

Induction program/ Continuing staff education

Triage and infection control

13.3 Continuing staff education (Criterion 3.2.1, 3.2.2, 3.2.3 and 5.3.3)

Practice policy

The practice GP's, nurses and other health care providers or administrative staff employed by this practice and involved in clinical care:

- are appropriately qualified, trained and competent
- are able to provide evidence of training qualifications and of appropriate current national medical or nursing registration
- participate in continuing education relevant to their roles and can provide evidence of this
- have undertaken training in CPR within the last 3 years and in the case of GPs this training must be in accordance with the RACGP QI&CPD recommendations.

The administrative staff such as receptionists and practice managers, who do not provide clinical care:

- have undertaken training in CPR within the last 3 years.
- have undertaken training relevant to their role within the past 3 years.
- can describe or provide records of such training.

Cross Infection

Cross infection is the spread of infection from one person to another and, unless proper precautions (standard and additional) are adhered to in the general practice setting, cross infections can occur and cause harm to patients and/or practice staff.

Cross infection can occur from incorrect handling of clinical waste including sharps, blood and body fluid spills, sharps injuries and following incorrect procedures for hand-washing.

Triage

Triage is the process of prioritising sick or injured people for treatment according to the seriousness of the condition or injury. In general practice, frontline staff play a vital role in determining the priority of need for each patient, whether in person or on the telephone. Reception staff in particular must be aware of triage procedures in the practice, and be able to obtain medical advice from a GP or nurse where necessary. RACGP 4th Edition Standards 1.1.1BV Our practice can demonstrate how we identify, prioritise and respond to life threatening and urgent medical matters (triage).

RACGP 4th Edition Standards

- **5.3.3D** All members of our practice team can demonstrate how risks of potential cross infection within our practice are managed (as appropriate) including procedures for:
 - **hand hygiene**
 - Hand Hygiene Module – *Hand Hygiene Australia*
 - **the use of personal protective equipment (PPE) - NURSES ONLY**
 - Infection Control Module - *Hand Hygiene Australia*
 - **triage if patients with potential communicable diseases**
 - Infection Control Module - *Hand Hygiene Australia*
 - **safe storage and disposal of clinical waste including sharps – NURSES ONLY**
 - Clinical waste Module - *GPA ACCREDITATION plus*
 - **managing blood and body fluid spills**
 - The spills kit Module *GPA ACCREDITATION plus*

Page 120 – RACGP *Standards for General Practices* (4th Edition)

- **1.1.1B** Our practice can demonstrate how we identify, prioritise and respond to life threatening and urgent medical matters (triage).
 - **triage**
 - Triage Module - *GPA ACCREDITATION plus*

Please complete the following as a requirement of your employment (tick when done):

- 1 Read the Triage GPA ACCREDITATION *plus* fact sheet (attached)
- 2 Watch the triage video https://www.youtube.com/watch?v=KPmjNNd_rdl&feature=youtu.be
- 3 Read the relevant sections of The Geelong Medical Health Group policy's and procedure manual (attached)
- 4 Complete the triage questionnaire (attached)
- 5 Sign and return the triage questionnaire to Angela Rogers
- 6 Complete the Minimal patient contact Infection Control Module
- 7 Print off Hand Hygiene Module certificates and return to Angela Rogers

Thank you

Durham Green

Angela Rogers

Practice Manager

Practice Nurse Manager

6.2 Medical emergencies and urgent queries (Criterion 1.1.1, 1.2.4 and 1.1.4)

Practice policy

Our practice classifies patients seeking medical consultations, according to priority of need. Our triage system ensures that clinical care is provided to patients with urgent medical problems as a priority. We use a Triage Support Guide from the South Eastern Health Providers Association (SEHPA) previously the Dandenong District Division of General Practice (DDDGP). This tool is based on the POPGUNS tool developed by SENSW Division of General Practice and consists of a quick reference wall chart and a triage support handbook.

Patients telephoning the practice have the urgency of their needs determined promptly. Where possible our phone messages include a recommendation to call 000 if the matter is an emergency. Staff members know and use the POPGUNS wall chart, a copy of which is accessible at reception.

Administrative staff and members of the clinical team have the skills and knowledge to assess the urgency of the need for care and can describe our procedures for dealing with urgent medical matters including when the practice is fully booked.

Our induction process includes an orientation to our triage system and staff members are given training to its effective use and are encouraged to regularly update CPR and other first aid skills.

Our practice has a pandemic plan which outlines our response to and management of patients with possible infectious diseases such as influenza.

The doctors and staff provide appropriate care and privacy for patients and others in distress.

We have provisions for Doctors to be contacted after hours for life threatening or urgent matters or results.

Practice procedure

Staff members receive regular training and update's in CPR which is appropriate for their duties at least every 3 years.

All Staff members receive information at induction and on an ongoing basis about our triage guidelines and protocols for medical emergencies and possible communicable diseases e.g. Pandemic Influenza. The Triage Support Guide is kept at the reception desk and is easily accessible by all reception staff to triage patients appropriately.

Documentation of training is retained in the individual staff training record.

In accordance with these guidelines reception staff try to obtain adequate information from the patient to assess the nature and urgency of their problem.

This occurs:

- When making an appointment (for phone calls or walk ins);
- Before placing the call on hold ;
- While observing the patient in the waiting room.

Patients are informed that they will be asked about the nature of urgent problems to assist with prioritising the scheduling of their appointment. Should the matter be urgent patients are advised of any potential for out of pocket costs e.g. use of equipment or longer consultation.

Related documentation: There is a sign on front reception counter which encourages patients to volunteer medically urgent health information to reception staff to help ensure they are seen in an appropriate timeframe. A list of conditions is also on the sign to assist patients.

A computer entry is used to record all significant telephone conversations or actions including medical emergencies and urgent queries.

The computer documentation records:

- the name and contact phone number of the patient/caller;
- the date and time of the call;
- the urgent or non-urgent nature of the call;
- important facts concerning the patient's condition;
- the advice or information received from the doctor;
- details of any follow up appointments;

NB: In the video it says about usual advice such as for an eye injury to advise patients not to rub or attempt to remove any foreign body THIS IS FOR NURSES ONLY RECEPTION ARE NOT TO GIVE OUT ADVICE. Reception can put the call through to nurses if they need and nurses can provide medical advice.

1.1.1B TRIAGE QUESTIONNAIRE

1. What does Triage mean?

2. When placing the patient on hold you should always...

- a. Put the call straight on hold and take the next call/ serve the patient in front of you
- b. Answer the call and ask if the matter is urgent before putting the call on hold
- c. Answer and tell them that you are busy and ask for their details for you to call them back ASAP
- d. Any of the above answers are accepted protocols

3. Below is a list of the Triage process, please rearrange into the correct order

- a. Assess the patient
- b. Document/report
- c. Implement "accepted" protocols
- d. Make a judgement
- e. Prioritise medical needs

4. When performing a telephone Triage what should you NOT do?

- a. Stereotype callers problems
- b. Second guess the caller
- c. Become absorbed in the patients/callers anxiety
- d. All of the above

5. When performing a face to face Triage you have the advantage of observing the patient.

Make a list of 5 signs which can give you insight into the situation.

- a. *Eg: dizzy/ lightheaded (?low blood pressure)*
- b. *Eg: sunglasses on (?migraine)*
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

6. What is the POPGUNS tool and where is it located?

7. If the situation requires you to call an ambulance do you...

- a. Call the ambulance or get someone else to call the ambulance while the patient is on the phone
- b. Tell the patient you will send an ambulance out to their home and hung up to call the ambulance
- c. Tell the patient you are not legally able to call the ambulance on their behalf and that they will need to hang up and call the ambulance
- d. None of the above

8. What is the "Triage Support Guide" and where is it located?

9. If a patient is complaining of severe difficulty breathing what category would you give the patient?

- a. Emergency
- b. Urgent
- c. Interrupt the GP or nurse
- d. Offer appointment today/same day

10. If a patient presented with an eye injury what category would you give the patient?

- a. Emergency
- b. Urgent
- c. Interrupt the GP or nurse
- d. Offer appointment today/same day

11. If a mother presents with an unwell child with a persistent fever what category would you give the child?

- a. Emergency
- b. Urgent
- c. Interrupt the GP or nurse
- d. Offer appointment today/same day

12. You should advise a patient if symptoms worsen to

- a. Call you again
- b. Come straight to the surgery
- c. Visit emergency department
- d. Any of the above answer are accepted protocols

13. Available resources include

- a. Practice nurse / nurse on call
- b. Doctor
- c. Emergency department/ ambulance
- d. All of the above

Staff members name and position: _____

Date: _____