Western Health

New Staff Orientation Manual

Sunshine Hospital Emergency Department

This Orientation Package has been complied and published by:

Sunshine Hospital Emergency Department

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Welcome to the Sunshine Hospital Emergency Department

Sunshine Hospital Emergency Department is one of the busiest emergency departments in Victoria, seeing in excess of 87,000 patients per year and growing. It caters for both adult and paediatric emergency presentations.

Working in the department is both a challenging and exciting experience. In an effort to assist you in settling in and becoming familiar with daily operations, you will be allocated two supernumerary shifts working alongside an existing, experienced staff member who will orientate you to the department.

In addition to this, if you are new to Western Health, you will also attend a Hospital Orientation Day.

Western Health

Western Health manages three acute public hospitals: Footscray Hospital, Sunshine Hospital and Williamstown Hospital. It also operates the Sunbury Day Hospital, and a Transition Care Program at Hazeldean in Williamstown. A wide range of community based services are also managed by Western Health, along with a large Drug and Alcohol Service.

Western Health provides a comprehensive, integrated range of services from its various sites; ranging from acute tertiary services in areas of emergency medicine, intensive care, medical and surgical services, through to subacute care and specialist ambulatory clinics. Western Health provides a combination of hospital and community-based services to aged, adult and paediatric patients and newborn babies, covering the western suburbs of Melbourne with an approximate population of 800,000 people.

Employing nearly 6,500 staff Western Health has a strong philosophy of working with its local community to deliver excellence in patient care.

Our Community

- Has a population of approximately 800,000 (3% higher than previous population projections) within our primary and secondary catchments;
- Is among the fastest growth corridors in Australia;
- Covers a total catchment area of 1,569 square kilometre;
- Has a diverse social economic status· Is one of the most culturally diverse communities in Victoria with 38% speaking a language other than English at home;
- Speaks more than 100 different languages/dialects.

Sunshine Hospital

Sunshine Hospital is a teaching hospital in Melbourne's outer-west suburbs with approximately 426 beds. Sunshine Hospital has a range of services including women's and children's services, surgical, medical, mental health, aged care and rehabilitation services.

Maternity services at Sunshine Hospital have the third highest number of births of any hospital site in the state. It continues to grow to meet the increasing demand within the community.

Sunshine offers high acuity services such as a Catheterisation Lab, Intensive Care Unit as well as specialised services with the Joan Kirner Centre for Woman's and Children's, Neurology, Respiratory, Surgical, Plastics, General Surgical and Medical, Oncology, Renal, Gastroenterology and more.

Department Overview

Staff Station

The staff station (or fish bowl) is located in the centre of the department and is where is the main hub of the department where the Nurse in Charge, Senior Consultant, Communications Clerk and Allied Health services are located. This is where patient flow is managed, allocation of staff to clinical areas is displayed and where essential documentation is kept.

Triage

The triage team consists of two triage nurses (across all shifts), a waiting room nurse to assist with reassessment of patients waiting for medical review and an Ambulance Triage Nurse (AV Flow Nurse).

If you have relevant post graduate qualifications you will be orientated to triage by one of our educators or clinical nurse instructors (CNI's) once you have settled in to the department.

The triage waiting room is divided into paediatric and adult areas. Please ensure you check both areas when calling patients into a cubicle.

Resuscitation Bay (1 - 4)

These 4 bays are for both adult and paediatric patients who present with actual or potential life/limb threatening conditions. Procedural sedation is also performed in resus to allow access to airway equipment if needed. There are 3 nurses allocated to this area and where you will find the next most senior nurse in the department from the NIC. Please feel free to call upon them if you have any questions of concerns during your shift or the NIC is busy.

If you have post graduate qualifications, you will be orientated to this area and the equipment by one of our senior nurses, educators or a CNI.

Monitored cubicles (5-10)

This is a step down area for patients from resus and those who require close monitoring and management for presentation like chest pain or diabetic ketoacidosis (DKA).

Two staff members are allocated to this area and will work closely with the resus team. On an afternoon shift an ALS float nurse will be mostly stationed to assist in monitors but can be pulled for transports/ other busy areas.

Acute Cubicles (17 – 29)

The General Cubicles are designed for the care and management of patients with less serious medical or surgical conditions who will likely require an admission or require full nursing care. The buddy nurse principle is applied, 4 nurses are allocated to adults and will work in pairs to manage their cubicles. Cubicle 23 is a negative pressure isolation room.

Emergency Observation Unit (EOU)

This is a 16 bed short stay unit that accommodates patients who require ongoing observations/management up to 24hours. The unit is staffed by 4 nurses on the am pm shift with an ANUM allocated and overnight is staffed by 3 nurses with the expectation that the subacute float nurse remains in EOU from 2100 until end of shift. EOU is heavily utilised with very high turnover and a fast pace, so although it is more "ward like" than the department, you will continue to receive direct admission from AV or the waiting room as well as category 2's.

Paediatric Area (cubicles 1-8)

This area includes a negative pressure isolation room (cubicle 1), a treatment room and a sub wait area where many of our fast track patients are seen. This area is managed by 3 nurses who work together to manage the flow of patients from the waiting room. This area is as much as possible reserved for the care of children. Although, sometimes when it is busy it is necessary to allocate adult patients in to these cubicles. All invasive procedures such as NGT or IVC insertion should be performed in the treatment room; this ensures the paediatric area is a safe and happy environment for all children.

Behavioural Assessment Room (BAR)

This room is designed as a safe environment for rapid assessment and management of patients with challenging behaviours and attended by the NIC/Flow/Senior nurse, Consultant/Senior Registrar, the security team +/- the mental health team (EMH). This is for short term management only, once a management plan has been put in place and it is safe to do so, the patient is moved to a cubicle.

Computer systems

Patients are triaged and can be tracked via the **EDIS HAS** system. This is where you can keep track of whether a patient has been seen, their location and clinical notes.

Medication Administration, ordering of pathology and radiology requests, fluid balance, IVC record, admission notes, ED interim plans and many other forms are completed on **EMR**

Paging is completed via **SPOK**

Clerical staff will admit patients via **IPM**

Shift & Break Times

General shifts

Day shift: 0700 – 1530

Evening shift: 1300-2130

Night Duty shifts: 2100 – 0730

Allocated break times

Morning tea (20min): 1st break 0900 – 2nd break 0930

Lunch (30min): 1330 – 1400 (all)

Afternoon tea (20min): 1445 (all)

Dinner (30min): 1st break 1700 – 2nd break 1730

*For each area there are designated break times. You must adhere to these times, if you find you are unable to please see the NIC

General information

Shift Commencement

At the commencement of your shift, please report to the tutorial room. The NIC of the oncoming shift will complete the allocation board whilst the NIC of the previous shift presents an overview of the department and a shift summary. The NIC may also give you important information about new procedures or a change in the operation of the department.

If you have concerns or questions about the area you are allocated please speak to the NIC.

Bedside handover

Staff will then move off to their allocated areas to receive bedside handover of the patients they will be caring for. It is a requirement that all nursing staff follow the ISBAR handover guide when handing over care of the patient between shifts. All relevant documentation, drug charts, fluid orders, Infection Risk Screening tool etc. are double checked and the patient is wearing the correct ID band. To ensure a smooth handover process, all oncoming staff are to follow and check off the prompts listed on the handover label, once the handover is completed the label is placed in the observation chart.

Emergency equipment checking

Oxygen & suction are checked to ensure they are in working order and IV trolleys are stocked prior to receiving handover.

Team nursing

This department takes a ***team nursing approach*** to patient care.

We believe that this provides greater support for new staff and more expedient care of patients. When you start your shift it is important that you are familiar with **ALL** the patients cared for by your team and continue to maintain a working knowledge of their condition, management and plan of care. Team huddles may be necessary during busy shifts to keep up to date with patient workloads.

Patient care

Nurse will assume all responsibility for their patients in their care on receipt of handover and are accountable for everything that is done for the patient from the time of their admission. This includes the state of documentation, observations, drug administration and general nursing care. If there are any issues or concerns noted during the handover or a patient has documented reportable vital signs, please ensure they are addressed appropriately, in a timely manner, with the NIC or by following the prompts in the observation chart. Please refer to the CENA Emergency Nursing Practice Standards for guidelines on minimum standards of emergency care.

Assess your patients

Introduce yourself and your colleagues and let patients and families know who is caring for them. All patients should have a thorough physiological assessment (please see CENA Emergency Nursing Practice Standards for more information). This should include:

- ABCDE assessment style
- New set of complete vital signs
- Change of shift ECG if necessary
- Review medication orders and whether they have been given or whether you will need to source any medications not usually stocked in the ED. Check whether regular medications used by the patient have been prescribed and the appropriateness of their administration considering the current emergency presentation
- Formulate a plan of care
- Review of assessment findings
- Review of previous treatment, effectiveness treatments and further orders
- Review of investigations and their results
- Assessment of social (or other) issues that may need to be addressed, refer to IRS as required

Please note that matters of a private, personal or sensitive nature should not be discussed within hearing of the patient, family, other visitors or neighbouring patient(s), but rather left to a more appropriate location or time. Conversation should be conducted at a discreet level and not broadcast throughout the ward. Patients who have been in the ED for several hours (especially if they have been in the ED overnight) will require hygiene needs, and linen change as needed.

Assist with cleaning and restocking ALL cubicles

It is the responsibility of all nursing staff to ensure their areas are appropriately stocked and clutter free. Restocking is generally performed at the commencement of each shift however this does not mean that restocking and de-cluttering cannot be performed at other times.

Removal of patient clothing

All patients once in a cubicle are to be fully undressed down to underpants and placed in a hospital gown. Whilst there are exceptions it is important to examine patients from head to toe for any limitations in movement, skin tears or other abnormalities.

Exceptions include:

- patients with minor or localised illness or injury eg. sore throat, sprain of ankle
- patients with a suspected cervical spine injury - remove all clothing possible without disturbing spinal alignment. Patients with neurological compromise may need to have their clothing cut off. Do not forget to perform a thorough neurological examination before and after removing the clothing of patients who may have sustained a spinal injury.

- patients with fractures who are in significant pain needing pain relief before removal of clothing. In circumstances of trauma or severe emergencies, clothing is to be cut from patient.
- patients who for cultural or ethnic reasons do not wish to undress need particular care in ensuring that they understand the importance of a complete examination. When possible consideration should be given to those who for religious or cultural reasons do not wish to undress in the presence of a member of staff of the opposite sex or of another religious affiliation.

Nursing Chart

A nursing chart is to be completed on all persons admitted into a cubicle in the ED. All sections of the nursing chart are to be completed. If you take over the care of a patient, it is then your responsibility to make sure the chart is complete, including:

- date and time of all observations
- a legible record of who recorded any entry on any chart used.
- the clear documentation of any property and valuables and their disposal
- Injury prevention- including ulcers and falls risk
- Next Of Kin details

Patient Property

Patient clothing should be placed in a patient clothing bag and labelled with the patient details.

Document and label all individual items such as spectacles, dentures removed from the patient, walking aids, and hearing aids. All patients should be advised that large sums of money or valuables should not be kept in the ED. Such items should be stored in the hospital safe. If relatives are present then encourage them to take patient's valuables home with them (with the patient's permission). Always document what and where valuables have been placed & if anyone has taken them home.

If clothing is cut from the patient, carefully check pockets for belongings (think about risk of injury to yourself first), label clothes as per above. **DO NOT DISCARD** any clothing unless patient or family has given consent.

Clothing that may be useful to the patient for forensic examination

If it is suspected that the police for forensic evidence may require the clothing, each piece of clothing should be placed in a separate brown paper bag and labelled with date, time and description of item, and put aside to be handed to Police.

If the person is certified or at high risk of self-harm, clothing may be stored away from the patient. Discuss this with the nurse in charge or Psychiatric Nurse Consultants.

Identification of patients

All patients must have an ID band applied.

All patients with allergies should also be issued with a red identity band

The identity and details of the patient must be carefully checked with the details on the prepared patient label and the medical record prior to placing the patient identity band on the patient.

All documentation should be labelled with prepared patient label or handwritten with the patient's full name, date of birth and ideally UR number:

Patient safety

Use of bed rails should be considered for all patients and the decisions to use / not use bed rails is made by the nurse caring for the patient. Remember that the WH policy states that the use of bed rails may be considered a form of restraint and that bed rails should not be used if a patient has previously climbed over or around them.

Cubicle curtains should always be open unless a competent adult accompanies the patient or a procedure is in progress.

Ensure nurse call bell is accessible to the patient at all times.

Patients for investigation in diagnostic imaging should have a nurse escort if:

- cervical spine precautions
- cardiac monitoring is required
- the patient has an altered conscious state, is confused or disoriented
- intravenous drug therapy in progress
- intravenous fluid therapy that will need attention (at discretion of the nurse)
- it is night time and there are no staff members to receive the patient immediately
- at the discretion of the nurse in charge of the shift or the medical officer caring for the patient.

Patient Assessment

Baseline nursing assessment, interventions or investigations related to the patient presentation is at the discretion of the nurse caring for the patient however these decisions should be guided by ED Nursing Practice Standards. As you develop knowledge, skills and confidence it is expected that you will identify and perform appropriate nursing assessments and interventions at the time of the patient's arrival e.g. FWT/ MSU for patients with abdominal pain, NI analgesia & pathology, NI X-rays

There are guidelines regarding specific patient presentations (e.g. chest pain, back pain) so if you are unsure, please ask.

Standard limb lead position (wrists and ankles) should be used for ALL 12 lead ECG's. If modified lead placement is used (e.g. shoulders or thighs), this needs to be written on the ECG. ALL 12 lead ECG's must be shown to and signed by the Emergency Consultant ASAP.

Ongoing patient assessment

Standard of observations includes full set of vital signs including temperature, GCS and pupils/ limb strength. Minimum levels of observations are 30/60 until patient is seen by Emergency Medical Officer. Once seen and the patient is stable observation can be recorded 1/24. If the patient has been formally admitted by a team and the patient remains stable observations can be done 2/24. This includes EOU patients. No patient in Emergency should be having less frequent observation than 2/24. Indications for more frequent observations are;

- Vital signs falling in orange or purple zones on the observations chart
- Administration of narcotics or equivalent
- Request of Medical Officer or Nurse in Charge
- You are concerned about the patient

For EVERY set of vital signs the Behaviours Of Concern (BOC) chart MUST be complete

Fifteen minutely to half-hourly head injury observations should be initiated if a person presents with:

- history of loss of consciousness (including neurological observations)
- severe headache
- altered conscious state/ neurological function
- suspected or known overdose of prescription medications
- suspected or known ingestion of illicit drugs
- suspected or known history of seizure activity
- suspected or known history of snake or spider bite

Neurological observations **MUST** include level of consciousness, Glasgow Coma Scale (GCS) pupillary reaction, limb power and movement, **and complete vital signs.** It is NOT acceptable to write 'moving all limbs' for the limb assessment. Neurological observations should continue until the patients' GCS returns to normal.

Documentation of vital signs and patient assessment findings

The importance of recording frequent, clear, concise and accurate documentation of a patient's presenting problem and subsequent treatment cannot be overstated.

A high standard of manual recording is crucial to ensure accurate assessment of patients changing condition over multiple shifts.

Record all assessment findings. Even if you don't get the chance to perform a full assessment – record what you did and what you saw. It is NOT acceptable to document vital signs without a comment about the patient's appearance. Please refer to the ED Nursing Practice Standards for more information.

You also need to document;

- record the time seen by all health care personnel
- record patient movement to other departments or investigative procedures (including cubicle movement)
- record all treatment provided and the outcomes of those treatments
- record the outcome of the ED visit (admission, discharge, referral or death) including time and who was contacted in the process

Don't forget:

- Patients have a right to expect that their care and management is well documented
- Potential medico-legal problems are made more difficult by inadequate or incomplete records.
- Quoting from concise and complete records made at the time, detailing the patient's history, treatment and outcomes may refute many allegations.

Patient management in the ED

The ED staff operate as a team and you are encouraged to seek and offer assistance when workload requires. If you are having difficulty managing your workload it is important to communicate this to other members of your team, with the nurse in charge (this includes ensuring that you take appropriate breaks). Asking for help from other staff on duty if you think they may be able to help is not seen as weakness, but rather a recognition that we all work hard and sometimes the workload is too much for us to manage without calling on other resources. Calling on those people to provide you with extra resources is a sign of maturity and strength – not a sign of failing. Without effective communication in the ED the safety of yourself and your patients may be put at risk. Communication between members of the ED team is vital to the effectiveness and efficiency of the ED.

Communication

Because of the ED layout, it can be difficult to know what is happening in all areas of the ED. **Therefore it is important that everything of relevance is reported to the nurse in charge.** This includes:

- deterioration in a patient's conditions
- changes in observations

- abnormal clinical findings
- patients scheduled for surgery
- patients who are going to be admitted
- patients being transferred to another hospital
- non-functioning equipment
- difficulty managing workload
- staff leaving the ED
- ANYTHING and EVERYTHING of significance to patient welfare should be reported to the nurse in charge.

To contact medical staff, check first if they are carrying a phone, which will be documented on the screen opposite allocations board or via EDStatus. If not use the over-head paging system located in the fish bowl near the Comms Clerk. Try to avoid unnecessary or long over-head pages as they are heard by the whole department and can be very disruptive. You must always remain professional while using the paging system.

To contact admitting teams use the SPOK paging system. If a pager number has not been documented call switch on "9" to assist.

Admission of a patient

Once the decision has been made to admit a patient, or you pre-empt the need for admission, there are certain tasks which can be done to ensure speedy admission

- Ensure appropriate documentation is completed (risk assessment screening tool, Infection Diseases Screening Tool, ISBAR handover etc.)
- Check medical admission is complete or in lieu, an interim admission order.
- If vital signs are not within normal ranges, escalate as necessary, the admitting team can choose to modify reportable markers. This can be found on EMR.
- The patient ready time can be inserted on EDIS so the nurse in charge knows the patient is ready for transfer once the bed is ready
- Once the nurse in charge gives you the admitting ward and phone number, call them to handover. If handover is not able to be given, escalate to the NIC
- Once a bed ready time is provided by the NIC, handover can commence 30/60 prior to transfer

- Once the nurse in charge informs you the ward are ready, give all paperwork to the COMMS clerk and they will page the orderly
- If the patient requires escort, ensure the appropriate escort is organised (treating nurse, float or ALS nurse.)

Patient discharge from the ED

Preparation for discharge should begin on admission. Please ensure that all information relevant to the potential discharge of the patient is documented from the time of arrival.

- **Discharge against medical advice**

A Medical Officer should review any patient who wishes to discharge themselves from the ED before completion of treatment. Wherever possible the patients' request and any ensuing conversations should be accurately documented witnessed by the Medical Officer. Where a patient refuses to wait for a Medical Officer, the RN should make a complete note in the patient's medical record or nursing observation chart.

- **Admission to Sunshine Hospital**

If a patient is to be admitted to a ward in the Sunshine or Western Hospital or another campus of the Western Health network, you are required to complete the discharge checklist on the back of the nursing chart prior to leaving the ED. Valuables checklist must be completed.

- **Admission to a private/ external hospital**

Ensure accurate departure details are recorded on the clinical information system or on the patient chart. All information is photocopied & sent with the patient. All original paperwork stays at Sunshine Hospital.

Transfer to the Operating Theatre from the ED

Considerations for patients going to theatre are

- Two ID bands
- Theatre checklist
- Consent
- Clothing removed and in patient gown
- Valuable checklist
- Understanding by patient and family
- Nurse must escort to theatre

Discharging the patient to their own home

Check the following for every patient before they go home:

- they understand any diagnosis made and treatment given/ going forward
- the patient has completed treatment
- they have all medication that they need to take with them (including any S8's or 11's locked up)
- a GP letter
- any Outpatient Department appointments that they need are being or have been arranged.
- IV access has been removed & documented. If any patient leaves with an IVC in situ call them immediately. If unable to get into contact with the patient or noncompliance, police must be notified.
- All the patients valuables are accounted for
- Arrange for transport, either with relatives/friends, or by taxi (a free taxi phone is available in the waiting room).

Elderly patients are not to be sent home by taxi unless requested by relatives or at patients own request, particularly in late evening (after 2200) or early morning. Decisions regarding patient discharge should to be documented on nursing observation chart.

If returning to special accommodation/nursing home, telephone the staff to ensure someone is available to meet the taxi and the fare costs will be paid.

Ensure patient is suitably attired for journey.

Suitable transport services are available where taxi or relations/ friends are inappropriate. Check with the RN in charge re appropriate transport and organisation.

After Discharge

Once a patient has been discharged or transferred from your cubicle, you are responsible for ensuring that any stock used is replaced. Ensure the trolley is clean and prepare for next patient. At this stage suction liners and tubing should be changed if necessary, oxygen masks and catheters replaced. Cubicles should be readied to receive the next patient ASAP. Always check that any blood or other body fluids have been removed from the trolley. If you are working in a monitored cubicle, ensure that the patient is discharged from the monitor. The PSA/orderly are able to help prepare the trollies.

An A to Z of other things you need to know but might not know to ask

Accidents and incidents to patients, visitors and staff

The Sunshine Hospital uses Riskman electronic incident reporting system and this is available on all computers in the ED. Staff must report details of any accident or incident involving a patient, visitor, staff member, a person on the hospital premises or equipment.

The following procedure then takes place:

- Patient: seen by the medical practitioner who is supervising his/her care and the incident report is completed.
- Visitor or other person: the visitor is brought to the ED where a medical practitioner examines him/her and the incident report (risk man) is completed. Special care should be taken to ensure that the report is completed fully and accurately so that any subsequent claims for WorkCover or insurance are well documented.
- Staff members who have suffered accidents whilst on duty and intend claiming WorkCover should complete a WorkCover report as soon as possible. These may be obtained from their Department Head or the Health and Safety Officer.

Annual Leave

An annual leave request form needs to be filled out and signed by the NUM. Please be aware that managing annual leave for 190 staff members can be very difficult and your leave may not be accommodated. For peak times such as school holidays and Christmas/ New Year, previous years will be looked at to ensure they are distributed fairly. Ensure you do not book any holidays or make plans without having your annual leave approved first.

Appraisals

You will have a chance to meet with either the Educators or one of the ANUMs annually or at the completion of your term, whichever comes sooner. This appraisal by the NUM or ANUM is kept in your file by the NUM.

The appraisal covers all aspects of your work i.e. communication, teamwork, standards of care, clinical competency, reliability, knowledge, professional development etc. Clinical development objectives for the next term will be set. There should be no surprises at appraisal time. Any problems will be discussed as they arise.

Advice, Co Ordination and Expertise (ACE) Team

Immediate response service interacts with the Community, the ED, In-patient services and Sub-Acute Facilities to ensure effective referral, handover and discharge of patients, and facilitate the most appropriate use of hospital and community resources.

- The ED Care Coordination team target patients who are over 65 years, live alone, frequent and complex presenters and those in need of services:
- patients at risk of an acute hospital admission for a non-acute reason
- patients who can have their length of stay decreased by intervention
- people who can have their presentation at ED prevented with intervention

Referrals can be made by paging the Duty Pager, at medical handover or leaving a sticker in the referral book on the IRS desk.

CENA – College of Emergency Nursing, Australasia

CENA is the professional body that represents Emergency Nurses in Australia. Membership forms and information can be found on the Education Board or at www.cena.org.au .

Child at risk (CAR)

All health care professionals are required by law to report any actual or suspected physical or sexual abuse of a minor (under 16 years of age).

If you suspect a child to be a victim of abuse or at risk of abuse discuss it with the nurse in charge and the medical practitioner looking after the patient. The most senior paediatric doctor should review a suspected child at risk.

Ultimately whether you are on or off duty you have a professional, legal and moral responsibility to protect any child who may be a victim of abuse.

Clergy/Pastoral Care

In normal working hours chaplains are available in the hospital to assist patients and relatives with problems. After hours, these services are on call and may be contacted through the switchboard.

Members of some religions have rites that are given when close to death or after death. Patients or their relatives may also request the attendance of a priest or clergyman. Switchboard or the NIC has a list of accredited priests and clergymen and will contact them in an emergency.

Clerks

After the patients have been "TRIAGED" they or their family are directed to the clerical desk to complete the registration. The clerical staff search the hospital database to see if there has been a previous presentation within the network.

The patient is asked for their address and telephone number, next of kin or contact person details, Medicare number and a series of demographic data questions for statistical purposes.

At the completion of the registration the Triage sticker and sheet of labels is printed.

Clerical staff at the front desk should be notified ASAP of any **alterations to the patient's** details so they can update or correct details. On discharge the paper work should go to the communication clerks desk to complete

the computer work and discharge the patient. Please make sure the destination and time of discharge is on the nursing chart. The ward clerks' desk is the final location for all paperwork before being sent back to medical records.

Clinical guidelines

The ED has a comprehensive set of clinical guidelines that are accessible from all ED computers. They can also be printed if you require a hard copy to take to the bedside. Please take the time to look through these guidelines, as they are a valuable resource. Any feedback regarding the ED Clinical Guidelines should be directed to Gary Ayton.

Courtesy

Patient complaints often involve staff attitudes, not actual treatment. Every effort should be made to preserve the dignity of the patient as an individual even in crowded conditions. Most problems can be prevented with good communication and common courtesy.

It is important to consider cultural and ethnic differences when approaching patients.

Disaster Plan

Disaster equipment is stored in the disaster cupboard, located in the relative's room in resus. There are checklists available for all the equipment. You should be thoroughly familiar with the plans to handle internal or external disasters. Please familiarise yourself with the location and contents of the disaster cupboard and disaster plan. This education is conducted during staff competency days. Back up drugs are kept locked in the EOU drug room.

Drug keys

We have one set of keys for the Schedule 8 (DDs) and Schedule 11 (benzodiazepines) drug safes located in the Drug Room. The keys can ONLY be held by the nurse allocated to resus 2, 3, or the NIC. If you are ever handed the keys, politely decline and wait for one of the above listed nurses to bring them to the drug room. This will absolve you of any responsibility should there be an error/ missing drug,

Education in the ED

The Clinical Nurse Education (CNE) team work business hours 0800-1630. The CNE team are the direct line managers for those involved in any program within the department but are also responsible for providing education to the whole department. In-service is held most days from Monday to Friday 1400-1500

Equipment

Each year an extraordinary amount of equipment is re-ordered to replace lost, broken and stolen equipment in the ED.

All staff has a duty to care for equipment they use and it is in their own interest to do so. Replacement and repairs may take weeks to months. First, find out how to properly use equipment, use manuals and other staff as resources.

If there is a fault with equipment you must take the following steps;

- Log a job via the BEIMS tab on the intranet quick links

- Print the job off and attach it to equipment. If it is mobile move it to the front of the equipment nurses office
- If possible, replace the missing or broken equipment
- Let the NIC know and if relevant to your area include it in your handover.
- During business hours you may contact the equipment nurses on 51621
- If stock is running low write it on the white board near the store room
- If you are unsure, simply ask your NIC or a senior nurse

Infection Control

Universal precautions are always practised in this ED. Every cubicle is equipped with disposable gloves and there are many locations where face and eye protection can be found. It is a requirement that you take appropriate precautions to protect yourself from potential exposure to injury or infection when working in the ED.

Nurses may initiate precautions such as contact or respiratory when symptoms are noted. For further information refer to infection control guidelines on the intranet.

Interpreting services / Use of untrained interpreters

We do have an on-site interpreting service at Sunshine Hospital during weekday business hours. Out of hours we do have a phone system to allow discussion between the telephone interpreting service, the patient and a member of staff.

When using untrained interpreters, always be aware of the social, cultural and familial implication to using family members/ friends as translators, especially if matters of a culturally sensitive nature need to be explored.

The use of non-trained interpreters is discouraged except in extreme emergencies. If a trained interpreter is not available or the medical situation prohibits the use of telephone interpreting, bilingual relatives or hospital staff may interpret.

Meals for patients

Catering will deliver the required meals and the PSA, with the assistance of Nursing Staff, will serve meals to the patients permitted to eat.

It is the responsibility of the nursing staff to make sure that patients are ready for meals and if required to assist patients with meals.

THE MEALS ARE NOT FOR THE STAFF TO EAT

Contact Catering Department if meals are required at other times.

Media (TV, radio and press)

All media requests should be referred to the Public Relations Department through the ED management staff (includes ANUM staff). The Public Relations Department should also be notified of any events that may attract publicity, either positive or negative.

Patients have the right to refuse interviews with the media. Hospital staff may refuse interviews on behalf of a patient when necessary. Please check with ED nurse in charge and the senior medical staff, the patient and/or their relatives before allowing the media to interview the person. Information should only be released by the official hospital spokesperson with the patient's authorisation, and in any case, approval should be sought through the Medical Director or his Deputy.

Always be cautious about giving any information over the telephone to anyone, whether they claim to be a family member or friend or not, regarding any patient that may attract media attention.

Moving patients around the ED

The procedure for the transport of patients by trolley in the ED is as follows:

- Page #66 on SPOK to contact orderlies
- if an ED RN accompanies a patient their responsibility is to the care for the patient and therefore, may not be able to assist in pushing the trolley.
- A handover must be given to the receiving nurse

Pathology specimens

Nurses may nurse initiate pathology to expedite care in the Emergency Department. The CNE team can provide you with a handout to attach to your ID that gives you suggested blood for specific presentations. If you are unsure, simply ask medical or senior nursing staff. Pathology is ordered and labelled using the EMR

Pharmacy services

The drug supply to the ED is found in the following locations:

- Drug Room contains all restricted and prescription and non-prescription drugs. The Schedule 8 and Schedule 11
- EOU have a slightly different imprest as well as smaller amount of S8's/ S11's.
- the resuscitation cubicles have a selected stock of drugs
- Triage has a small amount of analgesic drugs (paracetamol, ibuprofen and Panadeine forte)
- Paeds have a smaller amount of relevant drugs
- IV fluids are kept in the Drug Room
- after hours there is a cupboard that can be accessed for patient medications on discharge in EOU

- All drugs are checked by Pharmacy and restocked, but if you require non imprest or have run out of medication they can be ordered via the EMR. In times of urgency ensure you also call pharmacy
- The emergency pharmacist can be contacted on 0435 962 527 and are a great resource.

Police

When the attending medical practitioner feels the patient's condition permits, the Police may interview patients in the ED in the course of a criminal investigation. In the case of a motor vehicle accident, the person is required to give a name, address and details of the accident. In other circumstances, the person does not have to answer any questions - although it is advisable for the patient to give their name and address. The patient has the right to ask for a solicitor or other independent third party for advice before answering questions. In the case of a minor it is advisable to have the child's legal guardian present during police questioning.

Staff is not to give statements to police without first consulting Human Resources or the Nursing Supervisor if out of office hours. Requests for statements from staff are to be directed to the hospital administration.

Psychiatric patients

The ED is supported by Emergency Mental Health (EMH) team clinicians 24 hours per day. It is important that significant physiological illness is excluded for all mental health patients and many mental health patients will require concurrent management of physical and mental health issues. Risk of harm to self or others is a major priority of care for mental health patients. It is important that all mental health patients have their belongings searched for actual or potential weapons and drugs or medications. Please ensure that you are familiar with Code Grey and Code Black emergency procedures.

If patients are brought to the ED by police under the Mental Health Act (authority to transport), police are mandated to stay with the patient until the patient is assessed by a mental health clinician (usually EMH or Psychiatric Registrar).

Patients may be placed in the Bar Room, ED cubicle or Waiting room as their condition dictates. The ED has policies for chemical sedation and physical restraint, please make sure you are familiar with them if caring for mental health patients.

Relatives

Staff should be aware of the relatives' concern while awaiting news of the patient. Wherever possible, relatives should be allowed to accompany patients in the ED. With the patients consent they should be regularly informed of the patient's progress and the management plan. However, it is the adult patients right to decline to allow family or friends to be made aware of their attendance or admission to the hospital.

Due to space and safety requirements it is recommended that only two visitors per patient be present in the ED at any one time. Please use you discretion in cases of severe or critical illness of the patient.

Where a patient presents alone for treatment, ask if relatives or friends are notified or if they would like you to do this. This is especially important when a patient is 16 years or under, under guardianship or where permission for treatment may be required. Medical and nursing staff should prepare relatives as to what they may expect to find when visiting a patient who may be on drips, monitors, ventilators etc.

Rosters- ('Roster On')

Rostering in the ED is based on a computer generated rostering system called 'Roster On' used throughout Western Health. No staff member is employed on a fixed roster. However, we try very hard to accommodate specific requests. Please follow the instructions carefully. The Nurse Unit Manager or ANUM finalise the roster up to six weeks in advance.

All staff are expected to rotate onto night duty however you may choose to rotate frequently or stay on night duty for a block. The general rotation is 2 weeks of night duty every 6 weeks.

All special requests are taken into consideration however at times it is impossible for staff to have every request as the ED must be covered at all times with an appropriate skill mix. Bear this in mind if swapping shifts and try to swap only with another staff member of a similar skill level. Staff may change shifts, days off etc., with other staff members by mutual consent only if the skill requirements are met. All roster changes must be authorised by the NUM or ANUM. If the needs of the ED are not met then requests may be denied. Top swap a shift email: SHEDRoster@wh.org.au

Security

Any breach of security should be brought to the attention of the nurse in charge and an incident report completed. Duress alarms are located around the ED work area, please find and familiarise yourself with them. If you ever feel unsafe please to not hesitate to use the duress or call a code grey on 444.

Staff meetings

Staff forums are scheduled once a month in the Tutorial Room during in-service time (1400hrs). The ED NUM or one of the ANUM's, chairs the meetings and all staff are encouraged to attend. If you have something to add to the agenda for the next staff meeting please notify the Nurse Unit Manager.

Stress, distress and eustress

Working in an ED is often stressful. Sometimes purely because of the amount of work we need to get through, at other times because we meet people who when they got up this morning never intended this to be their last day, whether they are 2 or 82 years old. This is exacerbated by all the factors that impact on so many areas of nursing; the shift work, the occasional abuse.

It is very important that you have coping strategies to manage your stress. In the first few weeks to months in ED you will find that at times the work is very stressful, more so during the winter months when our workload peaks. Managing your stress will allow you to gain the most from your time in the ED and allow you to care for your patients most effectively.

If you would like any help or access to materials to manage your stress, or you need a listening ear to ventilate please approach one of the peer support staff or one of the senior staff in the ED.

If you have any particular issues that you need to deal with - whether it is rosters, work patterns or workload or how your work is impacting on your lifestyle please talk to one of the senior staff. We have probably experienced the issue before, either ourselves, or through a friend or colleague.

SH also offers a peer support service and professional counselling can be arranged it required.

Study leave

All staff are encouraged to apply for study leave. Application for study leave must be discussed with the NUM. Consideration will be given to length of time in the ED and the relevance of the study leave to clinical practice and professional growth.

If study leave is granted the staff member is expected to contribute to the ED education program in some form. This may be discussed with the Clinical Nurse Educator.

If you have any queries please see NUM.

Telephone calls

The ED receives a lot of telephone calls each day. At all times remain calm and courteous. Nurses (as are other health care disciplines) are expected to assist with answering the telephone as their workload allows.

Calls from people claiming to be relatives or friends of patients:

As identity cannot be confirmed over the phone, patient information or updates should never be disclosed. If the person calling requires information please transfer them to a portable phone and give it to the patient (if they are able to communicate). If the patient is unable to communicate they are also unable to give consent for you to give information.

When the public ring requesting medical advice, the ED and the WH policy is that definitive advice should not be given over the telephone.

However:

- if the callers condition appears serious then stress the need to call an ambulance and attend the ED immediately.
- do not allow the call to become protracted.
- If you have **any** doubts please pass the call on to a **senior** medical / nursing staff member.

Calls about incoming patients:

Calls from GP's about incoming patients should all be directed to the Consultant/ Senior registrar in charge

Calls from hospital medical staff about expected patients should be directed to the Consultant/ Senior Registrar.

All patient expect details should be put on the "expects" screen on HAS

If you believe the comments from a person on the telephone indicate they may become violent should they arrive at the ED, advise the nurse in charge of the ED. Sometimes we receive calls from people claiming they intend to injure or even kill themselves. Sometimes such people hang-up and we never find out what happens. We have no way of tracing telephone calls by number alone. But if you are using a telephone with caller ID record the number discuss it with the nurse in charge and call the police to advise them of what you know about the situation.

Violence towards staff

Patients and families arrive at the ED often with little or no warning and no time to prepare for the unfamiliarity and stress of the emergency care environment. This places many people under considerable strain, and to some this takes them beyond their ability to cope. The management and negotiation skills required with patients and their families or friends that may have undirected anger or consider using violence as a means of managing or venting their own stress is very important for all health disciplines that work in the ED.

However, this does not permit patients or visitors to express any violence whether verbal, psychological or physical towards any member of staff. Please ensure that you are familiar with the duress alarms throughout the ED and Code Black emergency procedure.

If you feel that you are potentially at risk leave the immediate area at once and call for help. Ensure that the nurse in charge is informed of the circumstances as soon as possible. If you are in immediate danger further options include Code Black or Code Grey as appropriate.

We hope you enjoy your experience in the ED at SH, whether you are here for several weeks or permanently. We endeavour to meet the needs of all staff members so please approach NUM, ANUM's or CNE's if there is anything else we can do to assist you in achieving your career goals.