



Emergency Department Waiting Room Nurse Roles and Responsibilities

1. Purpose

The purpose of this procedure is to outline the role and responsibilities in WA Country Health Service (WACHS) Emergency Departments (EDs) with a Waiting Room Nurse (WRN) Role.

Patients arriving to an ED at or over capacity may be required to wait in the waiting room until a treatment area becomes available. These patients may be at risk of adverse events including delay in diagnosis and treatment, clinical deterioration, and an overall negative ED experience.¹

The role and responsibilities of the WRN are based on the minimum standards of care for patients in the waiting room as outlined by the College of Emergency Nursing Australasia (CENA).

2. Procedure

The ED WRN is a nurse with ED experience working towards triage. The WRN has no patient allocation or alternate role allocation within the ED.

The WRN has oversight of patients in the ED waiting room. They can commence assessment, and treatment of these patients as well as escalate patient care needs as required.

Clinical care should be commenced within the patient's assessed triage category time.

- Patients should be provided timely and accurate information about their wait time, including reasons for the wait.
- All patients in the waiting room must be reassessed once the triage category time has expired (Department of Health and Ageing, 2009), and deterioration escalated to senior staff. This second assessment must be documented in the patient's medical record.
- Ongoing assessments to identify and manage deterioration and patient care needs should be performed and documented at least hourly (Australasian College for Emergency Medicine, 2015).
- Physical, psychosocial and comfort needs of patients should be considered, particularly for vulnerable communities and at-risk populations.
- Processes and resources should be available to support timely patient reassessment and initiation of care, including escalation of care for patients at risk of deterioration, harm, or disengagement from care.
- Processes to empower patients and/or family members to escalate care are available.

The WRN is to always remain within line of sight of the waiting room, to be relieved for breaks and replaced.

The nurse undertaking the role of WRN is to be clearly identified on the staff allocation plan and clearly identifiable and visible to patients, staff and ambulance crew (e.g., arm band or sash).

For departments attending to 20 000 or more ED presentations per annum (Busselton, Port Hedland, Karratha, Albany, Geraldton, Kalgoorlie, and Broome), the WRN role will operate 0700-2130hrs Monday – Sunday 365 days of the year.

Bunbury ED being the exception at 45 000 presentations per annum, the WRN will operate 24hours a day Monday to Sunday 365 days of the year.

3. Roles and Responsibilities

The Waiting Room Nurse:

- **Responds to newly arrived patients in the waiting room by:**
 - directing newly arrived patients to be triaged
 - conducting a primary survey assessing for obvious or imminent airway, breathing, circulation or disability compromise and prioritising to triage nurse when multiple patients are awaiting triage
 - performing a basic set of vital signs once primary triage survey completed.
- **Manages patients waiting to be seen in the waiting room by:**
 - maintaining situational awareness of all patients in all areas of the waiting room (this may include patients in ambulances where geographically possible i.e. ambulance is visible from the waiting room)
 - performing first aid in the waiting room as required, including initiating analgesia.
 - commencing care on all patients within their allocated Australasia Triage Scale (ATS) category maximum waiting time as per table below

ATS Category	Maximum waiting time for assessment and treatment
1	Immediate
2	10 minutes
3	30 minutes
4	60 minutes
5	120 minutes

- collecting and recording vital signs (using an age-appropriate observation chart) and other related observations (on specific charts if available or on the MR1) for any patient who cannot be seen within the recommended ATS category timeframe as per table above or more frequently if clinically indicated
- performing ongoing assessment one hourly to monitor and respond appropriately to acute deterioration
- escalating to triage nurse and/or the most appropriate senior clinician if indicated on the age-appropriate observation chart or if any concerns regarding deterioration or patient's condition
- liaising with the identified Duty Doctor to support care of patients awaiting assessment, analgesia, fluids etc.
- actively communicating regularly with patients and carers in the waiting room regarding wait status and progress in their care
- handing over the patient care to the appropriate care giver once patient is moved from the waiting room.

- **Attends to visitors in the waiting room (once clinical priorities attended to) by:**
 - identifying all visitors in the waiting room and who they are visiting
 - assisting with enquiries and facilitating entry into the ED to visit when appropriate
 - Assisting with distressed relatives and escalating to ED Shift coordinator as appropriate.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of compliance with this document is the responsibility of Regional Nursing and Midwifery Directors.

Compliance, performance and evaluation is monitored through site, regional and central level governance processes including:

- WACHS Emergency Department Recognising and Responding to Acute Deterioration (RRAD) audit (includes review of triage processes)
- percentage of emergency department patients seen within recommended times by triage category
- WA Emergency Access Target (WEAT)
- number of patients who do not wait for treatment (aiming for reduction)
- review of clinical incident data.

4.2 Evaluation

The Executive Director Nursing and Midwifery Services is responsible for ensuring that evaluation of this procedure is completed 5 yearly or sooner if indicated.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

6. References

College of Emergency Nursing (CENA) [Internet] [Position statement on patients awaiting care in the ED](#) Victoria, Australia; 2022 [Cited 2 February 2023]

7. Definitions

Term	Definition
Ambulance crew	All ambulance staff including paramedic, medic, patient transport officer, transport nurse, emergency medical technician and/or volunteer ambulance officer
Triage	A triage system is the basic structure in which all incoming patients are categorised into groups using a standard urgency rating scale or structure ¹
Waiting Room Nurse	A registered nurse with ED experience working towards triage. The WRN has no patient allocation or alternate role allocation within the ED – their primary roles is to commence care for patients waiting to be seen whilst in the waiting room.

8. Document Summary

Coverage	WACHS Emergency Departments with a waiting room nurse role
Audience	All nursing staff working in Emergency Departments
Records Management	Records Management Policy Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Carers Recognition Act 2004 (WA) • Children and Community Services Act 2004 (WA) • Guardianship and Administration Act 1990 (WA) • Health Practitioner Regulation National Law (WA) Act 2010 • Medicines and Poisons Act 2014 (WA) • Medicines and Poisons Regulations 2016 (WA) • Mental Health Act 2014 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • Clinical Services Planning and Programs Framework • Recognising and Responding to Acute Deterioration Policy – MP 0171/22
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Clinical observations and Assessments Clinical Practice Standard (physiological (vital signs), neurovascular, neurological and fluid balance) • Consumer and Carer Engagement Policy • Documentation Clinical Practice Standard • Management and Review of “Did Not Wait” Patients that Present to Emergency Services Policy • Medication Prescribing and Administration Policy • Patient Assessment and Management in the Emergency Department Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising and Responding to Acute Deterioration (RRAD) Procedure • Resuscitation Education and Competency Assessment Policy • Transfer of Care in the Emergency Department for Patients Arriving by Ambulance Policy • Triage Procedure
Other Related Documents	Nil
Related Forms	<ul style="list-style-type: none"> • MR1 WACHS Emergency Department Notes • MR140A Adult Observation and Response Chart (A-ORC) • MR140B Maternal Observation and Response Chart (M-ORC) • MR140C Additional Maternal Observation Chart • MR140D Paediatric Observation and Response Chart (N-ORC) • MR140E Paediatric Acute Recognition and Response Observation Tool (PARROT) – Age less than 3 months

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	<ul style="list-style-type: none"> • MR140F Paediatric Acute Recognition and Response Observation Tool (PARROT) – 3-12 months • MR140G Paediatric Acute Recognition and Response Observation Tool (PARROT) – 1-4 years • MR140H Paediatric Acute Recognition and Response Observation Tool (PARROT) – 5-11 years • MR140I Paediatric Acute Recognition and Response Observation Tool (PARROT) – 12 years and above
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2504
National Safety and Quality Health Service (NSQHS) Standards	2.01, 5.04, 6.01, 8.01, 8.04, 8.05, 8.08, 8.09 and 8.10
National Standards for Disability Services	Standards 1, 5 and 6
Aged Care Quality Standards	Standards 1, 2, 3, 5, and 8
National Standards for Mental Health Services	10.3, 10.4 and 10.5

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	18 Sept 2023	18 Sept 2023	New Procedure
1.01	5 Dec 2023	18 Sept 2023	<ul style="list-style-type: none"> added link to the recently published Transfer of Care in the Emergency Department for Patients Arriving by Ambulance Policy.
1.02	28 August 2025	18 Sept 2023	<ul style="list-style-type: none"> minor amendment to remove link to rescinded policy.

10. Approval

Policy Owner	Executive Director Nursing and Midwifery Services
Co-approver	Executive Director Clinical Excellence
Contact	WACHS Coordinator of Nursing
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-23-350403
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