



Responding to Non-Emergency Requests for Review of an Unwell Community Member in Remote Areas Procedure

Effective: 16 January 2015

1. GUIDING PRINCIPLES

This procedure is designed to comply with the following

- [After Hours Remote Clinic Call Out Procedure - Kalumburu; Lombadina; Looma; One Arm Point and Warmun Clinics](#)¹
- [Emergency Home and Community Visit Procedure - Kalumburu; Lombadina; Looma; One Arm Point and Warmun Clinics](#)²
- [WACHS Clinical Escalation including Code Blue – Medical Emergency Response \(MER\) Policy](#)³,
- [WACHS Kimberley - Assessment and Early Management of the Unwell Child Procedure](#)⁴
- [Telephone Calls to Remote Clinic Coordinators Procedure - Kalumburu; Lombadina; Looma; One Arm Point and Warmun Clinics](#)⁵

2. PROCEDURE

- 2.1 Remote Area Nurses may receive requests either by phone or in person to review an unwell community member in their home or in another community. This may happen during clinic opening hours or after hours when on call for emergencies. This procedure is designed to provide a process for gathering adequate information to make a timely and informed decision regarding escalation of the request to allow follow up assessment.
- 2.2 Document the request and information using a WACHS Kimberley Clinical Handover Record Telephone Communication (MRK 56) and applying the iSoBAR framework, gain as much information as possible from the person reporting that a community member is unwell.
- Reporters name, position and agency or relationship to the unwell person if applicable
 - Reporter's contact details
 - Date, day and time the reporter saw the person who is unwell,
 - Name of the unwell person
 - Approximate age of unwell person, if known – date of birth
 - What makes the reporter say the person is unwell? (signs / symptoms)
 - Where is the unwell person now?
 - Is anyone with the unwell person?
 - Can they be contacted?
 - Can they bring the unwell person to the clinic?
 - Can they give you further signs and symptoms?

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- 2.3 When the reporter has not given you enough information to make an informed decision, **or if you have any level of concern**, who else can you contact?
- Discuss with your locally employed Aboriginal staff or community liaison person/chairperson
 - Is there another person i.e. relative, office worker, shop keeper, other agency nearby or in the other community that can give you further information
 - Is there a community public phone box, home phone or mobile you can ring to get further information?
 - Is there anyone else who can provide information or advice about the situation? Ask community members for direction?
- 2.4 Any requests for review of a community member who is unwell outside of your community or clinic must be referred to:
- Remote Clinic Coordinator (Kalumburu, Lombadina, Looma One Arm Point and Warmun Clinics) or
 - Fitzroy Crossing Community Health Manager (Noonkanbah, Wangkatjunka and Bayulu Clinics) for discussion of the situation.
- 2.5 A plan for review is to be made based on the:
- [WACHS Kimberley - Assessment and Early Management of the Unwell Child Procedure](#)
 - [WACHS Clinical Escalation including Code Blue – Medical Emergency Response \(MER\) Policy](#)
- 2.6 If deemed necessary clinic staff may visit the unwell community member with appropriate support, e.g. a police escort in order to make a more detailed assessment.

3. DEFINITIONS

RAN	Remote Area Nurse
RCC	Remote Clinic Coordinator

4. ROLES AND RESPONSIBILITIES

RAN	<ul style="list-style-type: none"> • Gather enough information about the unwell community member as possible to make a timely and informed decision, using all means available. • Document on the MRK 56 Clinical Handover Record Telephone Communication using the iSoBAR framework. • Contact the RCC or Fitzroy Crossing Community Health Manager with regards to formulating a plan for review.
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RCC	<ul style="list-style-type: none"> • Ensure that the RAN has explored all avenues of enquiry. • Formulate a plan of action with the RAN. Escalate for decision making if required.
Fitzroy Crossing Community Health Manager	<ul style="list-style-type: none"> • Ensure that the RAN has explored all avenues of enquiry. • Formulate a plan of action with the RAN. Escalate for decision making if required.

5. COMPLIANCE

It is a requirement of the WA Health Code of Conduct that employees “comply with all state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

6. EVALUATION

After clinic staff have contacted the RCC or the Fitzroy Crossing Community Health Manager following a non-emergency request for a home or community visit for an unwell person, they are to be asked for feedback on the procedure, and how well it assisted them.

7. REFERENCES

1. [After Hours Remote Clinic Call Out Procedure - Kalumburu; Lombadina; Looma; One Arm Point and Warmun Clinics](#)
2. [Emergency Home and Community Visit Procedure - Kalumburu; Lombadina; Looma; One Arm Point and Warmun Clinics](#)
3. [WACHS Clinical Escalation including Code Blue – Medical Emergency Response \(MER\) Policy](#).
4. [WACHS Kimberley Assessment and Early Management of the Unwell child](#)
5. [Telephone Calls to Remote Clinic Coordinators Procedure - Kalumburu; Lombadina; Looma; One Arm Point and Warmun Clinics](#)
6. WACHS K MRK56 Clinical Handover Record Telephone Communication.

**This document can be made available in alternative formats
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