



Australasian College
for Emergency Medicine

Policy on Provision of Emergency Medical Telephone Advice to the General Public

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Document Review

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Revision History

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1.0	Sep 2019	Approved by Council
2.0	July 2023	Reviewed with minor changes

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1. Purpose and Scope

This is a policy of the Australasian College for Emergency Medicine (ACEM; the College). This document relates to the provision of emergency medical advice over the telephone to patients, carers and non-health professionals who telephone a hospital emergency department.

This policy is applicable to emergency departments in Australia and Aotearoa New Zealand.

2. Policy

ACEM recommends that emergency departments do not attempt medical assessment, management or advice by telephone. The core business of EDs is to assess and provide care to patients who attend the department in person.

All health services, hospitals and EDs should have clear guidelines and systems in place to direct callers to the most appropriate health service. This may require the caller to contact an alternative service by phone, arrange a telehealth appointment, attend in person for medical advice or attend in person in the case of a medical emergency.

Since 2019 and post the COVID-19 pandemic the provision of telehealth has significantly changed. There has been a dramatic rise in emergency care provision with services like 1300Health, NURSE-ON-CALL, Virtual EDs, and emergency triage services. Attempts from members of the general public to receive advice directly via the ED does not constitute a formal appointment and assessment via one of these services.

ACEM acknowledges the rapidly evolving area of telehealth in medical practice and has developed an [\(S843\) Interim Position Statement on Telehealth in Emergency Medicine for the use of telehealth in emergency medicine](#). ACEM strongly believes that any emergency medical care sought outside of a physical ED must be conducted through formal emergency medicine telehealth channels.

3. Procedures and Actions

ACEM recommends that EDs do not attempt medical assessment or management by telephone. Medical advice should not be provided to the general public for the following reasons:

- Assessing patients in person is the priority for emergency departments.
- Emergency physicians are unable to perform a full assessment by telephone and would be interpreting information provided without the visual cues that would normally help determine the potential severity of a patient's condition.
- Telephone advice is dependent on, and limited by, information provided by the caller, which cannot be visually assessed or verified for accuracy.
- It is not possible to verify a caller's identity.
- Record keeping limitations mean ED staff may be unable to keep a record of the patient's call and concern, and advice or instruction that was provided by telephone.

3.1 Requests for Telephone Advice from the Emergency Department

Emergency departments should ensure that all ED staff are aware of internal policies on telephone medical advice to the general public. If ED staff receive calls from the general public requesting medical advice, they should undertake the following steps:

- Patients must be informed of the limitations of any advice given by telephone and the emergency physician should confirm this has been appropriately understood by the caller.

- Callers should be referred to the most appropriate service to provide advice and assess their needs.
- In exceptional circumstances where specific advice is given, the caller should be advised that they have ultimate responsibility for their health care in such circumstances, and for the implementation of any advice.
- Emergency physicians and ED staff should be aware that it may be difficult to ensure unequivocal verification of the identity of the patient when providing phone advice.

32 Referring Callers to Alternative Medical Services

In instances where the general public telephones the ED for medical advice, ACEM recommends referring patients to take the following steps, and/or apply internal ED policies to refer callers:

- If a medical emergency, to call 000 (Australia) and 111 (Aotearoa New Zealand).
- For non-emergency and non-acute medical concerns, direct caller to the most appropriate service, either by transfer or provide service details.
- To contact their general practitioner as soon as practicable.

33 Recently Discharged Patients

There may be instances where patients who have recently been provided care and discharged from the ED are calling to follow-up on a medical concern or issue. It may be possible to identify these patients through record systems and respond to their concerns over the phone, particularly if recorded medical advice can help avoid a re-presentation to the ED. These calls should be managed by a senior clinician and appropriately documented.

4. Related Documents

The following are available within through the [ACEM Standards Library](#):

- S843 Interim Statement S843 Telehealth in Emergency Medicine
- P181 Provision of Emergency Medical Telephone Support to Other Health Professionals



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