On-Call Expectations PHC Remote Guideline

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<tr>
<td>Document Owner</td>
<td>Kerrie Simpson</td>
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<td></td>
<td>Atlas Development Officer Primary Health Care Remote CAHS</td>
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<tr>
<td>Approval Authority</td>
<td>Refer to Policy Guideline Centre</td>
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<tr>
<td></td>
<td>NT Quality and Safety Manager Primary Health Care</td>
</tr>
<tr>
<td>Author</td>
<td>PHC Quality and Safety Team</td>
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The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

**Purpose**

To provide Primary Health Care remote staff with a guideline to clarify on-call expectations for clinical staff providing after-hours on-call services in remote health centres.

**Guideline**

1. **General Information**

   Primary Health Care (PHC) remote health centres provide both a primary health care and emergency service, generally operate from Monday to Friday, and while business hours may vary, the start and end times of the business day usually fall within 8am and 5.30pm. Outside of these hours Nurses and Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) are required to provide an on-call after-hours emergency service.

   Unfortunately there are often conflicting community, staff and employer expectations, with community expectations that health centre staff should be available 24 hours a day, seven days a week.

   This document seeks to clarify the on-call expectations for clinical staff providing this very demanding service.

   The Atlas Item [Staff On-Call Safety Considerations](#) complements this document, providing Workplace Health & Safety (WHS) considerations to be applied by staff when on-call.

2. **Definitions**

   **After-Hours:** The period not encompassed by usual hours of business. See [Health Centre Hours of Business](#).

   **After-Hours Emergency:** A medical illness or complaint requiring immediate treatment. All medical requests of a non-urgent nature should be referred to the health centre during normal working hours.

3. **Responsibilities**

3.1 **Nurse and Aboriginal and Torres Strait Islander Health Practitioner**

   - Observe security measures outlined in [Staff On-Call Safety Considerations](#)
   - Provide on-call services as per health centre on-call roster
3.2 **Primary Health Care Manager (PHCM)**

- Coordinate after-hours services and on-call rosters
- Ensure staff are aware of and observe security measures outlined in Staff On-Call - Safety Considerations
- Liaise / consult with community councils and other community groups as required regarding after-hours services
- Ensure allocated time off following after-hours callout per relevant [Workplace Agreements](#) where possible
- Verify time sheet documentation for staff on-call and after-hours work
- When an additional staff member/s is required to attend the after-hours emergency, this must be discussed with the Management On-Call prior to calling out the additional staff member/s whenever possible
- Discuss significant events for staff with the relevant District Manager / Manager On-Call

3.3 **Duty Rural Medical Practitioner (RMP) On-Call**

- Provide on-call telephone consultation service per RMP roster
- Provide clinical leadership
- Discuss significant events with the Director of Medical Services
- Ensure documentation of the consultation
- Facilitate further management as required eg retrieval, specialist consultation

3.4 **Community-based General Practitioners**

Participate in after-hours service provision according to employment conditions. See [Duty RMP Telephone Consultations](#)

3.5 **District Manager**

- Promote safe work practices related to on-call and after-hours services
- Authorise and process staff time sheets and overtime sheets
- Ensure minimum hours for rest relief following after-hours work per relevant [Workplace Agreements](#) are observed
- Approve staff required to work a **J shift** as appropriate
- Ensure support for health centre staff following notification of a critical incident as required

3.6 **Management On-Call**

As for District Manager plus:

- Authorise the callout of additional staff member/s to support the after-hours emergency event as appropriate

4. **Procedure**

4.1 **After-Hours On-Call Policy**

PHC remote health centres generally provide a five-day a week service as described in Health Centre Hours of Business. All after-hours services are for emergencies only as excessive hours worked after-hours may result in a reduction in staffing levels and services during normal business hours, safety issues and higher operating costs. PHC Remote Management will support health centre staff to implement this policy.

Where possible, all after hours services should be attended at the health centre. However, if there is a need to visit a client outside the health centre, relevant safety considerations should be applied.
Dispensing of medication, and providing other treatments, from staff accommodation, no matter how minor, is not allowed. This is not supported by Management and will be considered inappropriate conduct.

Suitably qualified and experienced health centre clinical staff are all expected to participate fairly in the after-hours on-call roster unless they have an official exemption from on-call duties.

Note: Where the health needs of the community support the provision of routine services on a weekend, eg 9-11 am Saturday morning, this practice may be considered by the health centre team and should firstly be negotiated with the District Manager prior to discussion with the community and implementation. This practice has the capacity to reduce call-out and contribute to the management of after-hours services.

4.1.1 Issue of Routine Chronic Medicines

It is PHC Remote policy that the issue and/or administration of routine chronic medicines should be provided within usual business hours and therefore does not justify ‘call out’. Health practitioners must encourage clients / family members / other responsible person to ensure that sufficient routine chronic medicines are held by them to ensure continuity of supply for weekends and public holidays.

This policy does not apply to Intravenous antibiotics which require administration on weekends and public holidays in order to complete a course of therapy.

4.2 Community Events – Sporting or Other

The role of health centre clinical staff in relation to any community event, sporting or other, is to provide a response to emergencies only outside of normal business hours. PHC Remote does not support health centre staff routinely attending community events - sporting or other, as First Aid responders.

All communities and sporting clubs should be encouraged to either engage the Red Cross or St John Ambulance to provide First Aid during the event or have members of the community trained as First Aid responders.

4.3 Managing Community Expectations

Communities often expect health centre staff to be available 24 hours a day, seven days a week. PHCMs and staff may have great difficulty managing this unrealistic expectation. The Public Health Bush Book (Volume 1, Chapter 6) provides some excellent guidelines and case studies on how to approach issues of this nature with Community Councils and other key community groups.

Key strategies for managers and staff in relation to the implementation of the PHC Remote policy on after-hours services include:

- consultation with key community stakeholders to promote an understanding of PHC Remote policy on after-hours services and, if possible to develop a written local agreement on this issue
- provision of ongoing community education on what constitutes an emergency
- maintenance of a consistent approach among staff to after-hours service provision
- development of staff skills in assessing whether it is necessary to attend call out or not as per Staff On-Call Safety Considerations
- the opportunity for health centre clinical staff to discuss after-hours service issues
- establishing the distinction between work and personal time and not undertaking informal after-hours consultations
- display a notice defining what the health centre considers an emergency. See What is an emergency? (Poster prepared using The Bush Book Volume 1, Chapter 6 p 245).

The PHCM should implement PHC Remote policy on after-hours services. To promote community understanding and adherence to the policy, this should be clearly stated and publicised in the health centre and strategic positions around the community, such as community store and council office.
4.4 Community Notification Regarding Access to After-Hours Services

There must be reliable systems for notifying the community of after-hours arrangements and also of communication between those seeking after-hours care and the person on-call. It must never be assumed that all community members know how to find the person on-call. Even in very small communities where clients go to the house where the ambulance is parked, there should be a notice at the health centre stating this fact.

Systems of communication will vary according to local conditions. Examples of systems include the following:
- display a permanent notice at the health centre to let the community know how to contact the person on-call
- display an up-to-date notice at the health centre indicating the staff member on-call
- divert the health centre phone to the residence of the person on-call
- divert the health centre phone to a mobile phone held by the person on-call
- set up the MessageBank Service with an appropriate message giving details of who to contact in an emergency.
- use of a citizen band (cb) radio system where clients can use a speaker outside the health centre to speak via the radio held by the person on-call
- use of a two way radio link with outside organisations, for example with Park Rangers.

4.5 Preparation for After-Hours On-Call

In preparation for after-hours on-call duties the staff member on-call should consider the questions listed in the After Hours On-Call Preparation Checklist. The document provides direction as to the responsibilities entailed in on-call preparation and allows staff to add health centre specific requirements to the Checklist.

The PHCM should ensure details regarding responsible community persons able to support staff attending after-hour's emergency call-outs are correct and up-to-date. Alternative community persons may need to be sourced as necessary. See Section 4.6, Staff On-Call Safety Considerations and Duress Alarm Respondent Details Quality Returns.

4.6 After-Hours Call-Out Considerations

Staff on-call may require assistance from additional clinical staff on some occasions, eg life threatening emergencies, multiple casualties or other unusual clinical or community situations. To avoid fatigue of the whole health centre team, additional clinical staff should only be called out when absolutely necessary, and where possible, with pre-approval by the PHCM and/or relevant District Manager / Manager On-Call.

Consideration should be given when clinical staff have varying levels of experience as this may influence their response to call out. For example, an inexperienced remote clinician may decide to assess and provide management to a client, whereas an experienced remote clinician may determine the same client does not warrant care after-hours and should present during Health Centre Hours of Business.

To facilitate a common understanding of responding to call out and what constitutes an emergency the PHCM should facilitate discussion at health centre meetings as required. This also provides an opportunity for staff to discuss issues related to after-hours call out.

The staff member on-call should also be aware of and implement the guidelines described in Staff On-Call Safety Considerations and Critical Incident Follow-up PHC Remote CAHS Guideline.

4.7 Local Support

Staff on-call should be aware of the names of the responsible community persons able to support staff attending after-hours emergency call-outs. See Staff On-Call Safety Considerations for further details.

Where a community has a police presence, health centre staff need to maintain good lines of communication, as the police may be able to provide critical support in emergency situations.
4.8 Documentation / Record of After-Hours Call Out

4.8.1 Health Records
All clinical consultations are to be documented in the client’s health record. Emergencies or on-call consultations are to be documented during the event or as soon as practicable following the event. Documentation should not be left until the following day. See Health Records - Documentation.

4.8.2 Time Sheets
Staff are required to complete a record of after-hours call out including the times and duration worked and the nature of the call out on the relevant overtime Sheet. A summary of the overtime hours worked should be provided on the relevant time sheet (see Forms) and the appropriate code provided.

On completion, staff should provide timely submission of the time sheet and overtime sheet to the PHCM to verify the hours worked and recorded. The PHCM sends (fax or hard copy) the sheets to the relevant District Manager for authorisation and processing to the Department of Corporate Information Services (DCIS) - Salaries.

When staff are providing services for an emergency duty or a J Shift, this should be negotiated and agreed between staff and the PHCM and where possible and practicable, pre-approval obtained from the relevant District Manager / Manager On-Call.

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<td>E</td>
<td>Emergency Duty</td>
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<td>J</td>
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<td>used when staff resume or continue to work without having had nine consecutive hours off duty since their last rostered shift (commonly called a J Shift)</td>
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4.9 Payment of Overtime
Staff are entitled to be paid the appropriate overtime rate, or with approval from the PHCM and/or relevant District Manager record Time off in Lieu (TOIL) of payment. See relevant Workplace Agreements, By-law 37 and Time Off in Lieu PHC Remote CAHS Guideline.

4.9.1 Overtime related to Clinical Activity
Staff may choose to record after hour’s services as payment for overtime or with approval from the PHCM and/or District Manager as time off in lieu of payment.

4.9.2 Overtime related to Non-Clinical Activity
Prior approval from the PHCM and/or relevant District Manager must be obtained for overtime related to non-clinical activity. Generally, overtime will not be approved for non-clinical activity outside of ordinary hours, eg paper-work, cleaning, etc.

4.10 Self Care
The various Workplace Agreements for health professionals and support staff provide direction for required rest relief prior to resuming the next rostered working hours. To prevent staff fatigue and promote staff and client safety, nurses should not return to work without ensuring a nine (9) hour break between shifts and for ATSIs a ten (10) hour break. Only in exceptional circumstances, when the demands of the health centre are such that it is not possible to have the required break, should staff resume or continue to work. This situation should always be discussed with the PHCM and reported to the relevant District Manager.

Clinical staff should be aware of the effect of prolonged periods of on-call and not neglect their own physical and psychological needs in an effort to provide acceptable care for the community. Staff cannot remain on-
call for weeks at a time without effect. Staff should have regular breaks from being on-call to prevent becoming fatigued, frustrated or angry. When staff identify they require a break, this should be discussed with the PHCM and/or District Manager so that arrangements can be made for an appropriate break.

For significant events, health centre staff should follow the guidelines provided in the [Critical Incident Follow-up PHC Remote CAHS Guideline](#), and notify the PHCM and/or relevant District Manager of the event. This provides the opportunity for a prompt response, required support and early intervention, which maximises recovery for the staff concerned following the event.

### Implementation, Review & Evaluation Responsibilities

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### Key Associated Documents

**Forms**

- Nurse / ATSIHP - Time Sheet (HE 2), available from Stores
- Medical Officer - Time Sheet – On-Call/Standby Staff (HE 13), available from Stores
- CA RAN / ATSIHP Overtime Sheet, available from health centre stock
- TE Overtime & Call-Outs Activity Sheet, available from health centre stock
- Time Sheet for Remote Health Cleaner / Gardener / Driver, available from health centre stock

**Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents**

- [Critical Incident Follow-up PHC Remote Guideline](#)
- [Duty RMP Telephone Consultations](#)
- [Duress Alarm Respondent Details Quality Returns](#)
- [Emergency Equipment & Drugs - Overview](#)
- [Emergency Vehicles](#)
- [Health Records - Documentation](#)
- [Health Centre Hours of Business](#)
- [Health Centre Phones & Faxes](#)
- [Management On-Call PHC Remote Guideline](#)
- [Staff On-Call Safety Considerations](#)
- [Time Off In Lieu PHC Remote CAHS Guideline](#)

Information Sheets:

- [After Hours On-Call Preparation Checklist](#)
- [Central Australia – Overtime Sheet Explained](#)
- [What is an Emergency?](#)
### Evidence Table

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