
Interpreting services — Healthcare interpreting — Requirements and recommendations

*Services d'interprétation — Interprétation dans le domaine de la
santé — Exigences et recommandations*



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below or ISO's member body in the country of the requester.

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Foreword

L
ā

Any feedback or questions on this document should be directed to the user's national standards body. A

Introduction

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- healthcare interpreters;
- interpreting service providers;
- patients and accompanying persons;
- interpreter departments in healthcare organizations;
- government agencies;
- non-profit organizations;
- community organizations that provide interpreting services;
- employees that provide interpreting services;
- professional associations;
- healthcare organizations;
- educators and researchers;
- healthcare providers and staff;
- healthcare policy writers.

Interpreting services — Healthcare interpreting — Requirements and recommendations

1 Scope

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2 Normative references

3 Terms and definitions

— ISO Online browsing platform: available at <https://www.iso.org/obp>

— IEC Electropedia: available at <http://www.electropedia.org/>

3.1 Terms related to people involved in interpreting and to modes of interpreting

3.1.1

interpret

s

b

a

3.1.2

interpreting

s

b

a

3.1.3

interpreter

i

**3.1.4
healthcare interpreter**

i

**3.1.5
interpreting service provider
ISP**

i

[SOURCE: ISO 20539:2019, 3.4.28, modified — ‘interpretation service provider’ was added as an

**3.1.6
client**

e

[SOURCE: ISO 20539:2019, 3.2.5, modified — In the Note 2 to entry, the wording ‘The client can be the end user but that does not have to be the case’ was changed to ‘The client may coincide with the end user or the requester of services’.]

**3.1.7
end user**

**3.1.8
speaker**

s

**3.1.9
signer**

s

**3.1.10
distance interpreting**

i

n

3.1.11**mode***s**p***3.1.12****consecutive interpreting***m*

[SOURCE: ISO 20539:2019, 3.4.13, modified — Note 1 to entry was removed.]

3.1.13**simultaneous interpreting***m**o***3.1.14****sight translation***s**b***3.1.15****note-taking***c**o***3.1.16****chuchotage***s**i*

[SOURCE: ISO 20539:2019, 3.4.17, modified — In the definition, ‘speaks very quietly’ was deleted.]

3.1.17**protocol****3.1.18****relay interpreting***i**o*

3.2 Terms related to translation

3.2.1

translate

s
b

3.2.2

translation

s
b

3.3 Terms related to interpreting settings and specializations

3.3.1

communicative event

3.3.2

community interpreting

i
h

3.3.3

healthcare interpreting

i
h

3.3.4

patient safety

3.3.5

portable interpreting system

s
i

3.3.6 **pre-conference**

c
ø
m

3.3.7 **post-conference**

c
ø

3.4 Terms related to language

3.4.1 **language**

3.4.2
signed language
l
a

3.4.3
spoken language
l

3.4.4
language register
l
a

3.4.5 **content**

[SOURCE: ISO 20539:2019, 3.1.2, modified — In the EXAMPLE, ‘messages’ was added and ‘etc.’ was

3.4.6

source language

l

[SOURCE: ISO 20539:2019, 3.1.3, modified — ‘translated or interpreted’ was replaced with ‘interpreted translated’.]

3.4.7

target language

l

[SOURCE: ISO 20539:2019, 3.1.4, modified — ‘translated or interpreted’ was replaced with ‘interpreted or translated’.]

3.4.8

source language content

c

3.4.9

target language content

c

modified — ‘from a source language’ was removed from the end of the

4 Healthcare interpreter competences

4.1 Patient safety competence

4.2 Linguistic proficiency competence

4.3 Intercultural competence

4.4 Interpersonal competence

4.5 Technical competence

4.6 Competence in health-related terminological research

4.7 Healthcare related competence

4.8 Communicative competence

4.9 Interpreting competence

a

4.10 Entrepreneurial competence

5 Healthcare interpreting qualifications

6 Linguistic assistance

7 Authorization as healthcare interpreter

or membership in a registry confirming the interpreter's right to provide healthcare interpreting

8 Professional development — Continuing education

9 Responsibilities of interpreting service providers and interpreters

9.1 Responsibilities of the interpreting service providers

-
- texts to be sight translated, together with a case or medical record number, if required;
- administrative details such as complete address of the venue, the time the interpreter is
- specific topic of discussion, and terminology resources, if available;
- possible risks the assignment might pose to the interpreter's health or safety;
- provide an appropriate distance interpreting working environment with respect to noise or
- request the appropriate number of interpreters or teams of interpreters;
- check, where possible, that the working environment is safe for the interpreters to carry out
- allow interpreters to leave a dangerous assignment or situation where their personal safety is
- reserve adequate time for the service, taking into account that consecutive interpreting involves
- inform the interpreter of any known risks;
- provide written information about safety measures needed to protect the interpreter from
- plan for and provide the interpreter with appropriate breaks;
- plan for and provide psychological support for healthcare interpreters;

provide the client with information regarding the interpreter's qualifications, when requested;

9.2 Responsibilities of healthcare interpreters

interpreter's role in the assignment;

m) interpret all side conversations, including the interpreter's messages to the parties involved;

Annex A

Selection of the interpreting mode

- is too emotional, nervous, or upset to stop speaking;
- conveys uninterrupted incongruent speech (psychiatry, emergency room);
- is a minor (pediatrics) discussing the care with the healthcare provider; alongside the parent(s);

- brings family members to participate in a communicative event, and they start having a side
ient's care in front of the healthcare provider; the interpreter switches

-

- give a presentation to patients who are going to undergo a surgical intervention;
- lead a group therapy or a patient education group session; the interpreter interprets for the

oken language interpreter switches to the consecutive mode to interpret the patient's message to
- carry out an exam or surgical intervention, so that their messages are interpreted without any delay.

Annex B

Selection of the interpreting modality

- before and after an operation;
- when the patient has a faint voice and cannot be heard by an interpreter who is not in the room, such
- when the distance interpreting equipment is not accessible;
- when the patient or healthcare provider has communicative issues and is difficult to understand,
- for onsite group therapy meetings;
- for appointments lasting over 30 min; when these appointments require distance interpreting, the
-
- when no interpreter is available for distance interpreting in the required language pair needed.
- when the patient or healthcare provider cannot wait for an interpreter to attend in person;
- when no interpreter is available in the language pair to attend in person;
-
- for short conversations, such as inpatient nurse or nurse assistant inpatient bed checks, or when the
- for the scheduling or re-scheduling of appointments;
- for calls from patients to a healthcare organization;
- for calls from healthcare providers or administrators to patients;

- for infectious patients, so long as distance interpreting is available and communication is possible;

Annex C

Self-care and vicarious trauma

C.1 Ensuring appropriate working conditions

adversely affects the interpreter's performance and wellbeing. The interpreter should:

C.2 Vicarious trauma

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20 – 21, CHAPTER VI – Articles 47 – 50

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The Royal Marsden Hospital Patients' Charter (United Kingdom)

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Mental Health Patient's Bill of Rights (USA)

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International Medical Interpreters Association (IMIA) and Educational Development Center –

National Council on Interpreting in Healthcare (NCIHC)– National Standards for Healthcare

Interprétariat linguistique dans le domaine de la santé – Référentiel de compétences, formation
