
ASLIA Occupational Health & Safety Policy

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Occupational Health & Safety Policy

1. RATIONALE

1.1 The Australian Sign Language Interpreters' Association (ASLIA) believes in the development and promotion of safe working practices for all interpreters.

1.2 Sign Language Interpreters who wish to work in the field on either a full-time or part-time basis need to be mindful of the hazards associated with their work.

1.3 Awareness of hazards is not solely the individual's responsibility, but that of management (the employers of Sign Language Interpreters).

1.4 The purpose of this policy is to ensure that interpreters, employers and consumers are aware of what constitutes safe working conditions.

1.5 While this policy is to be employed by and for ASLIA members, it could also be used as a guideline for working conditions for non-members.

2. DEFINITION

2.1 The major area of concern for Sign Language Interpreters in occupational health and safety terms is overuse injury. Over the past ten to fifteen years, the range of overuse injuries have been collectively referred to as Repetitive Strain Injury (RSI). The current term which is used in the occupational health field is Occupational Overuse Syndrome (OOS).

2.2 The National Occupational Health and Safety Commission (1986), defines overuse injury as:

A collective term for a range of conditions characterised by discomfort or persistent pain in muscles, tendons and other soft tissues, with or without physical manifestations... [Occupational Overuse Syndrome] is usually caused or aggravated by work and is associated with repetitive movement, sustained or constrained postures and/or forceful movements.

2.3 There are a number of factors which may contribute to the development of OOS:

2.3.1 Biomechanical factors such as constrained and inefficient posture; the frequency of repetitive movement; the force

used in performing movements; faults in equipment and task design, and increased muscle tension associated with mental stress.

2.3.2 Faulty work organisation such as the duration of work without rest; bonus and overtime incentives; lack of training; and failure of supervision.

2.3.3 Incompetent personnel (medical and other) leading to delayed reporting of the injury; incorrect or delayed diagnosis; and inappropriate management of the injury.

3. PREVENTION OF OOS

3.1 Rather than concentrating on treatment of syndromes once established, ASLIA believes that the only really acceptable health and safety policy for Sign Language Interpreters is one based on prevention, which means dealing with the occupational causes of OOS at the source by modifying the work place and/or work processes to remove those causes or reduce their influence.

To prevent OOS developing in initial stages, specific guidelines for the conditions and performance of work must be set; for example, setting specific amounts of exposure time as outlined below.

3.2 When initial symptoms present, the interpreter should immediately seek professional medical advice. A required recuperation period must be set, where entirely different tasks are performed, so that the affected limbs, ligaments and / or muscles are rested. If there is even mild pain, the affected joint or part of the body must be rested immediately. This does not always mean that the interpreter must take time off work: he or she may be given other work to do which involves the use of different muscles.

3.3 Supervisors should also undertake training in occupational health and safety. Often supervisors and other interpreters become aware too late that an interpreter is experiencing distress. It is important that early warning signs be noticed and acted upon.

3.4 Interpreters should be encouraged to report symptoms early. They should feel they are able to report promptly without anxiety-producing procedures and certainly punitive measures should not exist (either covert or overt).

4. TREATMENT

4.1 The best treatment for OOS is to ensure that it does not arise in the first place. However, in the early stages of OOS, treatment is theoretically simple and effective:

4.1.1 immediate rest of the affected limb, which should be completely pain-free before the worker returns to work.

4.1.2 the interpreter should immediately seek the advice of a medical professional.

4.2 Early reporting of OOS results in early attention to the problem. Delay only results in more severe symptoms and jeopardises the likelihood of recovery.

5. RECOMMENDATIONS FOR MANAGERS OF INTERPRETERS

Tackling OOS is an important but complex job and it must be done in a systematic way. The following list provides a summary of the issues with which management needs to deal.

5.1 Physical environment

5.1.1 High standards of health and safety achieved, maintained and monitored.

5.1.2 A human environment rather than a production process. Guidelines which outline appropriate work duration need to be established.

5.2 Equipment

5.2.1 Desks, chairs and other furniture ergonomically correct.

5.3 Job content

5.3.1 Provide opportunity for personal and professional skill development. This is a clearly identified need among all interpreters.

5.3.2 Enable interpreters to contribute to decisions affecting their jobs.

5.3.3 Ensure that the goals and other people's expectations are clear. There is a strong need for education of deaf and hearing consumers as to the role of the interpreter.

5.3.4 Provide training and information adequate to perform at acceptable levels. This information should include occupational health and safety guidelines as well as provisions for interpreting skill development.

5.3.5 The need for a debriefing mechanism has been stated by many Interpreters. Many interpreters feel a strong need to discuss specific types of interpreting jobs, particularly those of a highly emotional nature. There is a need for a confidential and effective method to deal with the emotional stress of interpreting work.

6. MANAGEMENT STYLE AND STRUCTURE

6.1 Management should develop clear, well-communicated objectives and a consistent approach in dealing with staff.

6.2 Management should seek to develop an environment in which consideration has been given to the physical consequences of interpreting work and sound occupational health practices are put into place.

6.3 Interpreters need to feel that their health and safety are given high priority and that they may report concerns promptly and confidently.

7. RECRUITMENT AND SELECTION PROCEDURES

7.1 Matching the job requirements with the skills, knowledge and experience of the applicants.

8. TRAINING ARRANGEMENTS

8.1 Interpreters should be taught ergonomic principles associated with the furniture or equipment they use and ways of making adjustments.

8.2 Education for early detection of OOS warning signs is recommended for all interpreters.

8.3 Job rotation principles and time/task sharing should be routinely scheduled.

8.4 Interpreters should be given information on work hazards (such as repetition injuries, postural and ergonomic problems, etc) and preventative strategies, including the importance of adequate rest breaks and exercise.

8.5 Management must adopt a safe system of work rather than encouraging employees to accept responsibility for their own health and safety.

8.6 The focus of training should always be to extend the skills and knowledge of the individuals.

9. HOURS OF WORK

9.1 Penalty payments for week-end or evening work should be considered.

9.2 Rest breaks must be provided (which should include some kind of exercise or stretching activities).

9.3 An agreement for a minimum fifteen-minute rest break to be taken after every 50 minutes of continuous repetitive work, in addition to tea and meal breaks (as is expected even for data process workers).

9.4 Interpreters should work for no longer than five (5) hours per day in a five (5) day working week.

9.5 If an interpreting assignment is longer than one hour in duration, two interpreters must be employed. The interpreters will work in turn, for periods of between twenty (20) and thirty (30) minutes at a time.

9.6 For interpreting assignments of greater than two days duration, employment of a team of three (3) interpreters should be considered.

9.7 While employed at a National Deafness Conference (NDC) or another other event where extensive prior preparation is required, interpreters should not only be paid for the time spent in interpreting, but also for the time required for preparation. ASLIA has developed a policy on the recruitment and employment of interpreters, as well as a suggested contract of employment, which we would be happy to supply.

10. EDUCATIONAL INTERPRETERS

10.1 The rate at which information is delivered in an educational setting, whether primary or secondary school or tertiary institution, is usually quite fast. In addition, information to be interpreted may come from a variety of sources, ie, live presentation, film or video, or audio recording. Owing to the fatigue which is created for an educational interpreter by the need to keep pace with such variable, high speed delivery, special consideration must be given to their working conditions.

10.2 Educational interpreters must always work in a team with at least one other interpreter.

10.3 Educational interpreters must not work for longer than 25 minutes at one time before alternating with another interpreter.

10.4 Any audio or video presentation must be clear and of great enough volume to allow it to be easily heard by the interpreter.

11. RECOGNITION OF OTHER SERVICE CONDITION MATTERS

11.1 Payments systems and wage levels need to be established which are seen to be fair and reflect the contributions of individuals to the organisation. For example, establishing national consistency in the rates of pay for Para-professional Interpreters and Interpreters.

11.2 Holidays - the amount, the pay levels and the choice of when they can be taken needs to be considered. All workers returning from leave of any kind should be given time to adjust to repetitive tasks. More rest breaks than usual should be taken after returning to work.

11.3 Procedures for dealing with grievances, complaints, discipline and dismissals which are seen to be fair. ASLIA has developed a grievance procedure and complaint form, which we would be happy to supply.

11.4 Development of a clear system for the early reporting of OOS symptoms by workers, including the use of an accident book.

11.5 All interpreters with symptoms and signs of OOS will be moved to other work or be given time off to rest the affected joint or limb without loss of conditions, status or other benefits.

12. SUMMARY

OOS problems should be fairly simply prevented by:

12.1 sound Occupational Health and Safety management of the process of interpreting work

12.2 ensuring that workers are educated about and adopt comfortable, correct postures when working,

12.3 varying the types of jobs, or the way in which they are performed.

12.4 realising that if soreness, pain or other symptoms become noticeable, rest for the sore part of the body and

reporting of symptoms to the appropriate person as soon as possible are essential.