

System Operations
Language Policy**Date: 07/01/2024**
Policy #4230**I. Purpose:**

- A. To provide guidance to field providers related to best practice when encountering an EMS patient where language may be a barrier to assessment and care

II. Authority:

- A. California Health and Safety Code – Division 2.5: Emergency Medical Services 1797
- B. California Code of Regulations, Title 22 – Division 9, Sections 100144, 100146, 100147, 10069

III. Policy:

- A. Dispatch notification of Language Barrier Patient and their primary language
- B. Supervisor prepare plan for interpretive services
 1. If the EMS provider is fluent in the patient’s primary language per agency’s approval process, provider can proceed with normal assessment and care using EMS provider as translator.
 2. If the patient is critical, do not delay transport or care waiting for interpretive tool.
 3. If the patient is not demonstrating extremis, employ the following interpretive option hierarchy:
 - a) Approved translation service or tool
 - b) Fluent family member (adult preferred)
 - c) Fluent bystander
 - d) Non-fluent provider
- C. On-scene delay acceptable in order to obtain adequate interpretation for the following patients:
 1. Patient signing out against medical advice
 2. Assault or abuse
 3. Psychiatric complaints

APPROVED:

SIGNATURE ON FILE – DATE

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EMS Medical Director