

Language Access Interpreter Services – FAQs for Staff

1. Are Language Access services still available?

Yes. At this time, Language Access services continue to be available via:

- **Conference call**
Phone service booked with a Language Access interpreter
- **Face-to-Face**
In person service booked with a Language Access interpreter
- **Over-the-phone (OTP)**
Phone service arranged by Language Access but provided by an interpreter of a third party agency, contacted by Language Access.

2. Which of these services should I use for CCMB patients?

Please prioritize the use of “Conference call” when at all possible. Solicit “Face-to-face” service only when it is determined that face-to-face interpretation is essential for safe care. Both of these services need to be scheduled in advance as they are not available on an emergent basis.

Consider “Over-the-phone” services for immediate interpretation.

All of the options above are available on the **Language Access Interpreter Services Request Form**. See next page for details.

3. How will things work if a “conference call” interpreter service has been requested?

- i. On the date of the scheduled appointment, the interpreter will call the service provider a few minutes prior to the scheduled time. Please provide Language Access with the correct phone number for the interpreter to call. Please avoid phone lines answered with automated messages/voice prompts so that the interpreter can reach the provider directly and easily.
- ii. CCMB is responsible for making the 3-way connection with the client, if the client is not present in-person at the clinic.
- iii. Once all parties are connected, the interpreter will provide their formal introduction in English and the target language and the appointment will proceed.

4. What do I need to keep in mind about “face-to-face” interpreter services?

- Interpreters continue to be available for face-to-face assignments.
- Language Access interpreters have been trained in appropriate workplace health and safety practices.
- If it is required that an interpreter use PPE at any face-to-face assignments, CCMB is responsible for providing equipment to the interpreters as needed.



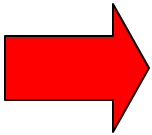
LANGUAGE ACCESS INTERPRETER SERVICES (LAIS)
REQUEST/CONFIRMATION/CANCELLATION

Refer to WRHA Policy 10.40.210

FAX: 204-940-8650 (Monday - Friday 0800 - 1500 hours)
After Hours Call: 204-788-8585 Central Intake 24/7

CLIENT HEALTH RECORD #
CLIENT SURNAME
CLIENT NAME
DATE OF BIRTH
GENDER
PROVINCIAL HEALTH CARD #
PHIN
PHONE/CONTACT #

PRIMARY LANGUAGE:		CLIENT REQUESTED SPECIFIC GENDER OF INTERPRETER:	
OTHER LANGUAGE(S):		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NO PREFERENCE	
REQUESTOR INFORMATION	NAME OF REQUESTOR: (Print YOUR Full Name)		NAME OF REQUESTING SITE: (Facility, Program, Agency, Office, etc.)
	PHONE #: _____ FAX #: _____		DEPARTMENT NAME: (If applicable)
ADDRESS:			
APPOINTMENT INFORMATION (Use separate form for each appointment)	APPOINTMENT IS WITH: (Print Full Name & Title of Service Provider & Program/Department Name)		SERVICE PROVIDER (SP) CONTACT NUMBERS
	ADDRESS & ROOM # / LOCATION: (e.g. Children's Hospital, 840 Sherbrook Street, Purple Bear Zone)		OFFICE #: _____
	DESCRIPTION / PURPOSE: (e.g. breast cancer - to discuss medication and potential side effects)		FAX #: _____
			CELL #: (Required for all Home Visits) _____
APPOINTMENT DATE:		ALTERNATE DATE:	
DAY: _____ DATE: _____ e.g. Monday, Thursday D D M M Y Y Y Y		Day: _____ Date: _____ e.g. Monday, Thursday D D M M Y Y Y Y	
TIME: _____ DURATION: _____ 24 HOUR		Time: _____ Duration: _____ 24 HOUR	
LAIS Interpreter has verbally accepted to interpret? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please print full name of Interpreter _____	
SERVICE REQUIRED	SELECT (✓) ALL THAT APPLY:		
	<input type="checkbox"/> Face-to-Face (in person) <input type="checkbox"/> Home Visit (See SP Contact #s)	<input type="checkbox"/> Over-the-Phone (OTP) <input type="checkbox"/> Conference Call <input type="checkbox"/> MB Telehealth	<input type="checkbox"/> Message Relay <input type="checkbox"/> Reminder Call <input type="checkbox"/> Message Relay (to schedule appointment)
ADDITIONAL INFORMATION	CANCELLATION		
	<input type="checkbox"/> Cancel appointment – no further action required. <input type="checkbox"/> Cancel appointment – inform client. <input type="checkbox"/> Cancel appointment and reschedule to: DATE: _____ TIME: _____ DURATION: _____ 24 HOUR		
CONFIRMATION Internal LAIS Use Only	Tracking # _____		
	Intake: _____ Time: _____ D D M M Y Y Y Y 24 HOUR		
<input type="checkbox"/> Interpreter Assigned: _____		<input type="checkbox"/> Access OTP	
<input type="checkbox"/> Interpreter Not Available		<input type="checkbox"/> OTP Arranged	
<input type="checkbox"/> Language Not Available			
DAY OF APPOINTMENT	To be completed by Service Provider (SP)		
	Start Time: _____ 24 HOUR	End Time: _____ 24 HOUR	Duration: _____ hours mins
Actual Appointment Time different from scheduled time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason: <input type="checkbox"/> Interpreter <input type="checkbox"/> Late <input type="checkbox"/> Client <input type="checkbox"/> No Show <input type="checkbox"/> SP <input type="checkbox"/> Other	
Service Provider Signature _____		Interpreter Signature _____	



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