

Australasian College
for Emergency Medicine

Internet access in the emergency department

Policy P395

Document Review

Timeframe for review: every three years, or earlier if required.
Document authorisation: Council of Advocacy, Practice and Partnerships
Document implementation: Council of Advocacy, Practice and Partnerships
Document maintenance: Department of Policy and Strategic Partnerships

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
1	Nov-15	Approved by Council
2	Jun-20	Substantial revision throughout, updated refereces, new publication style applied

1. Purpose and scope

This policy of the Australasian College for Emergency Medicine (ACEM) aims to ensure that emergency clinical and support staff have appropriate internet access in the emergency department (ED). This will enable access to online resources that are essential for clinical practice and education, including those provided by ACEM on its website. This Policy applies to all Australian and New Zealand EDs.

2. Introduction

Patients of every age and demographic group present at the ED, exhibiting a spectrum of undifferentiated physical and behavioural conditions. Consequently, the breadth and volume of information required by emergency clinicians is a challenge to cognitive retention, particularly given the time critical nature of many interventions performed in the ED. For clinicians the internet provides a source of rapid access to current, evidence-based clinical information, as well as other non-clinical information needed to support quality care in the ED.

In addition to sources such as online medical journals, there are number of web-based tools that are used in the ED, such as point-of-care resources. Point-of-care resources are online reference tools providing access to filtered, current and authoritative clinical information. These resources remove the need to perform complex and time-consuming appraisal of the literature and instead provide synthesised, collated evidence that is user-friendly and linked to associated materials.

The software that clinicians use to create medical records increasingly uses an internet connection to provide decision support, clinical pathway prompts and interactive online reference materials.

3. Policy

3.1 Resources

While hospital intranets require firewalls for data security, EDs must provide appropriate internet access to medical and nursing staff, as well as to those undertaking clinical support activities. ED infrastructure and design must enable convenient and reliable online access with respect to both desktop and mobile devices. Bandwidths must be broad enough to support rapid large file download and transfer. Hospitals should provide staff with appropriate associated hardware such as, for example, hand-held devices, speakers and headphones.

3.2 Wi-Fi

As advancements in technology increasingly produce internet-enabled equipment and devices that have medical applications, the need for strong, secure Wi-Fi networks provided by hospitals is more critical. Wi-Fi connected devices, and the data they generate, may in time enable significant reduction in the administrative burden of clinicians and support staff.

3.3 Training and Continuing Professional Development

ACEM requires trainees and Fellows to complete online workplace-based assessments (WBAs) and record continuing professional development (CPD) activities online. Participation in online CPD activities is an element of good medical practice and should be encouraged by employers as a part of normal clinical support duties. This should be facilitated by access to the resources required for participation. As such, the ACEM website should have 'trusted' or 'whitelisted' status with respect to all Australian and New Zealand hospital firewalls.

4. Procedures and actions

4.1 Remove barriers to access

It is the responsibility of Local Health Districts (LHDs), District Health Boards (DHBs), hospitals and their IT Departments to ensure that staff within the ED are provided with sufficient tools to access online resources. Patient care in the ED is enhanced by removing the barriers facing emergency staff to accessing online clinical information. These barriers include indiscriminating firewalls, poor internet/Wi-Fi coverage/speed, ED design and space issues, and lack of necessary hardware.

4.2 Have appropriate hospital policies

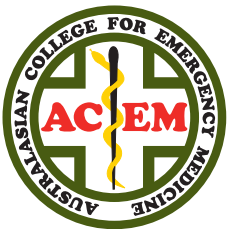
Such infrastructure should be complemented by hospital policies which grant open internet access to all ED staff at commencement of employment. These policies should describe appropriate and responsible internet use. Access for professional collaboration and information exchange is considered within the scope of such appropriate use. ED performance management processes will support efficient use of online sources and devices by individual staff. Inappropriate or illegal content access will be addressed by organisational policy and monitoring. Staff should be properly orientated to have sufficient awareness of such policy and monitoring processes.

4.3 Use existing good practice guidelines

ACEM expects that ED staff will use the internet in accordance with good medical practice as defined by the Medical Board of Australia [1] and the Medical Council of New Zealand [2], and in compliance with relevant legislation. Online behaviour should also align with codes of ethics [3, 4], developed by the Australian and New Zealand Medical Associations (AMA, NZMA), and be informed by relevant guidance on online professionalism for medical practitioners [5, 6, 7, 8]. These codes and guidelines should inform the development of policies and procedures on appropriate internet usage in the workplace.

5. References

1. Australian Medical Council. [*Good Medical Practice: A Code of Conduct for Doctors in Australia*](#). AMC, Canberra, 2016.
2. Medical Council of New Zealand. [*Good Medical Practice*](#). MCNZ, Wellington, June 2016.
3. Australian Medical Association. [*AMA Code of Ethics*](#). AMA, Canberra, 2006.
4. New Zealand Medical Association. [*Code of Ethics for the New Zealand Medical Profession*](#). NZMA, Wellington, 2016.
5. Australian Health Practitioner Regulation Agency. [*Social Media: How to Meet Your Obligations under the National Law*](#). AHPRA, Melbourne, 2019.
6. Medical Council of New Zealand. [*Statement on Use of the Internet and Electronic Communication*](#). MCNZ, Wellington, 2016.
7. Australian Medical Association and Medical Indemnity Industry Association of Australia. [*Clinical Images and the Use of Personal Mobile Devices. A Guide for Medical Students and Doctors*](#). AMA/ MIIAA, Canberra, 2018.
8. Australian Medical Association and New Zealand Medical Association. [*Social Media and the Medical Profession: A Guide to Online Professionalism for Medical Practitioners and Medical Students*](#). AMA/ NZMA, Canberra/Wellington, 2010.



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