

SCOTTISH ASSOCIATION OF SIGN LANGUAGE INTERPRETERS

***HEALTH AND SAFETY GUIDANCE NOTES FOR
SIGN LANGUAGE INTERPRETERS***

HEALTH AND SAFETY GUIDANCE NOTES

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SCOTTISH ASSOCIATION OF SIGN LANGUAGE INTERPRETERS HEALTH AND SAFETY GUIDELINES

1. BACKGROUND

- 1.1 Evidence from other countries and anecdotal comment in Scotland, confirm that Sign Language Interpreters are at risk in their working practice, if clear health and safety guidelines are not adhered to.
- 1.2 Exposure to inappropriate working conditions, fatigue, stress and lack of professional support, all affect the health of freelance, full-time and sessional Sign Language Interpreters.
- 1.3 These guidelines set out to provide a framework within which Sign Language Interpreters should undertake their duties.

2. IMPLEMENTING THE GUIDELINES

- 2.1 The guidelines are intended to be implemented by individual Sign Language Interpreters working freelance, in full-time employment with an agency or provider, attached as sessional staff, as well as advising individuals, agencies, bodies and organisations employing Sign Language Interpreters.
- 2.2 The guidelines should also be observed by all users of Sign Language Interpreter services.
- 2.3 No individual Sign Language Interpreter's circumstances nor specific assignments will be the same, therefore the guidelines are open to professional interpretation within the spirit of the Association's Code of Conduct and Practice.

3. CONCLUSION

- 3.1 The Association aims to promote the profession of Sign Language Interpreters and through these guidelines protect all individuals in terms of health and safety in the working situation.
- 3.2 In areas of doubt or dispute, the individual Sign Language Interpreter should contact the Association for information, clarification or support.

4. ACKNOWLEDGEMENT

- 4.1 The association acknowledges the substantial work undertaken by Glasgow City Council and the GCC Sign Language Interpreter Services, on whose Health and Safety Guidelines this document is based.

5. INTRODUCTION

These guidance notes are designed to give practical advice on the implementation of a safe system of work for British Sign Language Interpreters.

5.1 The Role of the Sign Language Interpreter

The Sign Language Interpreter has the task of transferring a message from one language to another. This would generally be from Sign Language to English and vice versa. (Occasionally, written text will be translated into Sign Language).

In formal settings such as platform interpreting, this task is most physically and mentally taxing. However, undertaking tasks of a health or legal nature, for example, can be emotionally stressful. Maximum actual interpreting time should be within the limits of 20 to 25 hours per seven day period. The 5 hours between the lower and upper limits should be accepted in the light of the nature of work undertaken in the previous 20 hours of contact time.

6. SIGN LANGUAGE INTERPRETING : POSSIBLE EFFECTS ON HEALTH

6.1 The Main Hazards and Possible Effects on Health

The development of Sign Language interpreting as a profession and greater access of Deaf people to services, has increased demand in relation to the small pool of suitably skilled personnel available. Sign Language Interpreters often work for long periods and this has resulted in individuals who are full-time incurring strain injuries. Surveys carried out in Denmark have shown that there is a relationship between task duration and complexity, and the high incidence of musculoskeletal disorders.

6.2 Causes and Effects of Work Related Upper Limb Disorders

Long periods of continuous and simultaneous interpreting from English to Sign Language, combined with lack of control over pace of delivery and a high pressured context have resulted in upper limb disorders amongst this profession group. A range of conditions of the arm, hand and shoulder areas linked to overuse of muscles in the forearms, wrists and hands, can be related to work activities. Static loading of muscles in the upper body is known to cause musculoskeletal problems. These range from temporary tissue disorders like per tendonitis to carpal tunnel syndrome.

The variety of factors contributing to the risk to Sign Language Interpreters at work requires a risk reduction strategy. This should embrace preparation, task duration and variety, the working environment, support mechanisms and workload monitoring.

6.3 **Fatigue and Stress**

Physical fatigue and stress can arise through inadequate preparation, insufficient recovery or rest periods, lack of training and support, and a workload which is consistently difficult. These can be minimised by the implementation of operational procedures relating to receiving referrals, accepting assignments and time management.

6.4 **Control Measures**

Generally, risks arise when the workload does not take account of the Sign Language Interpreter's requirements. Steps are taken to determine the nature of each job and to match these requirements through the process of taking difficult detailed referrals, allocation and monitoring of the workload. (see Appendix 2).

Since any risks to health may arise from a combination of factors, the process of evaluation has to include the following elements:

- * Duration, intensity and difficulty of the task: if the assignment is to be carried out simultaneously or consecutively, then the number of interpreters assigned to the task will vary.
- * Working environment: the following situational factors can impinge upon the interpreter's ability to perform the task. Bad acoustics which create difficulties in following what is being said. Extraneous interference from visual or auditory sources such as people talking or people walking in front of the Sign Language user.
- * Seating and positioning can affect the posture of the interpreter resulting in excessive static loading of muscles and can also result in unnecessary movement of the neck and back. The chair should allow the user to achieve a comfortable position and be adjustable in terms of height and back support and allow for turning or sideways movement.
- * Experience of the interpreter to whom the task has been allocated: if the individual has a limited sign vocabulary for the topic area, then they may resort to relying upon finger spelling which can result in muscle strain.
- * Temperature and humidity can affect the physical function of the interpreter. Low temperatures can exacerbate muscle strain and dry air can be an irritant to the vocal chords.

7. **GUIDANCE ON MINIMUM REQUIREMENTS OF WORKING ARRANGEMENTS**

The person who allocates referrals to the Sign Language Interpreters, should be familiar with the complexity and the demands of the task. It is essential that the person making allocations has the ability to:

- Evaluate the referral which has been received and the kind of interpreting required.
- On evaluating the potential risks involved in carrying out the assignment, allocate the task to the appropriate personnel wherever possible. (see Appendix 3).

Control measures should be reviewed in the light of changes in the individual's capability, in relation to the variety of tasks undertaken as a part of the review of the individual's workload. By getting detailed information about the interpreting task, the SLI is well briefed about the situation they are entering. This greatly reduces the stress of dealing with sometimes difficult and unpredictable circumstances.

The nature of the interpreting assignment will influence the number of Sign Language Interpreters required for a task and recommend/optimum working times. Recovery times will vary according to the complexity, context and setting of the task. These in turn will vary depending upon the amount of preparation, experience of the interpreter, their knowledge of the subject, the situation and the people involved.

7.1 **Hands on a Deafblind Manual & Visual Frame Interpreting for Deafblind People**

The area of interpreting for Deafblind people is relatively new and therefore requires some explanation.

The Deaf Sign Language user who has lost their sight will be able to produce in Sign but will most often prefer to receive signs in a tactile mode, that is "hands on" and through a deafblind manual alphabet. In the case of a person with Usher Syndrome, visual frame signing would be appropriate.

A blind person who has lost their hearing will be able to speak but will most often prefer to receive information through a Deafblind alphabet augmented by "hands on" signs.

This mode of communication is highly physically, intellectually and possible, emotionally, taxing, particularly in interpreting situations for both the interpreter and the Deafblind person. This, combined with the range of strategies used to meet vastly diverse needs, requires working conditions which are more flexible but at the same time sensitive to all participants.

Interpreting work with Deafblind people will be a combination of simultaneous, continuous and consecutive. There will therefore require to be a need for co-operation and negotiation during tasks, increasingly so as situations become more formal or acute.

Ideally, circumstances should be designed and planned to involve the least number of interpreters and the maximum number of recovery periods for both interpreter and user. However, it is important to ensure the integrity of proceedings and the Deafblind individual's participation in assigned tasks.

7.2 Lipspeaking for Deafened, Hearing Impaired & Deafblind People

Lipspeaking provision for those who lip or speech read is also a developing area. Therefore, there is little recorded data on optimum periods of lipspeaking or recommended conditions. However, anecdotal evidence does infer that there are particular physical and mental stress which should be taken into account; also fatigue in the jaw and neck muscles. It should also be noted that lipspeaking may be an element of Sign Supported English and Deafblind communication. Therefore, it is suggested that the number of lipspeakers and the working arrangements should correspond to those applying to Sign Language interpreting task.

7.3 Tables of Task Type & Recommend Working Arrangements

These recommendations should be applied to each particular situation. In the event of unusual or unforeseen circumstances, the principle of regular breaks for recovery should be included, particularly where tasks are consecutive or simultaneous with flexibility for rest periods. The recommended periods of duration quoted are times of actual interpreting and exclude break periods.

Task Type : Simultaneous and Continuous Interpreting, i.e. Conferences

DURATION	NO OF INTERPRETERS	WORKING ARRANGEMENTS
20-30 Minutes	1 (Minimum)	Provision of preparation materials. Sound check of PA system where applicable. Negotiation of seating arrangements or positioning.
30-60 Minutes	1 to 2	The working arrangements should be as above. The number of interpreters required would depend upon the context and content of the assignment and the experience of the interpreter.
1 to 4 hours	2 (Minimum)	Same arrangements as above for preparation, Interpreters to alternate every 25-30 minutes.
4 hours +	3 (Minimum)	<p>Same arrangements as above for preparation. Where interpreters are required a rota should be devised so that 1 working interpreter has the support of a colleagues for “feeding” i.e.</p> <p>1st half hour – A/Platform, B/Feeding, C/Recovery</p> <p>2nd half hour – B/Platform, C/Feeding, A/Recovery</p> <p>3rd half hour – C/Platform, A/Feeding, B/Recovery</p> <p>Where there are 3 or more interpreters, a member of the team should be identified as co-ordinator for that assignment. Provision should also be made for a rest and preparation area.</p> <p>There may be events which have requirements for more than 3 interpreters, depending upon the number of deaf people participating and the structure of the event. There may also be requirements for social interpreting as distinct from platform interpreting. A rota would need to be devised to allow for sufficient recovery periods.</p>

**Task Type: Consecutive or Simultaneous Interpreting with Recovery Periods
i.e. Liaison or One to One Situations**

DURATION	NO OF INTERPRETERS	WORKING ARRANGEMENTS
Up to 4 hours	1	<p>Adequate preparation.</p> <p>1st period up to 1 hour, then recovery period of 15 minutes.</p> <p>2nd period up to 1 hour, then recovery period of 15 minutes.</p> <p>Subsequent periods must include breaks where natural pauses or rest periods do not occur.</p> <p>Due to the nature of this task type, the interpreter has to use some discretion and negotiate work and rest periods appropriate to the assignment.</p> <p>Within the 1 hour period, there may be sufficient natural breaks to allow for some flexibility with the time period. However, there may also be situations where the content of the interaction may be so demanding that a shorter period may need to be negotiated.</p> <p>The interpreter should not interpret for more than 4 hours excluding breaks in any 1 day.</p>

**Task Type: Consecutive or Simultaneous Interpreting with Recovery Periods
i.e. Liaison or One to One Situations**

DURATION	NO OF INTERPRETERS	WORKING ARRANGEMENTS
30 Minutes	1	Preparation and sound check of PA system and organisation of seating arrangements.
30 Minutes to 2 Hours	2	Same as above. Interpreters to alternate.
More than 2 hours		Special arrangements require to be negotiated, dependent on the nature of the assignment and the needs of the deafblind person.

7.4 Working Environment

- 7.4.1 The room should have good acoustics.
- 7.4.2 The interpreter should be able to hear what is being said and see what is being signed. Therefore, visual and auditory interference should be minimised as this has a negative effect upon the interpreting process. The interpreter should not have any visual distractions behind them or between them and the Sign Language user.
- 7.4.3 Room temperature and humidity can affect the physical function of the interpreter, i.e. dry air is very bad for the vocal chords. Interpreters should not have to work in smoky conditions.
- 7.4.4 Seating arrangements: The Sign Language Interpreter is positioned facing the Deaf person and either with back to, or alongside the person whose source language is English. The interpreter should be able to see all faces if possible and have free movement of the arms and upper torso. Therefore, the chair should be suited to the person and the task involved. Where possible, the chair should be adjustable in terms of seat height, back support and be able to swivel.

7.5 Monitoring & Support Mechanisms

- 7.5.1 The following should be built into the interpreter's work schedule –
- 7.5.2 1:1 supervision and debriefing by a colleague is recommended.
- 7.5.3 Access to confidential and independent counselling where this is necessary.
- 7.5.4 Skills to support by appropriate personnel to evaluate and monitor performance of interpreting task, the findings from which should be fed into the Association's training programme.
- 7.5.5 Monitoring of workload and conditions should take place on an ongoing basis. This is an important element in the system of health and safety as interpreters are a stretched resource and SLIs may be undertaking work in the evenings and weekends. This will need to be monitored as it has implications for fatigue.
- 7.5.6 A range of assignments should be undertaken in order that the interpreter has a varied work schedule. The length of the task is not specified as this depends on how intensely and for how long the SLI has been interpreting. Short frequent breaks are better than longer but less frequent ones and ideally the individual should have some discretion over when breaks are taken.

7.6 Training & Information

7.6.1 All Sign Language Interpreters must be provided with adequate Health and Safety training relevant to the work task. Wherever possible this should be integrated with general training. This is to ensure that Sign Language Interpreters can complete assignments safely and know how best to avoid health problems.

7.6.2 The following should be covered during training and materials summarising the content circulated to all Members:

- Summary of Potential Risks:

An explanation of the causes of risk and the mechanisms by which harm may be brought about. This should include the interpreter's role in correct and timely detection and recognition of symptoms of development of upper limb disorders. See Section 2.

- Summary of Recommended Working Arrangements:

Familiarisation with office procedures, taking referrals, and recommended duration of interpreting and rest periods in relation to task type. See Section 3.

- Summary of Recommendations on How to Avoid Problem:

This should include organisational arrangements by which symptoms or problems of the task can be identified. It should also cover practical procedures and actions which the interpreter can initiate in order to bring risks under control and to acceptable levels. See Appendix 5.

7.7 Health Surveillance

7.7.1 All Sign Language Interpreters should complete a questionnaire/checklist relating to their musculoskeletal condition. This health questionnaire should be completed on a bi-annual basis.

7.7.2 The interpreters should undergo a bi-annual sight and hearing test.

7.7.3 These measures will help to identify any problems related to work practices whereby work patterns can be refined should any conditions be found to be a risk to health.

APPENDIX 1
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APPENDIX 2

Sign Language Interpreting Service

Factors Affecting Allocation of Tasks

1 CONSUMER

As there are a variety of modes of Sign Language, it is essential to find out which the Deaf person uses, i.e. a Irish Derived Sign Language or English syntax and lip pattern. It is important to match the consumer and the SLI, particularly if the Deaf person is someone whose first language is British Sign Language. The SLI's profiles have a section on "variety" containing the following categories:-

- Under 5's
- Ages 5-12/12-18
- Older people, i.e. users of fingerspelling
- Deafblind manual uses
- Hands on signers
- Irish Derived
- International
- Sexual Orientation
- Regional

2 SETTING

SLI's will have varying aptitudes for working in particular settings, i.e. some may be better suited to 1 to 1 situations and not platform or high profile assignments.

3 TOPIC AREA

As individuals, SLI's each have different vocabularies and language repertoires which vary with life experiences. There may SLI's who have a very wide language repertoire in both BSL and English and others who have narrower ranges, i.e. some SLI's may have worked in medical or legal fields and be familiar with specialist vocabulary.

Where a particular assignment requires specialist vocabulary or situation knowledge, the task should be undertaken by an appropriate person, i.e. legal, psychiatric or education.

4 CONTINUITY

Where there are regular appointments, for example, counselling or probation meetings, the task should be undertaken by the same SLI, where possible. This is important for a number of reasons:

- Familiarity with the mode of Sign Language being used.
- Familiarity with background events/situations, thus minimising preparation.
- To minimise the number of personnel who gain knowledge of personal/private details in the course of being present as a third party.

5 NOTICE OF REFERRALS

When a request to provide a service is received at short notice, the SLI may feel under some pressure to accept the assignment. However, the Association's guidelines should still be applied flexibly, but without prejudicing or compromising the Sign Language Interpreter's working conditions.

APPENDIX 3

GLOSSARY OF TERMS

1 INTERPRETING

The transfer of meaning between two languages in a live setting under time pressure.

2 SIMULTANEOUS INTERPRETING

Where the process of transferring meaning takes place in real time and the interaction is not interrupted, i.e. the interpreter processing the information being given for meaning, then finds a language equivalent in sign language, produces this message while still listening to and processing subsequent information given in the source language.

3 CONSECUTIVE INTERPRETING

Where the process can be staggered to allow the interpreter to listen to a chunk of information. The person would be asked to pause then the interpreter analyses for meaning and transmits the message in sign language. Once this has been passed on and feedback given that it has been understood, the interpreter can signal to the speaker to continue with the next chunk of information.

4 PLATFORM INTERPRETING

This activity can be formal or informal depending upon the context. The main point is that the interpreter is visible to the audience and works simultaneously and continuously, for example, at conferences, public meetings or theatre.

5 FEEDING

When a member of a team at an assignment acts in a support role. They listen or watch the speaker/signer in a state of readiness to pass on any important details or chunks of meaning to the working interpreter. This is in order to prevent interruption and is particularly important for simultaneous interpreting situations. These types of assignments can be high-pressured and there may be a variety of factors which may create difficulties for the working interpreter.

6 SOCIAL INTERPRETING

This applies to situations at meetings or conferences where the participants require an interpreter to facilitate social interaction, including, evening social functions, during fringe meetings, or meal times. Interpreting on these occasions must be taken into account during the process of accepting assignments, as this provision, impinges upon recovery time.

7 LIAISON INTERPRETING

Situations where there are a small number of participants, usually one to one. The pace of interaction can be negotiated to suit the interpreter and the users. This may be simultaneous or consecutive.

8 FINGERSPELLING

This is where individual letters are spelt on the hands to make patterns or English words. This is sometimes used as an alternative strategy when interpreters do not know particular signed vocabulary. It is also used more by older people as this system of manual communication was used in the education system during a particular period of time.

9 DEAFBLIND MANUAL

This is a method of tactile fingerspelling used by Deafblind people. Words and patterns are spelt to the receiver's hand, in manual or block. Braille shortforms are also used.

10 HANDS ON

This is a means of communication using BSL with a person who has lost their sight. The Deafblind person puts their hands upon the hands of the person with whom they are communicating. The other person then signs and it is through this bodily contact that information is passed between the two individuals.

11 VISUAL NOISE

The equivalent of auditory interference for Sign Language users. This acts as a barrier or distracting factor in receiving a message or giving a message in Sign Language. On a platform, the interpreter should be clearly seen from the hips upward; they should have a backdrop which creates a clear contrast, preferably a self coloured, flush, non-reflective surface. There should be no barriers which would obscure the visual field between the interpreter and the Sign Language user at any time.

12 SUPERVISION AND DEBRIEFING

Structured one to one session during which assignment undertaken are discussed formally or informally. This is part of the monitoring process where any training needs and difficulties in relation to travelling times and recovery periods are discussed.

13 UPPER LIMB DISORDERS

A range of conditions of the soft tissues of the hand, wrist, arm and shoulder. Typically, this would affect tissues connecting muscles to bone (particularly the tendons), muscles themselves, and other soft tissues. Other conditions manifest as prolonged fatigue, cramp or loss of ability to use the affected part. Symptoms include pain, swelling, numbness, tenderness, weak muscles, pins and needles, ganglion, muscle spasms and loss of mobility or restricted movement.

14 STATIC LOADING OF MUSCLES

This takes place when muscles which are accustomed to movement, are held in a static position. This leads to a reduction of circulation of blood in the muscle and subsequent decrease in oxygenation leading to muscle fatigue. When Sign Language Interpreters are sitting, there is generally more static loading. When standing, more full body movements tend to be incorporated.

15 RECOVERY TIME

Period of time which allows the Sign Language Interpreter to rest after a period of simultaneous interpreting.

16 USHER SYNDROME

Usher Syndrome is an (autosomal recessive) genetic condition, link congenital sensor neural hearing loss with the progressive visual disorder, retinitis pigmentosa (RP).

17 VISUAL FRAME SIGNING

This is used when the locus in front of the body, called the signing space, is reduced in order to match up with the field of vision of the Deafblind person. This issued particularly by people who have reduced peripheral vision or Usher Syndrome.

APPENDIX 4

INTERPRETER'S CHECKLIST

1 PREPARATION

The Task
Briefing of participants
Negotiation of recovery periods
Seating arrangements
Checking the working environment
Warm up exercises

2 DURING THE TASK

Avoid trying to lift shoulders during interpretation
Avoid too great a movement from the wrist's mid/central position
Check for comfortable posture and changes in posture. This is important as it varies the amount of strain put on the muscles, joints and tendons
If overheads or diagrams are being used, avoid sitting with back to the screen, as this can result in neck or back injuries as a result of twisting.
Take a short break when possible and adhere to the necessary long breaks

3 SELF MONITORING

During assignments, if you need a recovery period, negotiate one.
Review your own personal work schedule, i.e. evening and weekend freelance work. This can have serious implications on long term fatigue. (See Appendix IC). Do not ignore pain or discomfort in hands, forearms or shoulders, and arrange to see your doctor.