



Use of Language Services Procedure

1. Purpose

Ineffective communication is the most frequent contributor to adverse clinical events and it is apparent that partnering with consumers includes reducing communication barriers.

The Australian Commission on Safety and Quality in Health Care [National Safety and Quality Health Care Standards](#) - Standard 2: **Partnering with Consumers** is an overarching standard that requires the organisation to implement systems to support partnering with patients, carers and other consumers.

Consumers have a right to use language services when communication is not optimal due to cultural and linguistic differences and for those who are deaf or hearing impaired. The WA Country Health Service (WACHS) Kimberley site is responsible for the cost of this service.

English is not the first language for many Aboriginal¹ and Culturally and Linguistically Diverse patients. For some, English can be the second, third or fourth language. WACHS – Kimberley has an obligation to book an interpreter if there is any indication that there is difficulty in understanding and communicating in English, or if the patient requests an interpreter.

Family members, carers or friends should not be engaged for interpreting. The only exceptions should be to share non-clinical information or in an emergency situation. If family members, carers or friends are engaged in an emergency situation, contact with a qualified or credentialed interpreter must be organised as soon as possible to check the interpreted information is correct.

Staff who are fluent in languages other than English must not provide interpreting services unless they are employed as a qualified and / or credentialed interpreter.

This procedure provides information about the use of Interpreter services within WACHS Kimberley.

When it is identified that consumers require the assistance of professional interpreting services, staff are to refer to MP 0051/17 - [Language Services Policy](#) for guidance.

2. Procedure

Identify need and obtain approval as follows:

- follow the ABC (Assess, Book, Confirm) method provided by the Department of Health to determine if an interpreter may be required – see [Appendix A](#)
- identify the need for language services on admission. Patients/carers are to be asked if they have a requirement for Interpreter Services (see [Appendix A](#))

¹ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- document this in the Medical Record (for hospitals, stickers are available from your manager)
- obtain approval from senior staff on duty to engage Interpreting services (the cost of the interpreting service is part of the clinical service delivery and is covered by the health service)
- choose the interpreting service to be utilised based on language required.

There are three choices available to Kimberley staff and consumers:

Aboriginal interpreting services – Aboriginal Interpreting WA (AIWA)

To use AIWA, complete the KIS form or make an online request:
(Forms are available in all departments.)

Free Call: 1800 330 331
Phone: 0439 943 612
Email: bookings@aiwaac.org.au
Website: Aboriginal Interpreting WA

For other international languages - Translating and Interpreting Service (TIS):

Phone: 13 14 50
Email: tis.freeinterpreting@homeaffairs.gov.au
Website: [Translating and Interpreting Service \(TIS National\)](http://Translating and Interpreting Service (TIS National))

For hearing impaired client – Deaf Connect

Phone: 1300 773 803
Email: interpreting@deafconnect.org.au
Website: Deaf Connect

WACHS Kimberley sites are to have the AIWA, TIS and Deaf Connect contact details readily available next to phones in clinical areas.

Once the interpreting service has been selected, the following process should be followed:

- appropriate contact to be made with service to confirm availability
- discussion is held with the patient/carers using interpreting services and the outcome from discussions is documented in the Medical Record
- if consent is being obtained for a surgical procedure, the interpreter must also sign the consent form if they are present at time of consent, if the interpreter is not physically present their details are to be recorded on the form.

3. Roles and Responsibilities

Senior Staff are responsible for approving the use of interpreting services requested by staff or patients/carers and providing guidance about the process if required.

All frontline staff are responsible for assessing if the consumer/carer can fully understand and communicate in a health care situation.

The clinician is responsible for ensuring the engagement and outcome from discussions are documented in the Medical Record.

The interpreter is responsible for providing a clear channel of communication between the service provider and an individual. The interpreter is not to add or subtract to the communication, but only interpret what is said.

4. Monitoring and Evaluation

Monitoring of compliance of this procedure is to occur every 12 months using the following means:

- review of incidents and or complaints relating to communication as a causative factor
- WACHS Kimberley annually contribute data to the WACHS overarching report of number of language services engaged annually, identified by language as follows:
 - full cost spent annually on language services engaged identified by language
 - number of engaged language services annually identified by language
 - full cost spent annually on language services engaged identified by language, and
 - number of staff that have participated in cultural awareness/language services training annually.

This policy will be reviewed as required to determine effectiveness, relevance and currency. At a minimum it will be reviewed every three years by the Senior Project Officer in conjunction with site and service leads.

Evaluation of a policy document seeks to measure the overall usefulness of the policy document. It typically occurs after the policy document has been implemented for some time and should precede the formal review of the document. Evaluation maybe undertaken early in response to significant changes in local or regulatory environments.

5. References

Department of Local Government and Communities Office / Office of Multicultural Interests
[WA Language Services Policy 2020](#)

[Department of Health Language Services](#)

6. Definitions

Term	Definition
Carer	A carer is a person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental illness, or they are frail or aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation, or caring as part of a training or education program.
Clinician	A clinician is a healthcare provider, trained as a health professional, including registered and nonregistered practitioners. Clinicians may provide care within a health

	service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other clinicians who provide health care, and students who provide health care under supervision.
Consumer	A consumer is a person who has used, or may potentially use, health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes
Interpreter	A person who conveys a message or statement verbally or by using sign language into another language with accuracy and impartiality to enable effective communication between two parties who use different languages
Language services	Includes interpreting and translating services to facilitate effective communication between the WA health system staff and consumers and carers who have limited English proficiency and people who are Deaf or hard of hearing.

7. Document Summary

Coverage	Kimberley Region
Audience	All Staff
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0175/22 Consent to Treatment Policy • MP 0051/17 Language Services Policy • Communications Framework
Related WACHS Policy Documents	Nil
Other Related Documents	<ul style="list-style-type: none"> • DoH Language Services Guidelines • DoH Language Services Procedure
Related Forms	Nil
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3082
National Safety and Quality Health Service (NSQHS) Standards	1.15, 2.6, 2.8, 2.10, 2.13, 3.3, 4.3, 5.3, 5.12, 6.1-6.3, 6.8, 6.10, 6.11
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
5.00	5 March 2025	5 March 2025	<ul style="list-style-type: none"> • change of title • update links • clarify information • update the word translator to interpreter.

9. Approval

Policy Owner	Executive Director Kimberley
Co-approver	Nil
Contact	Senior Project Officer, WACHS Kimberley
Business Unit	Office of the Executive Director, Kimberley
EDRMS #	ED-CO-13-12738
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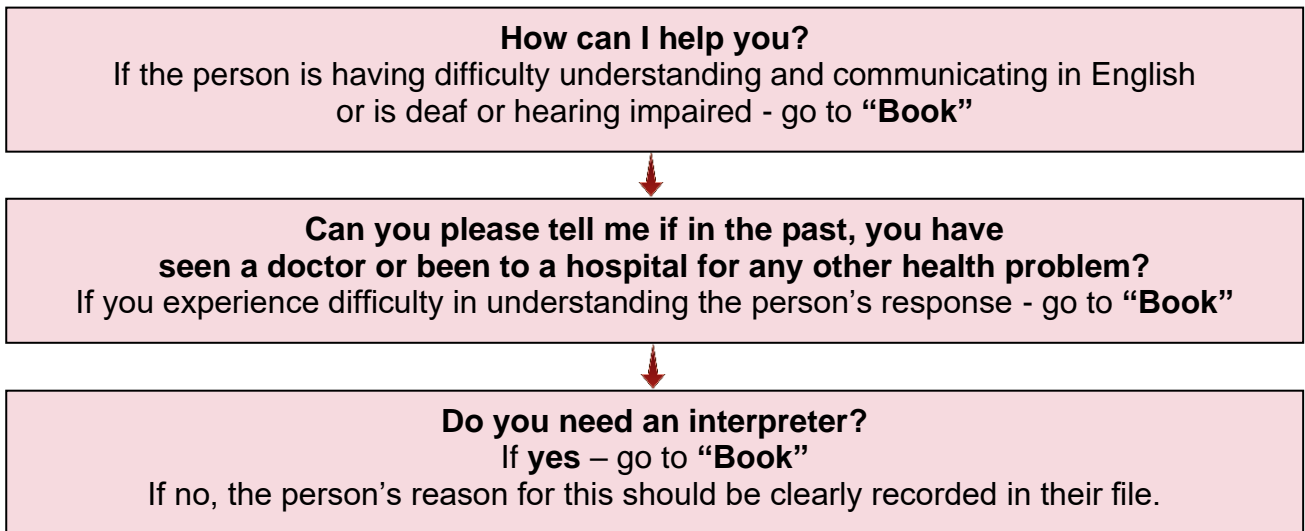
This document can be made available in alternative formats on request.

Appendix A: Do You Need an Interpreter?

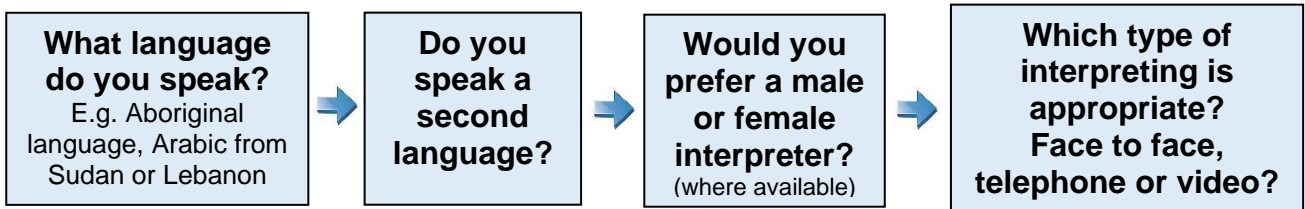
An interpreter may be required for Aboriginal people, people from culturally and linguistically diverse backgrounds (CaLD), and people who are deaf or hearing impaired.

To assess if a consumer/carer is able to fully understand and communicate in a health care situation, ask the following questions:


ASSESS



BOOK



Book the Interpreter

Interpreter Required	 Business hours*	 After hours*	email
Aboriginal	0439 943 612 1800 330 331	0439 943 612	bookings@aiwaac.org.au
CaLD	131 450	131 450	tis.freeinterpreting@homeaffairs.gov.au
Deaf Connect	1300 773 803	1300 773 803	interpreting@deafconnect.org.au

CONFIRM

After receiving confirmation of the booking, record all bookings in the medical record.
Confirm the booking with the consumer / carer.
 On completion, authorise interpreter paperwork and send copy provided by the interpreter to the local accounts department for processing.