department of Health Government of Nunavut		<b>NURSING POLICY, PROCEDURE AND PROTOCOLS</b>	
		Community Health Nursing	
<b>TITLE:</b>		<b>SECTION:</b>	<b>POLICY NUMBER:</b>
Interpreter Services		Communications	06-013-00
<b>EFFECTIVE DATE:</b>	<b>REVIEW DUE:</b>	<b>REPLACES NUMBER:</b>	<b>NUMBER OF PAGES:</b>
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<b>APPLIES TO:</b>			
All Healthcare Providers			

#### 1. BACKGROUND:

- 1.1. The Department of Health is committed to treating all people in a way that allows them to maintain their dignity and independence by providing safe, high-quality patient and family centred care to Nunavummiut. Integral to this is the ability to communicate effectively in a person's preferred language to promote service accessibility, quality and equality (Office of the Languages Commissioner, October 2015). This policy defines the safe and effective use of interpreters during healthcare interactions.

#### 2. POLICY:

- 2.1. The Department of Health (Health) will strive to provide all health services (see 5.5) in the client's or subsequent decision maker's (SDM) preferred language.
- 2.2. Maintenance of confidentiality is required of any person providing interpretation.
- 2.3. Use of clerk interpreters for translating is the standard for providing interpreter services during AND after clinic hours.
  - 2.3.1 If required, an ad hoc interpreter (e.g., family, friend) may provide interpretation.
  - 2.3.2 The Health Care Professional (HCP) must advise the ad hoc interpreter to interpret exactly what the patient says and not to edit or summarize any information.
- 2.4. Health shall establish a process for ongoing training, monitoring, and evaluating of the interpreter's competencies.

#### 3. PRINCIPLES:

- 3.1. Health ensures that all clients (regardless of whether they are unilingual or not) will have the option to effectively communicate their medical history and condition, understand the assessment of their medical condition and treatment options in their preferred language.
- 3.2. Interpreter services are essential to the provision of safe, quality care in Nunavut.
- 3.3. Supports the principles of Inuit Qaujimajatuqangit and guiding principles of Katujjiluta.
- 3.4. Using a trained medical interpreter is the best practice for ensuring health information is accurately exchanged and confidentiality maintained.

#### 4. DEFINITIONS

**Vital Documents:** Includes but not limited to intake forms, consent forms, education/information material (pertaining to a healthcare service, medical condition, or directives to follow), advance care plans, healthcare directives.

Practice Point: Advanced Care Plans are a vital document however, as per guidelines for completing those forms, a qualified interpreter is required; an ad hoc interpreter may not be used for the completion of an Advanced Care Plan

**Ad Hoc Interpreter:** Any person other than clerk interpreter (e.g., family, friend, bystander, community member), or telephone interpreter service endorsed by Health.

**Healthcare Provider (HCP):** Community Health Nurse; Supervisors of Community Health Programs, Nurse Practitioner, Physician, Registered Midwife, Registered Nurse, Licensed Practical Nurse, Public Health Nurse, Mental Health Nurse, Primary Care Paramedic, Advanced Care Paramedic.

## 5. PROCEDURE

- 5.1. The HCP is responsible for identifying the client's or SDM's preferred language at the time of arrival to the health facility.
- 5.2. The HCP shall do their utmost to offer services in the client's or SDM's preferred language.
- 5.3. The HCP shall document the client's preferred language in the client's health record.
- 5.4. The Supervisor of Community Health Programs is responsible for ensuring accessibility and maintenance of Clerk Interpreter contact information. This includes posting after-hours contact numbers for Clerk Interpreters in the staff area and ensuring that the nurse-on-call is aware of the location of the after-hours contact numbers.
- 5.5. The HCP shall utilize interpreter services during the provision of health services including but not limited to:
  - i. Providing emergency medical services,
  - ii. Obtaining medical histories or informed consent,
  - iii. Explaining any diagnosis and plan for medical treatment,
  - iv. Discussing any mental health issues or concerns,
  - v. Explaining any change in regimen or condition,
  - vi. Explaining any medical procedures, tests, or surgical interventions,
  - vii. Explaining client rights and responsibilities,
  - viii. Explaining the use of restraints or seclusion/isolation,
  - ix. Providing medication instructions and explanation of potential side effects,
  - x. Explaining discharge plans,
  - xi. Involving client's during client and family care conferences,
  - xii. Discussing advanced care directives and/or end of life decisions,
  - xiii. Obtaining financial and/or insurance information.
- 5.6. Interpreter services may be in-person or telephone-based, see *Appendix A: Accessing Phone Based Interpreter Services Via CanTalk*.
- 5.7. The delivery method of services should be determined by considering: the critical nature of the clinical intervention and the availability of qualified interpreters.
- 5.8. Every effort should be made to utilize clerk interpreters prior to an ad hoc interpreter.

- 5.9. The HCP shall obtain informed consent from the client or SDM prior to use of interpreter services. This may be obtained through the Informed Consent Card (see Appendix B), or a conversation through an interpreter. If a client declines interpreter services, the HCP shall document this in the client's health record.

Practice Point: Interpreters shall decline to provide services when there is a real or perceived conflict of interest, or where they feel inadequately prepared, trained, or qualified. In this case access see *Appendix A: Accessing Phone Based Interpreter Services Via CanTalk*.

- 5.10. If no qualified interpreter is available and the client and ad hoc interpreter agree to proceed, interpretation may proceed. This interaction should be followed up with an appropriate interpreter as soon as reasonably possible.
- 5.11. When vital documents are not available in all languages, the interpreter shall assist the HCP and client review the document line by line.
- 5.12. The HCP shall document the interpreted interaction, including:
- i. Method of obtaining informed consent and from whom,
  - ii. Name, affiliation, and contact information of the person who interprets (for non-health centre staff)
  - iii. Relationship of the interpreter to the client if an ad hoc interpreter is used
  - iv. Disclosed limitations of encounter
  - v. Provision of oral translation of all vital documents to clients
  - vi. Synopsis of the information provided to the client, and any decisions/ outcomes related to the interpreted discussion
- 5.13. Breaches of confidentiality must be reported via the electronic incident reporting system (MEDITECH QRM), AND to the ATIPP office via the *Privacy Breach Policy and Report*.

## 6. TIPS FOR WORKING WITH INTERPRETERS:

- 6.1. If working with an ad hoc interpreter, assess their English language proficiency by:
- i. Asking if they are comfortable with the situation in which they will interpret
  - ii. Testing their proficiency with basic conversation (e.g., Where are you from?)
  - iii. Asking if they can describe specific body functions that relate to the interaction
- 6.2. Explain that confidentiality must be maintained, particularly if an ad hoc interpreter is being utilized (e.g., relative, friend).
- 6.3. Face the client and speak to them (not the interpreter).
- 6.4. Speak clearly, enunciate, and use simple terms. Avoid using jargon or slang.
- 6.5. Use short sentences and ask the interpreter to relay information after each sentence. Remember: interpreters must translate everything that they hear.
- 6.6. Ask the interpreter to explain to the client any discussion between the interpreter and the HCP. The client should be aware of what is being discussed.
- 6.7. Ask the client to repeat, in their own words, the information provided by the HCP.
- 6.8. Interpreted communication typically takes twice as long as communication in the same language; schedule enough time for the interaction.

## 7. APPENDICES:

APPENDIX A: ACCESSING PHONE BASED INTERPRETER SERVICES VIA CANTALK

APPENDIX B: INFORMED CONSENT CARD

8. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

06-008-00 Documentation Standards

Executive and Intergovernmental Affairs - Privacy Breach Policy and Report found at:

<http://intranet/policies/2018/EIA/Privacy%20Breach%20Policy%2011,%2019.pdf>

9. REFERENCES:

The Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). (N.D.). Cultural Safety Position Statement Position.



First Nations Health Authority (2019). Health and Wellness Planning: A Toolkit for BC First Nations.

College of Nurses of Ontario (2004). *Practice Guideline: Culturally Sensitive Care*. CNO: Toronto.

Inuit Language Protection Act, SNu 2008, c 17

Office of the Languages Commissioner of Nunavut (2015). Final Report of the Office of the Languages Commissioner – Qikiqtani General Hospital

Katujjiluta 2022, Government of Nunavut

Approved By: 	Date: 2022-11-03
Jennifer Berry, Assistant Deputy Minister Operations, Department of Health	
Approved By: 	Date: 2022-11-03
Robert McMurdy, a/Chief Nursing Officer	

## APPENDIX A: ACCESSING PHONE BASED INTERPRETER SERVICES VIA CANTALK

### Immediate Interpretation Customer Flowchart



### Government of Nunavut

Call CanTalk at: **1-877-209-7356**



Give the CanTalk Representative the following Information:

CIN Number = **1190**

Your **FIRST** and **LAST NAME**



State the **Language** you are requesting.

(The CanTalk Rep. can identify the language for you if required)

CanTalk Representative connects the interpreter within 30 seconds.



Introduce yourself and you may brief the Interpreter on the nature of the call, then conference in the caller.



After the call is completed, you may request for the interpreter to stay on the line for a further debriefing (this will require the customer to hang up first), or simply hang up to complete the interpretation.

## APPENDIX B: INFORMED CONSENT CARD

The role of the interpreter is to be your voice.

The interpreter will gain knowledge of the personal health information that is discussed today.

All information exchanged during interpretation is confidential and the Health Centre interpreter is not authorized to use or disclose this information to anyone outside of the health care team for any reason.

### **I consent to have an interpreter**



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**If I consent to use a family member, friend or community member to interpret, they will be informed that information discussed today is personal information and is not to be discussed outside of the health centre. I understand that the health centre is not responsible if my family or friend interpreter discloses my information.**

### **I consent to have my family, friend, or community member be my interpreter**



Le rôle de l'interprète est d'être votre voix.

L'interprète acquerra des connaissances au sujet des renseignements personnels sur votre santé dont il est question aujourd'hui.

Tous les renseignements échangés au cours de l'interprétation sont confidentiels et l'interprète du centre de santé n'a l'autorisation sous aucun prétexte de les utiliser ni de les divulguer à quiconque à l'extérieur de l'équipe de soins de santé.

## **J'accepte de recourir au service d'interprétation.**



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**Si j'accepte de faire appel à une ou à un membre de ma famille, de mon cercle d'amis ou de mon entourage pour me servir d'interprète, cette personne sera informée que l'information dont il est question aujourd'hui est personnelle et qu'elle ne doit pas être discutée à l'extérieur du centre de santé. Je comprends que le centre de santé n'est pas responsable si la ou le membre de ma famille ou de mon cercle d'amis qui me sert d'interprète divulgue de l'information me concernant.**

**J'accepte de faire appel à une ou un membre de ma famille, de mon cercle d'amis ou de mon entourage pour me servir d'interprète.**



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