

FNIHB-OR Nursing Policy and Procedure

Section: **Professional Nursing Practice**

Policy Number: **II - 12**

Subject: **Interpreter Services**

Issued: **March 31, 2015**

Revised:

Distribution: **All Nursing Facilities**

1. POLICY:

1.1 Health care providers shall provide healthcare services in the client's primary language, as reasonably possible.

1.2 Interpreter services shall be utilized during various encounters, including, but not limited to:

- Explaining client rights and responsibilities;
- Obtaining informed consent;
- Providing emergency medical services;
- Discussing mental health issues or concerns;
- Obtaining a medical history;
- Explaining a diagnosis, plan for medical treatment and discharge plans;
- Explaining a medical procedure, test or surgical intervention
- Explaining medication instructions and potential side effects;
- Explaining a change in course of therapy or condition;
- Engaging in client and family care conferences;
- Explaining the use of restraints;
- Discussing Advance Directives; and/or
- Discussing end-of-life care

2. PRINCIPLES:

2.1 Interpreter services are essential to the provision of quality client care.

2.2 First Nations and Inuit Health Branch – Ontario Region (FNIHB-OR) aims to provide health care services in a client's primary language, such that unilingual clients (or clients who have difficulties understanding medical terminology in English) and their families are able to effectively communicate their health care needs, understand their medical condition(s), and to make informed treatment decisions. This practice supports FNIHB's values of flexibility (responding to the distinct needs of individuals, families and communities in various regions) and culture (embracing cultural practices and traditions to promote health and well-being).

2.3 Nurses are responsible for assessing client understanding of the information provided, whether it is done directly or indirectly through the interpreter.

2.4 Whenever possible, trained interpreters shall be utilized.

3. DEFINITIONS:

Nurse: Refers to Registered Nurses, Nurse Practitioners, and Registered Practical Nurses.

PROCEDURE:

- 4.1 When the client presents to the health care facility, language needs shall be determined.
- 4.2 If the client self-identifies as not being fluent in English, the client's primary language shall be documented in the client's health record.
- 4.3 If the client prefers to have health care services delivered in their primary language that is not English, then the nurse shall arrange interpreter services, as reasonably possible.
- 4.4 Acceptable methods for the provision of interpreter services include, but are not limited to, the following:
- 4.4.1 In-person interpreting
 - 4.4.2 Telephone-based interpreting
 - 4.4.3 Videoconferencing interpreting
- 4.5 The following shall be taken into consideration when determining the appropriate method for the delivery of interpreter services:
- 4.5.1 The critical nature of the clinical interaction
 - 4.5.2 Availability of specific and qualified in-person interpreters
- 4.6 The name of the person who interprets for the client and the relationship of the interpreter to the client shall be documented in the health record.
- 4.7 If vital documents are not available in a written translation shall be verbally translated to the client. This process of translation shall be documented in the client's health record.
- 4.8 Necessary emergency care should not be withheld pending the arrival of interpreter services.

4. RELATED POLICIES:

FNIHB-OR Policy: Confidentiality
FNIHB-OR Policy: Documentation Standards

5. REFERENCES:

College of Nurses of Ontario (2004). *Practice Guideline: Culturally Sensitive Care*. CNO: Toronto.
U.S. Department of Health and Human Services, Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services in Health Care, March 2001

Approved by:		Effective Date:
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Director of Nursing, Ontario Region	Date:	
Regional Executive, Ontario Region	Date	