

Australasian College
for Emergency Medicine

Provision of emergency medical telephone advice to the general public

Policy P44

Document Review

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

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
1	July 2006	Reviewed and approved
2	July 2019	Content reviewed and approved, new template adopted
3	April 2020	Clause on rural and remote areas added

1. Purpose and scope

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 New Zealand.

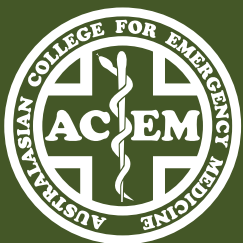
2. Policy

ACEM recognises that patients, carers and non-health professionals may telephone the ED to seek emergency and other medical advice. ACEM recommends that EDs do not attempt medical assessment or management by telephone (apart from in exceptional circumstances when there is no viable alternative). The core business of EDs is to deal with patients who attend the department in person.

There should be systems in place to divert calls to enable access to an alternative appropriately staffed and resourced service. For rural and remote areas, these systems need protocols that take account of the distance to care and the likelihood that staffing and resources at small rural services differ with the day of the week and time of day. Hospital websites should help patients to identify these appropriate alternatives. In the absence of such services, the ED should give advice in line with the following:

- Advice given by telephone does not constitute a full assessment and emergency staff should err on the side of caution. Telephone advice is dependent on, and limited by, information provided by the caller. Emergency physicians are interpreting this information without the visual cues that would normally help determine the potential severity of a patient's condition.
- ACEM believes that telephone advice provided with respect to emergency medical conditions should include first aid instructions, as well as a recommendation to seek further assistance by calling an ambulance, or presenting to the nearest ED (or other appropriate healthcare facility) for full assessment.
- When 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. The date, time and nature of the advice should be documented.
- Hospitals should work with local support services such as medical call lines, telehealth services, and toxicology services in creating an integrated network for patients to access timely and appropriate emergency care.

Emergency departments should ensure that all ED staff are aware of the policy on telephone medical advice to the general public.



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