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Dear Michael

Translators and Interpreters Australia

Response to COVID-19

To preserve interpreter capacity and provide equal access to services for CALD communities, including the deaf, interpreters demand action on the following:

- **PPE must be equal to that of clinicians for interpreters in the same clinical settings**
- **Credentialed interpreters must be prioritised across all modes of service delivery**
- **Face to face rate of pay for interpreters working from home – on all assignments normally booked as face to face**

Interpreters around Australia provide essential services to CALD communities, including the deaf community, in line with governments' multicultural as well as access and equity policies.

They are generally low paid casual workers engaged through Language Services Providers (LSP) to provide services predominantly to government departments and their agencies.

A large proportion of the work is in public healthcare.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

All public sector employees will have received safety guidelines. Interpreters demand that the same safety measures be extended to them at every community / public service that they visit.

While our members are continuing to provide face to face interpreting across a range of community services, including public hospitals, they are reporting that they are being **actively denied PPE**.

It is acknowledged that there are nation-wide shortages of PPE including masks and hand sanitizer and priority must be given to frontline health workers. It is not acceptable for an interpreter to work in the same space that is deemed hazardous for health workers, without the same PPE that is worn by healthcare workers supplied to them as well. This is to protect interpreters as well as clinical staff and patients.

Nation-wide shortages notwithstanding, compliance with OH&S legislation is critical and must apply to interpreters attending appointments.

Employers are required to provide healthy and safe work, so far as is reasonably practicable. The obligation from the employer requirement is to provide and monitor safe/healthy “work”, whilst workers are at work.

Workers have the right to refuse to carry out work if the worker has reasonable concern that the work would expose them to a serious risk from an immediate or imminent exposure to a hazard. The worker needs to have a reasonable concern and there needs to be a serious risk. The current situation around COVID-19 poses a serious risk.

Interpreters demand that the same PPE be provided to them in situations where the clinicians they are assisting are provided with and utilising PPE. This applies to all types of settings, including home visits. Interpreters should also be provided information about any risk assessment that has been made as well as PPE, for everyone’s protection, before they enter any premises.

In the event that our members are denied safety measures and therefore feel unsafe, exposed or vulnerable, they have been advised by Professionals Australia to refuse to provide the service, as per OH&S, without any compromise to their pay.

In the interests of CALD patients, clinicians are called upon to respect the safety of their co-workers, interpreters, and to assist them to secure any necessary PPE, or to make alternative arrangements whereby they can provide interpreting services safely.

Interpreters use mobile phones to do their job. Sometimes they have to hand their phones over for other workers, eg. hospital staff, to electronically sign off on mobile phones.

It is preferable that LSPs waive this requirement for the time being.

Interpreters are advised to keep wipes available to clean their phones before handing them over and staffers to do same before handing them back. However, given there is a shortage of wipes

generally, interpreters must not be compelled to hand over their phones in these circumstances. Accordingly, pay should not be impacted.

Our members will be provided with further advice about safe practices particular to their work, especially Auslan interpreters whose work has physical requirements. Interpreters will make known those requirements to clinicians they are working with. **Full co-operation is essential to ensure proper and safe service delivery for the benefit of clinicians and patients.**

TRANSITION TO TELEPHONE AND VIDEO INTERPRETING

Currently the industry is experiencing a transition from face to face to remote interpreting, ie. telephone and video-conferencing as the, justifiably, preferred mode of service delivery during the COVID-19 crisis.

Telephone and video-conferencing services currently exist, with telephone paid in 15-minute increments at an average of \$1 or less per minute. Distribution is random across a vast network of supply which means limited work for most. There is also concern that unqualified supply is engaged by the LSPs for telephone interpreting. This raises questions around risk, privacy and ethics for the consumers of interpreting services.

On-site face to face is the preferred mode, particularly in public healthcare, where the CALD clients are often disadvantaged, disabled or elderly. An on-site face to face service provides for a minimum engagement.

Videoconferencing is therefore the preferred mode in situations where face to face is not possible, including emergencies. However not all services are adequately equipped to support videoconferencing, and telephone interpreting will be necessary to ensure communities have access to essential services and information.

Overall remote interpreting has been and is being used inappropriately and without any consideration for interpreter work health and safety. Remote interpreting requires complex skills and can be far more stressful and tiring than face to face interpreting. Interpreters must be afforded breaks at 20-minute intervals during longer sessions. There must be consultation with interpreters before they are connected to service users to allow for adjustments and discourse management.

ITC, the government provider in South Australia, has already implemented a policy of paying face to face rates for work converting to telephone/video. All LSPs should follow suit.

Interpreters demand that user departments and employers maintain current practices in relation to distribution of assignment to their regular credentialed interpreters and maintain on-site face to face pay rates albeit with a variation in the mode of delivery.

Working from home with a variation in the mode of delivery of services must not impact on the income of interpreters.

It is the position of Professionals Australia that interpreters are provided in the best and safest available mode to ensure CALD communities receive the support to which the entire community is entitled.

DISSEMINATION OF TRANSLATED INFORMATION FOR CALD COMMUNITIES

The above includes the dissemination of official COVID-19 advice in community languages delivered through all relevant media. Translated material must be provided by appropriately qualified and credentialed translators in line with government policy.

Yours sincerely



Chris Walton
Chief Executive