

A joint publication of:



Emergency Multilingual Phrasebook

**Produced and updated by the British Red Cross with the
advice and support of the National Health Service**

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British Red Cross

Caring for people in crisis

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EMERGENCY MULTILINGUAL PHRASEBOOK

Introduction

This multilingual phrasebook has been designed for use in medical emergencies, where the patient does not speak English. It contains a list of essential questions in 36 languages, with English translations. It will enable basic communication between first contact carers and patients in some emergency situations.

The phrasebook is not suitable for long-term use with individual patients, and should not be seen as a substitute for a trained interpreter. Anyone using the phrasebook should be aware of these limitations:

- it assumes the patient is literate in their own language
- the range of questions is necessarily restricted
- it allows the patient to respond to questions, but gives limited opportunity for patients to express their own questions or concerns.

For these reasons, efforts should be made to obtain an interpreter, and page iii offers advice about how to find and use an interpreter.

In treating patients from different backgrounds and cultures, it is important to be sensitive to the additional anxiety and stress which may be caused by unfamiliar and frightening procedures. For example women from some countries and cultures are unfamiliar with being examined by a male health professional, therefore every effort should be made to provide a female professional if the situation permits.

How to use this book

First find out the language spoken by the patient. Do this by showing the list of languages under 'Contents' on page v and inviting the patient to point to the appropriate language.

The English language questions are printed on the front and back cover flaps, and these should be folded inwards so that the numbers correspond to the numbers on the selected language translations. When the book is open the questions on the left-hand cover flap will correspond to the translations on the right-hand page.

The patient will need to answer some questions by pointing to a calendar or a clock, so make sure these are to hand.

Where the patient speaks a little English, it may be more appropriate to speak in English and indicate the questions in the book at the same time.

Bear in mind that not all patients are literate in their first language. It may become clear that the patient cannot read the questions, and that it is not appropriate to use the phrasebook, and an interpreter should be obtained.

Acknowledgements

The British Red Cross would like to thank the National Health Service for advising and supporting the production of the Emergency Multilingual Phrasebook. Our appreciation also goes to the many users, advisers and health professionals who offered suggestions and advice, including the staff at Barts and the London NHS Trust, Birmingham Heartlands and Solihull NHS Trust and Bradford Teaching Hospitals NHS Trust who took part in the piloting.

We would also like to thank the Department of Health for funding the production of the Emergency Multilingual Phrasebook.

This phrasebook has been endorsed by the British Association for Emergency Medicine.

Finding and Working with an Interpreter

Be prepared

A trained and experienced interpreter enables effective two-way communication with patients whose first language is not English. This can greatly improve patient care and improve the whole patient experience. In an emergency, precious time can be lost searching for an interpreter, so it is better to be prepared by checking these points in advance:

- Does your hospital, trust or strategic health authority employ patient advocates or link workers? Find out their telephone numbers, and whether they are able to interpret themselves or put you in contact with interpreters.
- Is there a community translation and interpreting service in your area? Find out their telephone number and the languages they cover.
- Does your hospital keep a list of staff who are able to interpret? Is the list up to date? Where is it kept?
- Do these organisations have a list of interpreters: your Patient Advice and Liaison Service, the Community Relations Council, the local council (try the equal opportunities, race equality or health departments)? Check whether these are trained interpreters or untrained volunteers.

In an emergency

The checklist above should provide you with a list of local interpreters to use. In an emergency if none of them are available, telephone interpreter agencies can provide a valuable service. For example, some NHS trusts use Language Line on 0800 169 2879.

Communicating through a trained interpreter

Checklist:

- Give the interpreter and the patient an opportunity to establish that they understand each other.
- Speak slowly and clearly, using plain English, and do not raise your voice.
- Avoid jargon, abbreviations or colloquial expressions. Be prepared to check understanding and to explain any medical terms.
- Address your questions to the patient in the normal way; you are communicating with the patient, not the interpreter.
- Give the interpreter an opportunity to find out whether the patient has any other problems or concerns.

Using a relative, friend or other untrained interpreter

If you are unable to use a trained interpreter, the patient may have a relative or friend with them who could help, or you may be able to find an untrained volunteer from the community.

Checklist:

- Avoid using a child to interpret, except for the most basic information or in an absolute emergency. This could be dangerous and deeply distressing for the child and adult alike.
- The relative or friend may only speak a limited amount of English or may be fluent at a social level, but be unable to translate medical terms.
- Help your interpreter by speaking slowly and clearly, using plain English, and do not raise your voice. Use gestures, especially when talking about numbers.
- Avoid jargon, abbreviations or colloquial expressions.
- Respect the patient's privacy and dignity and be aware that they may not be able to speak freely in front of this person.
- Unless you are absolutely certain of your volunteer interpreter, try to return to the patient with a professional interpreter as soon as possible.

Afterwards

Use your experience to encourage your hospital, trust or strategic health authority to set up a professional patient advocacy or interpreting service. Raise the issue with your line manager if you can.

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