Emergency Escalation and Support for Remote Area Clinics Procedure

Effective: 8 February 2022

1. Guiding Principles

The purpose of this document is to provide all WA Country Health Service (WACHS) Kimberley remote area clinic staff with the procedure for contacting WACHS Kimberley Executive 0n Call (1800 669 229). WACHS Kimberley Executive on Call is contacted for any event, request or incident that impact significantly on the functioning of the remote area clinic and staff working within the clinic.

These instructions apply ONLY to out-of-business-hours events occurring after 1630hrs and before 0800 hours and at any time over a weekend or public holiday.

During normal business hours, escalation is to the Remote Clinic Coordinator (contact 0429 695 548).

2. Procedure

2.1 Remote Area Nurse (RAN)
The RAN must contact the WACHS Kimberley Executive on Call (EoC) as soon as possible if any of the below occur. The list is a guide only and is not complete. The RAN should escalate any incident / event / request that could in any way impact on the staff, health clinic or community.

Notify the WACHS Kimberley Executive on Call if any of the following occur:
- **Suspected or probable COVID-19 cases requiring evacuation and testing**
- Threat to staff safety, both perceived and actual
- Disaster preparedness – e.g. cyclone, flooding, major trauma, fire, power, internal emergency and water disruption that cannot be managed within available resources.
- Unexpected death that occurs within the remote health clinic or in the community.
- Medication incident resulting in patient harm.
- Schedule 8 and Schedule 4 medications errors / discrepancies
- Any incident resulting in patient injury at the clinic.
- Criminal occurrences including substance abuse in the workplace.
- Incident that might attract media or public attention.
- Staff member declining an afterhours or emergency request to see a person in the community or at the clinic.
- Evacuation / illness / injury or death of a staff member or their immediate family.
- No available health service delivery in community for any reason e.g. due to halfway / full way road patient transfers where the Ambulance and / or staff are unavailable in the community.
- Request to respond to an emergency by Police, DFES, and RFDS or similar.
- Logistical issues or issues requiring escalation including clinical issues.

- Child abduction where clinic staff have been directly involved / notified of the event.
- Issues both clinical and/or logistical involving a mental health patient who has been detained under the Mental Health Act on forms 1a – Referral for Examination by a Psychiatrist and 3a – Detention Order if unable to be resolved.
- Any request to deploy staff to other health sites / organisations.
- Any concerns at all that have not been resolved through other reasonable means / escalation.

Any after-hours escalation to the Executive on-Call should be followed by an email (as soon as reasonable) to the Remote Clinic Coordinator and the Regional Executive on Call, with a brief summary of events.

3. Definitions

DFES	Department of Fire & Emergency Services
EoC	Executive On Call
RAN	Remote Area Nurse
RFDS	Royal Flying Doctor Service

4. Roles and Responsibilities

Position Role	Responsibility
Remote Area Nurse	• Communicate to Executive on Call as required
Executive on Call	• Act as a resource to Remote Area Nurses

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

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_ (WA) 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.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

This procedure is to be reviewed every five years or sooner if required.
Evaluation may include, but is not limited to:
- Datix Clinical Incident Management System (Datix CIMS) reporting
- Safety Risk Reports
- Datix Consumer Feedback Management System

7. Standards

National Safety and Quality Health Service Standards – 1.10, 1.28, 1.30, 8.10, 8.12

8. Legislation

Occupational Health Safety and Welfare Act 1984 (WA)
Occupational Safety and Health Regulations 1996 (WA)

9. References

Occupational Health Safety and Welfare Act 1984 (WA)
Occupational Safety and Health Regulations 1996 (WA)
MP 0159/21 Workplace Aggression and Violence Policy
Remote Area Health Service Business Contingency Plan

10. Related Forms

Nil

11. Related Policy Documents

WACHS Recognition and Response to Clinical Deterioration at Remote Area Clinics Procedure
WACHS After Hours Remote Clinic Call Out Procedure
WACHS Emergency Home and Community Visits Procedure
WACHS Kimberley Emergency Coordination and Regional Contact Lists
WACHS Kimberley Emergency Procedures - Remote Area Clinics
WACHS Working in Isolation – minimum safety and security standards for all staff

12. Related WA Health System Policies

MP 0159/21 Workplace Aggression and Violence Policy

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

14. Appendix

Appendix 1 – [Emergency Notification Action Card](#)
Appendix 2 – [Kimberley Escalation process for KPHU Remote Area Clinics](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	PHCAP Population Health Officer		
Directorate:	Primary Health and Engagement	TRIM Record #	ED-CO-13-43797
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Appendix 1 Emergency Notification Action Card

CETHANE: **C**: Caller's details **E**: Exact Location **T**: type of emergency **H**: Hazards – current/potential **A**: Access **N**: Number/severity of casualties **E**: Emergency Services

STEP 1   Caller's details:

C

Caller's name: _____   Date: _____

What number are they calling from? _____   Time of call: _____

Caller's address: _____

Is the caller: ☐ Police   ☐ Ambulance   ☐ Fire   ☐ Private Citizen   ☐ Other: _____

STEP 2   Incident details:

E

Where is the incident exactly? _____
_____
_____
_____

T

What happened exactly? _____
_____
_____

Are there any hazards (now or developing) which may get in the way of emergency services? _____
_____
_____

A

How do we get there? Any landmarks? _____
_____
_____

N

How many casualties, what type and how severe? _____
_____
_____
_____

E

Have they notified any other emergency service?

Police   Yes / No   Who? _____ When? _____ Present now? Yes / No

Ambulance Yes / No   Who? _____ When? _____ Present now? Yes / No

Fire   Yes / No   Who? _____ When? _____ Present now? Yes / No

Only call 000 **IF** they are required at the scene **AND** have not yet been called.

Time I notified: _____:_____

Appendix 2 - Kimberley Escalation Process for KPHU Remote Area Clinics

Kimberley Escalation Process for KPHU Remote Area Clinics	
Scope • Significant situations occurring across all WACHS Remote Area Clinics • Significant impact on business continuity, patient safety, staff safety and wellbeing	**Not in Scope** • Clinical escalation related to deteriorating patient • Refer to maternity, adult, paediatric RRAD processes

Purpose of escalation
- Engaging relevant assistance
- Timely action to mitigate risk
- *No surprises* for senior and executive staff

Situations requiring escalation include:

- Suspected or confirmed transmissible disease of concern including suspected or confirmed COVID-19 case, in a remote clinic requiring Emergency Department care, inpatient admission or transfer.
- Threat to staff safety, both perceived and actual.
- Disaster preparedness – e.g. cyclone, flooding, major trauma, fire, power, internal emergency and water disruption that cannot be managed within available resources.
- Unexpected death that occurs within the remote health clinic or in the community.
- Medication incident resulting in patient harm.
- Schedule 8 and Schedule 4 medications errors / discrepancies.
- Any incident resulting in patient injury at the clinic.
- Criminal occurrences including substance abuse in the workplace.
- Incident that might attract media or public attention.
- Staff member declining an afterhours or emergency request to see a person in the community or at the clinic.
- Evacuation / illness / injury or death of a staff member or their immediate family.
- No available health service delivery in community for any reason e.g. due to halfway / full way road patient transfers where the Ambulance and / or staff are unavailable in the community.
- Request to respond to an emergency by Police, DFES, RFDS or similar.
- Logistical issues or issues requiring escalation including clinical issues.
- Child abduction where clinic staff have been directly involved / notified of the event.
- Issues involving a mental health patient on forms 1 and 3 if unable to be resolved.
- Any request to deploy staff to other health sites / organisations.
- Any concerns at all that have not been resolved through other reasonable means / escalation.
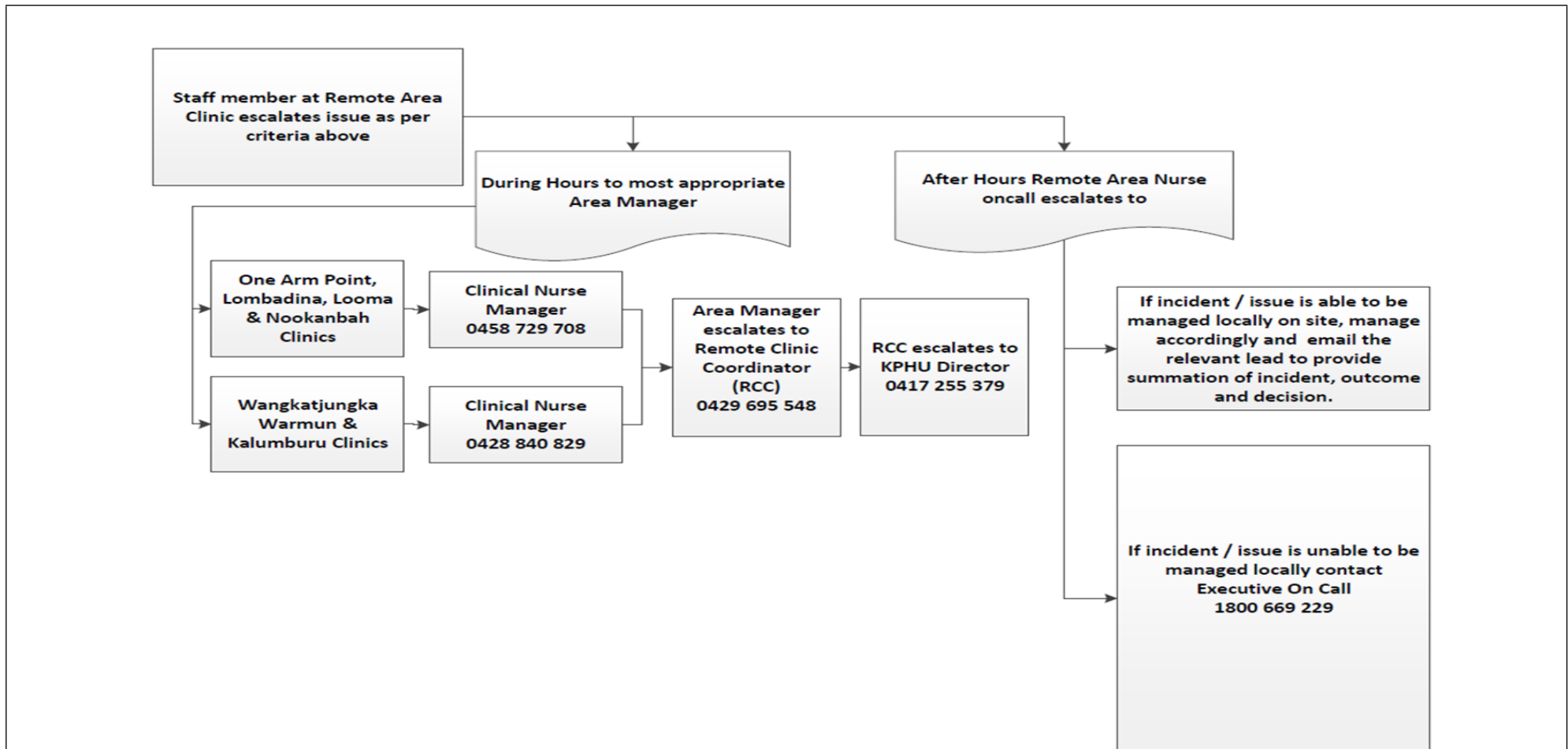
Should you not be able to reach anybody via the 'Executive on Call' phone number, please phone either of the following Executive members:

- **Regional Director, Bec Smith 0475 974 893**
- **Regional Medical Director, Sue Phillips 0407 779 200**