Organisation name Site or unit		POLICY Interpreters and cultural mediators	
Document ID	HMG-POL-003	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Policy · HMG-POL-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 25.3

At a glance

- A trained interpreter or cultural mediator is used for each consultation where the language differs.
- A child is never used to interpret.
- A family member interprets only when no other option exists and the situation is not high-risk.
- Each use is recorded on HMG-REG-001.
- Stop and get help straight away if: a child interprets a diagnosis for their parent.

1. 1. Purpose

To make sure language-discordant consultations are interpreted by trained people, never by children (25.3).

2. 2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out

Does not apply to	Activities covered by another document listed in section 15

3. 3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. 4. Background

Children should never be asked to interpret for their parents, and a patient who cannot follow the conversation cannot consent. A trained interpreter or cultural mediator is needed for language barriers.

5. 5. Responsibilities

Role	Responsibility	Competence
Clinical lead for migrant health	Owns the interpreter rule and the register	Clinician
Reception and clinical staff	Book the interpreter and record it	Staff

6. 6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. 7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. 8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. 9. Procedure

Step 1. Book.

- Book a trained interpreter or cultural mediator for each language-discordant consultation.

Key point: Booked.

Step 2. Use only the permitted person.

- Do not use a child. Use a family member only when no other option exists and the situation is not high-risk.

Key point: Permitted person used.

Step 3. Record.

- Record the interpreter used on HMG-REG-001.

Key point: Recorded.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. 12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
Language-discordant consultations with a trained interpreter or mediator	100%	Monthly	Clinical lead for migrant health	Escalate to medical director

14. 14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. 16. Related documents

ID	Title	Use
HMG-REG-001	Interpreter and mediator use register	Register

17. 17. Evidence

Reference	Note
E-009	Based on the WHO and IOM Global Competency Standards for Refugee and Migrant Health and the WHO mhGAP Intervention Guide (2019).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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