



Emergency Escalation and Support for Remote Area Clinics Procedure

Effective: 29 May 2018

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 to use when the WACHS Kimberley Executive On Call is to be contacted (1800 669 229). Contact is to be made with any event, request or incident which impacts significantly on the functioning of the clinic and staff working within the remote area clinic.

These instructions apply only to out-of-business-hours events occurring after 16:30 hours and before 08:00 hours and at any time over a weekend or public holiday.

During normal business hours, escalation is to the Remote Clinic Coordinator (contact 9194 1638 or 0429 695 548).

2. Definitions

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

3. Procedure

3.1 Remote Area Nurse (RAN)

The RAN is to contact the WACHS Kimberley Executive on Call as soon as possible on the below list. The list is a guide only, and is not complete. It is at the discretion of the RAN to add to the list if the incident/event/request 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:

- 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.
- Major drug incident resulting in patient harm.
- Major errors in Schedule 8 and Schedule 4 medications.
- Major 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 for example: 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.
- Threat to staff safety, both perceived and actual.
- 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.

4. Roles and Responsibilities

Executive On Call provides any feedback or information to Director KPHU as required

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 policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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 two (2) years or sooner if required.

Evaluation may include, but is not limited to:

- Sentinel Events and/or Datix Clinical Incident Management System (Datix CIMS) reporting.
- Occupational Hazard Reports.
- Complaints Management System.

7. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012): 9
[National Safety and Quality Healthcare Standards](#) (Second edition 2017):1.10
[EQulPNational Standards](#) : 15.18.1

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 \(WA\)](#)
[OD 1821/04 Prevention of Workplace Aggression and Violence Policy and Guidelines](#)
[Remote Area Health Service Business Contingency Plan](#)
[WACHS Kimberley Emergency and Disaster Management Contact Lists](#)
[WACHS Kimberley Emergency Procedures - Remote Area Clinics](#)

10. Related Policy Documents

Kimberley remote sites:

- [Recognition and Response to Clinical Deterioration at Remote Area Clinics Procedure](#)
- [After Hours Remote Clinic Call Out Procedure](#)
- [Emergency Home and Community Visits Procedure](#)

11. Related WA Health System Policies

[Operational Directive OD 1821/04 Prevention of Workplace Aggression and Violence Policy and Guidelines](#)

12. Policy Framework

[Public Health Policy Framework](#)
[Clinical Governance, Safety and Quality Policy Framework](#)

13. Appendix

Appendix 1 – [Emergency Notification Action Card](#)

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

Contact:	PHCAP Population Health Officer (C.Moore)		
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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: _____:_____