



Bega  
**Garnbirringu**  
HEALTH SERVICE

*Sickness Gets Better*

**Clinical Services**

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# Bega Garnbirringu Health Service

## Clinic Policy and Procedure Manual



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## 1. INTRODUCTION

### 1.1. Mission Statement

Bega Garnbirringu Health Services' mission includes the development and maintenance of a robust and diverse organisation that will provide sustainable, culturally appropriate and holistic health services to Aboriginal and/or Torres Strait Islander people.

The organisation will address the social determinants of health and provide for clinical, educational and preventative health services and the development and retention of the skilled workforce necessary to achieve its mission.

### 1.2. Practice Background

Bega Garnbirringu Health Service Aboriginal Corporation (formerly) Kalgoorlie Aboriginal Medical Services was established in 1982 as a part time clinic in South Kalgoorlie

The name "Bega Garnbirringu" means "*sickness gets better*". From those humble beginnings Bega Garnbirringu Health Service (Bega), now operates on a full-time basis in a new medical complex in McDonald Street, Kalgoorlie.

Bega strives to provide a friendly, holistic and culturally appropriate Primary Health Care Service to the people of the Goldfields Region. A significant feature of Bega is the Aboriginal Health Worker / Practitioners. They are the first point of contact for clients. They assess the health needs of clients before they see a general practitioner (GP) or registered nurse (RN) for further consultation and treatment.

Our service is based in the centre of Kalgoorlie, the largest outback city in Australia, located 600km from Perth, the state's capital. Medical services are provided to clients who reside within the limits of the city itself and outlying communities by means of regular Outreach clinics. Outreach services are operated from two (2) Mobile Clinics. We employ a range of health professionals to provide comprehensive primary health care services.

Most of our Aboriginal Health Practitioners (AHP) assess clients under a Level 4 Supervision established by the Aboriginal and Torres Strait Islander Health Practice Board of Australia guidelines.

<http://www.atsihealthpracticeboard.gov.au/documents/default.aspx?record=WD15%2F16255&dbid=AP&chksum=5CFYRXATfrSyB1ZKppirDg%3D%3D>

Nominated Supervisors at Bega include the Manager Primary Health, AHPs, Registered Nurses, Midwives or GPs, who make themselves available for case review or consultation if a supervisee requires assistance.

Our AHPs carry out baseline observations prior to clients being reviewed by a GP. Where there is a language problem the Health Practitioner will assist by interpreting for the client.

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Visiting specialists attend the service on a regular basis. These include Ear Nose and Throat Physician, Renal Physician, Obstetrician, Diabetes Physician, and Ophthalmologist. Other allied health services provided on a regular basis include Dietician, Podiatrist, Diabetic Educator, Physiotherapist, Dentist and Audiologist.

Our service also has its own dispensary operated under a S100 Licence issued by the Department of Health. This is run by clinicians within the clinic under the direction of the Pharmacist from Wizard Pharmacy, Bega ensures that one of our General Practitioners hold the S100 Licence. All Aboriginal clients receive most of their medication free of charge.

GP support is provided for clients at the Edward Collick Nursing Home (Amana Living) and the Victoria Park Nursing Home (Southern Cross Care). This is by way of weekly visits, when staffing permits.

Client health records at the practice are computerised using Communicare software. We take pride in offering a confidential, culturally safe service to our community.

### 1.3. Bega Garnbirringu Health Service Profile

Name of practice	Bega Garnbirringu Health Services
Street address	16-18 MacDonald Street, Kalgoorlie, WA 6430
Postal address	PO Box 1655, Kalgoorlie WA 6433
In-hours telephone number	08 9022 5500 or Free Call 1800 037 037
After-hours telephone number	08 9022 5500 or Free Call 1800 037 037
Facsimile number	08 9091 1302
Email address	reception@bega.org.au
Web address	www.bega.org.au

### 1.4. Bega Garnbirringu Health Service Staff

Bega Clinic has 44 positions, including:

- General Practitioners.
- Aboriginal Health Practitioners.
- Registered Nurses.
- Enrolled Nurses (Health Practitioners).
- Midwives.
- Manager Primary Health.
- Clinic Coordinator.



- Reception Coordinator.
- Mobile Clinic Coordinator.
- COVID-19 Coordinator.
- Administration Assistant.
- Specialist Administration Officer.
- Recall Administration Officer.
- Receptionists; and
- Transport Officers.

Our Clinic Program Definition Statement is located on the Intranet

***CPD2018-POL-Clinical Program Definitions Statement***

Our Maternal and Child Health Program Statement is located on the intranet:

***MCHPD2018-POL Maternal and Child Health Program Definition Statement***

## 1.5. Practice Hours

Monday	8.30am – 12.00noon and 1.00pm – 4.30pm
Tuesday	8.30am – 12.00noon and 1.00pm – 4.30pm
Wednesday	8.30am – 12.00noon and 1.00pm – 4.30pm
Thursday	8.30am – 1.30pm
Friday	8.30am – 12.00noon and 1.00pm – 4.30pm
Saturday	Closed
Sunday	Closed
Public holiday	Closed
Home or other visits	Aboriginal Health Worker / Practitioners and Maternal Child Health staff provide home visits when required.



## 1.6. Clinic Consultation Fees

Bega Garnbirringu Health Service is a Bulk Billing service. Clients are made aware of this via:

- Signage at reception.
- Our website; and
- Bega Garnbirringu Health Service brochure.

## 2. HUMAN RESOURCE MANAGEMENT

As a medical service we continually review, and update policies related to workplace relations legislations, regulations and decisions of Fair Work Australia. In accordance with the Fair Work Act 2009, a Fair Work Information Statement is provided to all staff at induction which provides basic information on matters that will affect their employment.

We utilise the Fair Work Information Statement from the Fair Work Ombudsman website: [www.fairworktransfer\\_of\\_clientk.gov.au/employee-entitlements/national-employment-standards/fair-work-information-statement](http://www.fairworktransfer_of_clientk.gov.au/employee-entitlements/national-employment-standards/fair-work-information-statement).

This information is available to all our staff on the Bega intranet (***HR-10-FRM- Fair Work Information Statement.pdf***), along with the contact information for the Fair work Ombudsmen, 13 13 94 or the website [www.fairwork.gov.au](http://www.fairwork.gov.au).

Bega general Human Resource Policies are available to all staff on the Bega intranet.

The Human Resource Policies include:

- HRPN01 Employee Assistance Policy.
- HRPN-010 Sexual Harassment and Victimisation Policy
- ORGPN-12 Smoke Free Workplace Policy
- HRPN-02 Workplace Bullying & Harassment Policy
- HRPN-07 Employee Dress and Grooming Policy
- HRPN-08 Drug and Alcohol Policy
- HRPR-03 Grievance Procedure.
- HRPN-06 Leave Policy.
- PO- 21 POL-Farewell Functions and Gifts Policy.
- HRPN-04 Employee Medical Consultation Policy.
- HRPN-04 Employee Medical Consultation Procedure.





The Organisation Policies Include:

- ORGPN01 – Cultural Safety Policy.
- ORGPN02 – Complaint Management Policy.
- ORGPN03 – Computer, Internet and Email Usage Policy.
- ORGPN04 – Privacy Policy.
- ORGPN05 – Risk Management Policy.
- ORGPN06 – Social Media Policy.
- ORGPN07 – Confidentiality Policy.
- ORGPN08 – Intellectual Property Policy.
- ORGPN09 – Anti discrimination Policy.
- ORGPN10 – Internal Review Policy.

The Quality Management System Policies include:

- QMSPN01 Introduction to System Manual.
- QMSPN02 Definitions Policy.
- QMSPN03 Quality Policy.
- QMSPN04 Quality Management System Policy.
- QMSPN05 Management of Quality Policy.
- QMSPN06 Operational Context Policy.
- QMSPN07 Resource Management Policy.
- QMSPN08 Operations Planning Policy.
- QMSPN09 Customer Communication Policy.
- QMSPN10 Service Design and Development Policy.
- QMSPN11 Purchasing Policy.
- QMSPN12 Control of Service Provisions Policy.
- QMSPN13 Measurement, Analysis and Improvement Policy.
- QMSPN14 Monitoring and Measurement Policy.
- QMSPN15 Control of Non-Conforming Product Policy.
- QMSPN16 Analysis of Data Policy; and
- QMSPN17 Improvement Policy.



## 3. OCCUPATIONAL HEALTH AND SAFETY

### 3.1. Occupational Health and Safety

Bega is committed to preventing workplace injury and illness and ensuring a safe and secure working environment for general practitioners, staff, contractors, clients and all other visitors. As such we have a comprehensive set of general Occupational Safety and Health policies, which are located on the Bega Intranet. These include:

- OSHPN02 Occupational Safety and Health Policy.
- OSHPN03 OSH Committee, Representative Policy.
- OSHPN04 OSH Consultation Statement Policy.
- OSHPN05 OSH Records Management Policy.
- OSHPN06 OSH Hazard Identification Policy.
- OSHPN07 OSH Incident and Investigation Policy.
- OSHPN08 OSH Systems Review Policy.
- OSHPN09 OSH Implementation and Operation Policy.
- OSHPN10 OSH Emergency Contingency and Preparedness Policy.
- OSHPN11 OSH Review of Corrective Actions Policy.
- OSHPN12 OSH Chemical Register Policy.
- OSHPN13 OSH First Aid Policy.
- OSHPN14 OSH Work Safety Site Policy.
- OSHPN15 OSH Internal Audit Policy.
- OSHPN16 OSH Training and Competence Policy.
- OSHPN17 OSH Working in High Temperatures Policy.
- OSHPN18 OSH Working Alone Policy.
- OSHPN19 OSH PPE Policy.
- OSHPN20 OSH Working from Heights Policy.
- OSHPN21 OSH Visitors Policy.
- OSHPN22 OSH Outreach Policy; and
- OSHPN23 OSH Evacuation Policy.

We recognise that health and safety is an integral part of every activity we perform and as such we maintain current knowledge of our obligations under Western Australia and federal workplace health and safety legislation, and we understand that non-compliance with these requirements can result in penalty.

All our workers have a duty of care to ensure that they work in a manner that is not harmful to their own health and safety or the health and safety of others.

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Safe Work Australia [www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au) leads the development of national policy to improve work health and safety, and workers' compensation arrangements across Australia. It does not regulate or enforce workplace health and safety legislation. Bega is regulated under the Occupational Safety and Health Act 1984 (WA).

### **Chemicals and hazardous substances**

Bega conducts an annual audit for the safe use, handling, storage and transport of chemicals and hazardous substances. Bega recognises that chemicals and hazardous materials are not only found in cleaning products, for example, but can also be found in printer toner cartridges, liquid nitrogen, oxygen etc.

Safety Data Sheets (SDS) are retained for all chemicals and hazardous materials found in our practice cleaners' room and dispensary and are visible on equipment and hazardous substances. A safety data sheet is a document that describes the chemical and physical properties of a material, and provides advice on its safe storage, handling and use. It includes details of health and physicochemical hazards, exposure controls, personal protective equipment required, safe handling and storage instructions, emergency procedures and disposal advice.

A register of hazardous substances is kept and maintained by the practice, and we endeavour to control risks associated with the use of hazardous substances by:

- Storing the substances in labelled containers.
- Conducting a regular risk assessment in order to control risk associated with the use of hazardous substances.

Also refer to **Section 3.20 - Handling and use of chemicals**.

### **Manual handling**

Manual handling is any activity requiring the use of force exerted by a person to lift, push, pull, carry, or otherwise move or restrain any animate or inanimate object. It includes activities involving awkward posture and repetitive actions.

Bega has implemented a training program for all clinical staff, as an annual competency, for Manual handling. HR coordinate this as part of their annual calendar or training.

Bega has 23 height adjustable examination beds to assist in the care of clients with a disability, and to reduce the risk of injury when assisting clients on or off the examination bed. Where our practice facilities are inadequate for our team and visitors to safely assist clients with a disability, we make alternative arrangements, e.g. home or other visits (refer to **Section 4.3 – Home and other visits**).



### Personal responsibility

It is the responsibility of each member of the practice to report any identified tasks, equipment, or work area that may be a risk to the workplace health and safety officer. A further detailed risk assessment will then be conducted and, if necessary, changes will be made to reduce the risk of injury including additional training as needed.

## 3.2. Incidents and Injury and Adverse Client Events

### Policy

This practice has designated the Manager Primary Health with primary responsibility for clinical risk management, including following up on incidents, injuries and adverse client events and near misses.

It is a legal requirement under the Occupational Safety and Health Act 1984 (WA)

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_650\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_650_homepage.html)

and for insurance purposes, to report any injury sustained or thought to be sustained in the workplace.

Consideration is taken to ensure that thorough reporting also leads to effective prevention.

Bega encourages the identification, analysis and prevention of errors, failure or inadequate systems that can potentially be a risk to client safety. To assist with risk management strategies, our practice does not apportion blame.

Incidents that should be reported (regardless of whether harm has occurred) to assist with making improvements to minimise the risk of recurrence, include:

- Needle stick injury or mucous membrane exposure to blood or body-substance.
- Slip or fall.
- Drug or vaccine incident (loss, misplacement or other).
- Adverse client outcome.
- Failure or inadequate client handover or identification of a client at the point of transfer of care.
- Delayed treatment or delayed follow up, or unnecessary repeat of tests.
- Medication errors; and
- Any deviations from standard clinical practice.

Accidents or incidents may involve the following:

- Staff (employed directly by this practice).
- Non-staff (clients, visitors, contractors); and



- Events (e.g. theft, non-client assault, gas leak, bomb hoax, security breach, medication error or client complication following medical intervention or breakdown in clinical handover).

Actual and potential risks are identified, and actions are taken to increase the safety and improve the quality of care. The privacy of individuals involved is maintained.

## **Procedure**

### Reporting

In our practice, we use Incident Report workflow to report any slips, lapses or near misses in clinical care (including any breakdowns in the clinical handover system) or deviations in client care that might result in harm. This workflow / form is located on the Bega Intranet. Where necessary, the medical insurance organisation is contacted for events that might give rise to a claim.

The Incident Report workflow is to be used to report any needle stick injury or exposure to blood or body-substances as detailed under **Section 3.3 – Sharps injury management and other body-substance exposure**.

Completed Incident Reports are:

- Completed as soon as possible after an incident occurs, preferably within 24 hours.
- Provided to the COO who will then liaise with the Manager Primary Health or Clinic Coordinator for the clinical risk management and to facilitate a review of current systems and processes to prevent a recurrence; and
- An Incident register is kept via the intranet and the office of the COO.

For any injury occurring in the practice or during work, WorkCover reporting protocols must also be followed. It is a legal requirement to report all injuries sustained in the workplace.

Where there is a possible conflict of interest, for example an employee WorkCover claim being managed by the employing practitioner, or an employed GP of the practice, the GP should refer the client to another practitioner.

### **Risk assessment**

The Clinic Coordinator is designated with primary responsibility for clinical risk management will conduct a thorough review of all hazards relevant to the cause(s) of any injury that has occurred, with a view to identify appropriate controls (also refer to **Section 5.2 – Risk assessment and management**).

### **Risk control**

Risk control involves identifying and implementing all the practicable strategies to minimise subsequent and similar events or to eliminate/reduce the causes(s) of the injury or incident.



Practice team members are informed about any changes implemented, including why they have been implemented, to reduce the likelihood of recurrences. Depending on the circumstances, this will take place as soon as practicable following an incident, or during the next practice team meeting.

All documentation or evidence of the implementation of improvements is retained for periodic evaluation to ensure the successfulness of the improvement implemented.

#### **Documentation**

Documentation of the investigation process agreed actions implemented, and the evaluation of the improvements implemented is retained by the office of the COO in the Incident Report workflow on the intranet.

### **3.3. Sharps Injury Management and other Body-Substance Exposure**

#### **Policy**

Bega is responsible to ensure that all members of the practice team:

- Are familiar with the practice policy regarding management of blood and body-substance exposure.
- Consider the blood and body-substances of all clients as potential sources of infection.
- Understand how to prevent exposure to blood and body-substances.
- Have access to education and regular in-service training in infection prevention and control matters.
- Have received immunisations as recommended by the current edition of the Australian immunisation handbook <https://immunisationhandbook.health.gov.au/> and appropriate to their role and that the immunisation status of the practice team members is documented in the staff Immunisation file, held with the HR Department; and
- Analyse any incidents and modify procedures as required to reduce the risk of recurrence.

In our practice, we understand that the management of occupational exposure to blood or body-substances includes:

- Rapid assessment of the practice team member and the source client.
- Documentation of the incident.
- Counselling for the practice team member involved.
- Timely administration of medications where appropriate; and
- Investigation of the incident to enable modification of procedures if required.

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Occupational exposure to needle stick injuries and body-substances can be prevented by using standard precautions, wearing personal protective equipment, and implementing safe work processes.

### **Procedure**

#### Preventing blood and body-substance exposure

All members of the practice team are instructed to:

- Use standard precautions where there is a risk of blood or body-substance exposure.
- Implement safe work practices when handling sharps, specimens, and waste, and when cleaning the practice environment; and
- Assess and manage any blood or body-substance exposure immediately.

#### Following occupational exposure

In our practice, we follow this procedure after occupational exposure:

#### **1. Decontaminate the exposed area**

- Wound -
  - Do not squeeze or rub the injury site.
  - Gently encourage bleeding from the skin wound.
  - Wash the area thoroughly with soap and water (or waterless cleanser or antiseptic if water is unavailable).
  - Apply waterproof dressing as necessary and apply pressure through the dressing if bleeding is still occurring.
  - Do not use strong solutions such as bleach or iodine on the wound site.
- Skin -
  - Wash the area thoroughly with soap and water (or waterless cleanser or antiseptic if water is unavailable).
  - Do not use strong solutions such as bleach or iodine on the skin site.
- Eyes -
  - Remove contact lenses.
  - Rinse the eyes gently (but thoroughly) while they are open for at least 30 seconds with water or saline.
- Mouth -
  - Spit out any blood or body-substance that has entered.
  - Rinse with water and spit out (repeat several times).
- Clothing -
  - If any clothing is contaminated, remove and shower if necessary.

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## 2. Report and document

- Report -
  - Report the exposure to the Clinical Coordinator or Manager Primary Health to ensure prompt and appropriate commencement of treatment and investigation.
- Document -
  - Document the incident using the Blood/Body-Substance Exposure (Incident Report) form.

## 3. Blood Borne Virus (BBV) testing

- Source -
  - Take a history from the source to identify the risk of disease exposure
    - Unprotected sexual intercourse.
    - Sharing needles, tattoos, or body piercing.
    - Sharing razor blades or toothbrushes.
    - Blood or body-substance exposure of mucous membranes or non-intact skin.
    - Blood transfusion before February 1990 (For HCV); and
    - Infected with HIV, HBV, or HCV.
  - Where the source is positive, likely positive, or unknown for BBV, testing must be performed. Consent must be obtained prior to performing any baseline serology testing.
  - Perform baseline tests for:
    - HIV.
    - HBV; and
    - HCV.
  - Request urgent testing and results from the laboratory.
- Exposed Person =
  - Informed consent for BBV testing must be obtained prior to performing any baseline serology testing.
  - Perform baseline tests for:
    - HIV.
    - HBV; and
    - HCV.
  - Request urgent testing and results from the laboratory.

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#### 4. Risk assessment

- High risk / Massive exposure -
  - Injection of large volume of blood/body-substance (>1mL).
  - Parenteral exposure to laboratory specimens containing high titre of virus.
- Moderate risk / Definite exposure -
  - Injection of large volume of blood/body-substance (<1mL).
  - Skin penetrating injury with a needle contaminated with blood or body-substance.
  - Laceration or similar wound which causes bleeding and is produced by an instrument that is visibly contaminated with blood or body-substance.
- Low risk / Possible exposure -
  - Superficial injury with a needle contaminated with blood or body-substance.
  - A wound not associated with visible bleeding, caused by an instrument contaminated with blood or body-substance.
  - Prior wound or skin lesion contaminated with blood or body-substance.
  - Mucous membrane or conjunctival contact with blood or body-substance.
  - Scratched/broken skin caused by a fingernail injury when there is blood evident on the source hands.
  - Human bites that break the skin (clinical evaluation should include the possibility that both the person bitten and the person who inflicted the bite were exposed to BBVs).
- Very low risk / Doubtful exposure -
  - Superficial injury with needle considered not to be contaminated with blood or body-substance.
  - Superficial wound not associated with visible bleeding, caused by an instrument considered not to be contaminated with blood or body-substance.
  - Prior wound or skin lesion contaminated with a body-substance other than blood (e.g.urine);
  - Mucous membrane or conjunctival contact with a body-substance other than blood.
- No risk / No exposure -
  - Intact skin visibly contaminated with blood or body-substance.

#### 5. Initiate treatment

- Confidentiality must be maintained, especially if the exposed person is a practice team member.
- Assistance may be sought from the Regional Infection Control Nurse at the Kalgoorlie Regional Hospital on 08 9080 5888.



- Offer the exposed person counselling if the source is known to be HIV positive, 'high risk' or is unknown for BBV.
- Where the source is unknown, post-exposure prophylaxis needs to be considered based on the outcome of the risk assessment.
- If the source's blood test results will not be available within 24 hours and the source is likely to be HIV positive, post-exposure prophylaxis needs to commence.
- If post-exposure prophylaxis is required, it is important the exposed person commences this as soon as possible (best given within 1-2 hours of exposure, recommended within 48 hours of the incident or, up to 72 hours as decided by a medical practitioner).
- If the source's HBV result will not be available within 24-48 hours, and the exposed person's HBV status is not known/documented, with consent give the exposed person:
  - Hepatitis B immunoglobulin
  - Hepatitis B vaccine (first dose)
  - Adult diphtheria and tetanus (ADT) if necessary
- Advise the exposed person to practice safe sex until the blood test results, and source history has been reviewed.
- Provide the exposed person with the contact details for the Western Australian Health Department communicable disease office. [www.health.wa.gov.au](http://www.health.wa.gov.au);
- If there is a high risk of disease exposure, refer the exposed person to an infectious disease specialist; and
- Re-assess treatment initiated once the results of the blood tests become available.

## 6. Reporting and analysis of the incident

We have appointed the Clinic Coordinator with primary responsibility for the development and consistent implementation of our infection prevention and control systems and procedures (refer to **Section 3.16 - Principles of infection prevention and control**).

Using the Incident Report form our team is to report any exposure to the Clinic Coordinator, in addition to normal incident reporting protocols, incorporating:

- What procedure was being undertaken.
- How the injury happened and the name of anyone that witnessed it.
- The nature and extent of the injury.
- What caused the injury (e.g. specify the gauge of the needle);



- The body-substance involved.
- How much blood or body-substance was the health professional exposed to.
- What personal protective equipment was being used; and
- The full name and address of the source - if the source cannot be identified document “source client not known”.

### 3.4. Clinic Team Immunisation

#### Policy

In our practice, the Manager Primary Health, has been appointed with primary responsibility for the development and consistent implementation of our infection prevention and control systems and procedures which includes immunisations (refer to **Section 3.16 - Principles of infection prevention and control**).

All members of the practice team are advised of the risks of infection and are encouraged to be immunised against vaccine-preventable diseases to prevent transmission of disease to and from other members of the practice team and clients. Practice team members are also offered additional vaccinations where appropriate, depending upon the likelihood of their contact with clients and/or blood supply substances. These vaccinations may include protection against Hepatitis A, Meningococcal B, Meningococcal C, Poliomyelitis and Tuberculosis.

The practice keeps an extensive and up-to-date record of the immunisation history of each practice team member (including any refusals of immunisation, serology testing, or disclosure of vaccination history), this assists in identifying non-immune team members to ensure they are excluded from contact with clients during disease outbreaks.

#### Procedure

A vaccination history, including serology testing where required and consented, is sought from all new employees during commencement of their employment. Based on the outcome of this, any immunisations then recommended are to be received within the first three (3) weeks of commencement (with the exception of influenza which is to be administered annually between March and May).

Wherever possible, contractors and volunteers working in the practice provide evidence of vaccination, or proof that they are not susceptible to specified vaccine preventable diseases, prior to engagement/commencement, especially where client contact is involved.



Immunisation histories are recorded using the Staff Immunisation Consent & Refusal Form, held with HR on each individual's employment or contract file. Each team member's immunisation history is reviewed regularly and updated as required.

### **Guidelines for immunisation**

All members of the practice team are encouraged to obtain immunisations recommended by the current edition of the Australian immunisation handbook based on their duties and immunisation status. The recommended immunisations for workers in healthcare include:

- Influenza.
- Hepatitis B.
- Measles Mumps and Rubella.
- Pertussis (dTpa); and
- Varicella.

To determine which vaccine preventable disease each member of the practice team should be protected against, we use the following criteria to help form the basis of this determination. This list is not an exhaustive list, and other considerations may need to be made, which are determined by the Clinic Coordinator when discussing with the practice team member the risks and benefits of vaccination:

### **Influenza**

Due to the highly transmissible nature of the influenza virus and possible serious consequences for the young and elderly, all practice team members are encouraged to have the annual influenza vaccine.

### **Hepatitis B**

Tasks that involve the possibility of exposure to blood or body-substances (direct client contact or indirect contact with blood or body-substance):

- hands-on clinical work.
- collecting, transporting, handling or processing of pathology samples.
- providing clinical care or treatment of any kind.
- cleaning of spills that may contain blood or body-substances of any kind.
- bed making and cleaning.
- handling of soiled or contaminated linen.
- handling of clinical or laboratory waste, or waste receptacles.
- cleaning or maintaining equipment or surfaces or other items used in clinical areas.



- assisting clients in using the bathroom, or mobilising; and
- any manual handling of clients.

### **Measles, Mumps, Rubella, Pertussis, Varicella**

Tasks or work settings that involve the possibility of contact that would allow acquisition and/or transmission of measles, mumps, rubella, pertussis, or varicella (direct client contact or indirect client contact):

- interacting face-to-face with clients.
- the normal work location is an area where clients frequent; and
- the work frequently or regularly requires attending a clinical area (such as consulting room or treatment room).
- In addition to the above vaccinations, Bega team members are offered and encouraged to receive the following vaccinations:
  - Hepatitis A.
  - Meningococcal B.
  - Meningococcal C.
  - Poliomyelitis; and
  - Tuberculosis.

### **Immunisation consent/refusal records**

Immunisation consent/refusal records are initiated for all members of the practice team and include:

- Confirmation that the risks of infection relevant to the team member's role have been outlined, and that the benefits of vaccination have been explained.
- Consent (or refusal) to discuss or disclose immunisation history (including undertaking serology testing).
- Consent (or refusal) to have the recommended vaccinations; and
- Any known allergies (where immunisation consent is given).

These records remain confidential and secure and are accessible by authorised personnel only.

## **3.5. Smoking**

As a healthcare provider, our aim is to promote the health and wellbeing of all members of the practice team, clients and others whilst on our premises. Smoking is therefore not permitted in



this practice or the immediate surrounding area. Refer to the Bega Policy ORGPN-12 Smoke Free Workplace Policy

The use of illegal drugs and alcohol is prohibited on and around the site (refer to Bega Policy HRPN-08 Drug and Alcohol Policy)

#### Procedure

Practice team members who are smokers should make an effort to remove any nicotine odour on or about clothing and self, prior to returning to duty.

No smoking signs are visible in the waiting and reception area and these signs are not to be removed.

Brochures and posters for 'QUIT' and related no smoking and drug free strategies are placed in the waiting room and visibly displayed to demonstrate our commitment to better health strategies.

## 3.6. Health and Wellbeing

### Policy

This practice is committed to providing and maintaining a safe and healthy workplace for general practitioners, staff, clients, and all other visitors. This includes psychological as well as physical health.

Health and wellbeing are an integral part of every activity we perform, and as such, the health and wellbeing of general practitioners and practice team members is a priority of this practice.

Bega has implemented strategies to ensure current information on programs and support services available to the practice team are readily available to help them identify and manage any pressures and stressors. Please refer to Bega Policy HRPN01 Employee Assistance Policy for further information.

We recognise that regular breaks for general practitioners during consulting times can reduce fatigue as well as enhance the quality of client care.

### Procedure

- Regular breaks are scheduled for all practice team members, including general practitioners.
- When a work break has been organised, where possible, a relieving member of the practice team will complete the workload of the absent team member, in addition to their own workload.
- Strategies are implemented to manage workflow whenever a general practitioners or other team member is unexpectedly absent or scheduled for leave. Unplanned leave will be covered by existing practice team members. refer to **Section 3.16 - Non-medical emergency response and business continuity**).



- To promote a healthy work environment, employed team members are encouraged to take leave when the balance of accrued leave is in excess of 20 days.
- Current information on programs and support services is available to the practice team, including general practitioners
- Occasionally, our practice team may be confronted by stressful incidents or situations, including assisting with emergencies. The practice provides emotional debriefing and/or counselling in these situations as soon as practicable after the incident has occurred.

### 3.7. Client Aggression and Client-Initiated Violence

#### Policy

Bega is responsible for providing a safe working environment; however, client aggression and client-initiated violence in healthcare settings can be an issue.

De Escalation and Breakaway training for all clinic staff has been implemented in 2018.

#### Procedure

To mitigate the risk of client aggression and client-initiated violence, Bega has the following strategies in place:

- A zero tolerance towards violence policy, which is displayed prominently in the reception and waiting area: and
- A duress alarm system is installed that the practice team can use if a client is threatening or violent.

Where a client displays aggression or violence, our general practitioners have the right to discontinue the care of that client. This includes the practitioner ending the professional relationship during a consultation or by letter or telephone, depending on safety considerations. A record is kept of this process when undertaken, and of any subsequent contact that the client has with the practice. Our practitioners will, however, provide emergency care to clients whose care has been ceased in accordance with their professional and ethical obligation (refer to **Section 4.43 – Refusal to treat a client**).

### 3.8. Clinic Facilities

#### Policy

The practice premises comply with relevant building regulations and its facilities and equipment are safe and adequate to meet the needs of the practice team and clients.



### **Procedure**

Every reasonable effort is made to make the environment safe and comfortable for all members of the practice team. The practice has heating and air conditioning to assist in providing comfort.

Our facilities make adequate provision for and encourage client auditory and visual privacy. The physical conditions in our practice support client privacy and confidentiality. Facilities are well maintained and visibly clean with surfaces accessible for cleaning.

## **3.9. Consulting Rooms**

### **Policy**

Bega has twenty-nine (29) dedicated consulting/examination rooms to accommodate every general practitioner and other clinicians who work in the clinic at any one time. All areas where consultations or treatments occur are appropriate for the health and safety of general practitioners, other members of the practice team and clients; twenty-eight (28) of our consulting/examination rooms have a height adjustable bed.

### **Procedure**

Our consulting rooms have sufficient space, are free from excessive extraneous noise and have adequate lighting for observation. The temperature in the consulting rooms is maintained at a comfortable level, particularly for situations that require clients to undress for an examination.

The practice ensures that both visual and auditory privacy is afforded to all clients in examination areas, treatment rooms and consulting rooms. Where clients are required to undress/dress, they are provided with a gown and the privacy curtain around the examination bed is drawn.

Privacy and confidentiality of client information is considered at all times, including during telephone conversations between members of the practice team and clients.

Client personal health information is treated with respect, and letters, forms or notes concerning clients are not visible to other clients. Computer screens are positioned to ensure the content on the screens are not visible to clients and visitors, and screensavers are activated.

We maintain adequate infection prevention and control procedures in the consulting and treatment areas, including:

- Cleaning examination beds regularly and as required.
- Ensuring the consulting and treatment rooms are maintained and visibly clean with surfaces accessible for cleaning.





- Storage areas for sterile/non-sterile items are dust proof and dry; and
- Multiple hand washing facilities.

The security of the practice (and the practice team members) is an important issue and strategies are in place in the event of a breach of security.

### 3.10. Hand Washing Facilities

#### Policy

Dedicated hand washing facilities with hot and cold water, liquid soap and single-use paper towels are readily available in every clinical management and treatment area, including the consulting rooms.

#### Procedure

Alcohol-based hand gel is available in:

- The doctors' bags to use when hand washing facilities are inadequate or not available (e.g. home or other visits);
- All treatment and examination areas to encourage hand hygiene in addition to hand washing; and
- Common areas used by clients and practice team members to encourage hand hygiene.

All new members of the practice team are informed about our hand washing and hand hygiene procedures (refer to **Section 3.18 – Hand washing and hand hygiene**) and we provide regular updates and training in infection prevention and control.

Infection control training is an annual competency for all staff working in our clinic. <https://www.hha.org.au/> - Welcome to Hand Hygiene Australia (HHA).

### 3.11. Waiting Area

#### Policy

Bega's clinic waiting area is fit-for-purpose. The design and layout enable privacy and is sufficient to accommodate the usual number of clients and others who would be waiting at any one time.

#### Procedure

The safety of clients and visitors is considered when selecting seating, furniture and toys, and the area is kept tidy and clean to maintain a safe environment.



The practice is able to provide appropriate and respectful care for clients and others in distress, i.e. vomiting, upset or in severe pain. Privacy for such clients is provided by allowing them to sit in an unused room, staff room or other designated area, rather than waiting in the general waiting area.

Auditory privacy within the waiting area is enhanced by the use of a television to mask conversations at reception; and privacy and confidentiality of client personal health information is considered when team members are discussing clients and their health information within the reception area. Computer screens are not readily visible, and screensavers are used.

The waiting room furniture is in good condition, without sharp edges, and the room is maintained in a clean and tidy state with surfaces easily accessible for cleaning.

A range of posters, leaflets or brochures about health issues is available in the waiting room for clients to self-select.

## 3.12. Toilets

### Policy

Toilet facilities for clients and others are easily accessible and well signposted. To reduce the possible spread of infection and to encourage good hand hygiene, washbasins are provided within each facility.

### Procedure

Toilet facilities for clients are located within the courtyard area and are easily accessible and well signposted.

Hand washing facilities, including liquid soap and single-use paper towels are readily available for use by clients and visitors within the toilet facilities.

Bega has separate toilets for staff and clients.

All toilet facilities are well maintained and visibly clean, with surfaces accessible for cleaning, including the baby change table.



### 3.13. Telecommunication System

#### Policy

Our practice's telecommunication system facilitates client access to the practice services and aims to adequately meet the needs of clients and team members. The auditory privacy and confidentiality needs of clients have been considered when locating our telephones and facilities for electronic communication.

#### Procedure

Our telephone system provides sufficient inward and outward call capacity and has the functionality for electronic communication (either email or facsimile). The practice has an onramp100 for telephone extension ISDN 20 lines dedicated for telephone calls and 4 lines for electronic communication.

It is recognised that the telecommunication needs of the practice may change over time, in-line with staffing changes and growth of the practice. Strategies are in place to monitor, review and make the appropriate changes to the telecommunications system as required, and this includes monitoring through feedback from clients and practice team members.

### 3.14. Unauthorised Access Areas

#### Policy

GPs and other members of the practice team need to ensure the confidentiality and security of client personal health information and other sensitive practice materials. Refer to Bega policies on Confidentiality (ORGPN07) and Privacy (ORGPN04).

We also ensure areas are protected by security swipe access controls to protect staff and control visitor access to our clinical areas.

#### Procedure

Signage is displayed to prevent unauthorised public access to specified areas in the practice.

The presence of a security guard increases security and safety for clients, GPs and other team members. Our clinical team ensure they undertake all reasonable measures to reduce the risk of unauthorised access to client personal health information or sensitive practice materials.

The confidentiality and security of client health records, prescription pads/paper, letterhead, administrative records and other official documents are maintained and stored in the server room, which is in a restricted access area. Client personal health information is also stored in manner that is not



accessible to unauthorised persons, and all sensible security measures are taken to prevent unauthorised access to medications and to the doctors' bags.

Facsimile machines, printers and other communication devices are not readily accessible to people other than the general practitioner(s) and authorised members of the practice team.

Security

### Policy

Bega ensures, as much as possible, that our facilities provide appropriate security for clients, practice team members and visitors. All practice team members are aware of and, are able to implement protocols to ensure the safety and security of all persons within the practice.

### Procedure

The premises are protected by a computerised alarm system that has motion detection sensors located at various points on-site; refer to the office floor plan available in the reception.

A duress alarms, linked to the security system, are located on the wall in reception and in all consultation rooms. Our security firm is on site during opening hours and patrols the site after-hours.

During routine practice hours at least one other practice team member in addition to the general practitioner(s) is present in the practice. By having another member of the practice team present, this allows for practical help to be provided during an emergency situation; reduces the risk of unauthorised access to client personal health information and sensitive practice documents; and provides security and safety for clients, general practitioner(s) and other team members.

Finance department maintains the assets register that incorporates information regarding the assets. Contracts and warranties for medical, office and other site equipment are securely locked, maintained, and updated as required by the Clinic Coordinator. Confidential waste is placed in a locked storage box prior to shredding or secure destruction by a contracted document destruction company.

Security codes are routinely changed for computers and the security system, and clients, visitors and trades people are to report to the reception desk upon arrival. Where, appropriate visitors and trades people are to wear an identification name badge on-site.

All Schedule 8 medications are stored securely and in accordance with Western Australia legislative requirements (refer to **Section 4.48 – Medicine management (scheduled medicines)**).

All practice team members are encouraged to be vigilant whilst on duty and to ensure the continuing safety of all general practitioners, clients, visitors, and other team members.

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## Open and lock up protocol

### At commencement of the working day:

- The premises are unlocked, and the security alarm is deactivated using the practice team member's allocated and confidential security code.
- All exits are checked for unimpeded access, and windows are unlocked and opened as required for routine practice operation.
- Lights are turned on, as well as the heating/cooling system, computers, and photocopier.
- The after-hours answering machine is turned off, and any messages are retrieved.
- The facsimile machine is checked for any incoming messages; and
- Any unusual issues or missing items are reported to the Manager Primary Health

### At the end of the day:

- All doors are locked.
- A check is conducted to ensure the computer backup is complete (or scheduled after-hours as required).
- Designated computers, photocopier and heating/cooling system are turned off.
- Checks are performed to ensure the medicines cupboard and medicines safe are locked.
- Checks are performed to ensure all bins are empty.
- All office areas are checked to ensure there are no unsecured confidential documents, including medical and finance records.
- Prescription pads/paper, practice letterhead, health records, and other administrative records or official documents are stored away securely.
- The cash box is secured, and the answering machine is turned on.
- All lights are turned off, and the security lights turned on; and
- The security system is activated.



## 3.15. Principles of Infection Prevention and Control

### Policy

Because many infectious agents are present in healthcare settings, clients may be infected while receiving care. Healthcare workers and others, such as receptionists and transport workers, may be infected during the course of their duties or when working or interacting with clients and other people. Potential infection risks to the practice team and our clients need to be reduced.

Bega has implemented systems that minimise the risk of healthcare associated infections.

We have appointed Manager Primary Health with primary responsibility for the development and consistent implementation of our infection prevention and control systems and procedures. Specific areas of responsibility may be delegated to other members of the practice team (e.g. infection prevention and control processes, environmental cleaning, immunisation, education) and these particular responsibilities are documented in the relevant position descriptions (also refer to **Section 5.9 – Governance and management**).

All members of the practice team have an individual responsibility to identify any potential infection risks within the practice and to be familiar with and implement the relevant infection prevention and control procedures of our practice (refer **Human Resources Section 2**). Infection and Prevention control is a permanent agenda item at our weekly clinic meetings.

New members of the practice team, including contracted or casual staff, are educated on the infection prevention and control policies that are appropriate to their duties as part of their induction to our workplace and their competency is assessed and recorded. Mechanisms are in place to ensure ongoing education and competency on a regular basis and when changes occur to our procedures (refer to **Section 5.4 – Training, qualifications, and continuing education**).

Subject to informed consent, the immunisation status of Bega team members is known and recorded, including the documentation of any refusal. Clinical team members are provided with access to the current *Australian Immunisation Handbook* via website link: <https://immunisationhandbook.health.gov.au/> and our team members are offered the recommended immunisations in accordance with this handbook as appropriate to their duties (refer **Section 3.4 – Practice team immunisation**).

Our practice remains alert to changes to guidelines for infection prevention and control and can implement them accordingly in a timely manner. We have a system for monitoring and obtaining information about national and local infection outbreaks, as well as about emerging new risks of cross infection. We have an



effective mechanism for timely receiving and dissemination of any important communication or updates about emerging diseases or infection prevention and control measures to all relevant team members (refer **Section 5.2 – Risk assessment and management**).

### Procedure

Bega has designated the Manager Primary Health with primary responsibility for coordinating and sustaining our infection prevention and control processes. This includes:

- Continually modifying and improving our procedures and written policies in accordance with the most recent evidence and guidelines and adopting a risk management approach when implementing infection prevention and control measures.
- Ensuring the timely dissemination of information concerning changes to infection prevention and control procedures or information about national and local infection control outbreaks.
- Maintaining practice team members' knowledge, education and competency in infection prevention and control activities and ensuring the consistent implementation of our infection prevention and control policies and procedures.
- Ensuring the practice remains visibly clean and the environmental cleaning processes are documented.
- Appropriate delegation of infection prevention and control responsibilities and documentation of such delegation; and
- Educating clients on infection prevention and control activities.

To ensure consistency of workplace practices our policy and procedure manual contains the following infection prevention and control protocols:

- Prevention of disease in the workplace by serology and immunisation (Section 3.4).
- Blood and body-substance spills management (Section 3.17).
- Blood and body-substance exposure and sharps injury management (Section 3.3).
- Hand hygiene (Section 3.18).
- Standard and aseptic procedures (Section 3.19).
- Environmental cleaning of clinical and non-clinical areas (Section 4.21).
- Safe storage and stock rotation of sterile products (Section 3.22).
- Procedures for waste management including the safe storage and disposal of clinical waste and general waste (Section 3.23).



- The appropriate use and application of standard and transmission-based precautions, including the management of clients with potential communicable diseases (Section 3.26 and 3.27).
- Access for clients and practice team members to personal protective equipment including education on appropriate application, removal, and disposal (Section 3.27).
- Safe handling of pathology specimens (Section 3.28).
- Ongoing education and training including (Section 5.4); and
- The mechanism for assessing staff competency in infection prevention and control procedures (Section 2.0 and 3.17)

### 3.16. Blood and Body–Substance Spills

#### Policy

Bega has management systems for dealing with blood and body-substance spills herein and in our Clinic Induction Manual (located on the Bega Intranet), and these include the following:

- Spills management training is provided in the clinic on an annual basis.
- Blood and body-substance spills include blood, vomit, urine, faeces, sputum and body tissue and are treated as potentially infectious substances that can transmit disease should contact occur.
- General practitioners, nurses, other health professionals, practice team members and external contractors (e.g. cleaners) use standard precautions to achieve a basic level of infection prevention and control regardless of the known or perceived infection status of the blood or body-substance.
- Any spillage needs to be treated promptly to reduce the potential for contact with other clients, practice team members or visitors; and
- The Clinic Coordinator has the primary responsibility for coordinating and sustaining our infection prevention and control processes, is responsible to ensure all team members are familiar with the practice’s policy and procedure for the management of blood and body-substance spills, that they receive adequate training on how to appropriately manage blood and body-substance spills, and that they are familiar with the actions to take in the event of exposure to blood or body-substance while cleaning a spill (refer to **Section 3.3 – Sharps injury management and other body-substance exposure**).

Bega has a spills kit readily available consisting of a rigid walled container with a lid containing:

- A laminated guide containing a list of the spills kit contents and the spills management procedure.





- One (1) small bucket, with the water level marked.
- A pre-measured amount of detergent\* in a labelled container ready to be made up when necessary.
- Non-sterile utility gloves.
- Goggles and a face shield.
- Masks.
- Disposable aprons.
- Paper towels.
- Scrapers (i.e. two pieces of firm cardboard);
- Hazard sign to quarantine the area.
- Plastic (clinical and general) bags; and
- Polymerising beads (or other absorbent material such as kitty litter).

### Procedure

As part of our practice's induction process, all members of the practice team are provided with information about our practice's protocol for managing spills of blood and body-substances including what to do in the event of a needle-stick injury or exposure to blood or body-substance (refer to **Section 3.3 – Sharps injury management and other body-substance exposure**).

In our practice, the spills kit is located in the dispensary and clinic hallway near treatment room.

It is the responsibility of the Clinic Coordinator, to maintain the spills kit by ensuring all perishable items contained are within their expiry date and that stock is replenished/replaced as required.

Our management of spills is flexible enough to cope with different types of spills, taking into account the following factors:

- Nature of the spill: for example, sputum, vomit, faeces, urine, or blood.
- Pathogens most likely to be involved: for example, stool samples may contain viruses or bacteria, whereas sputum may contain *Mycobacterium tuberculosis*.
- Size of the spill: for example, a spot, small or large spill.
- Type of surface: for example, carpet or vinyl flooring.
- Area involved: for example, in a contained area such as a consultation room or in a public area such as the waiting area; and

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- Possibility of some material remaining on a surface where cleaning is difficult (e.g. between tiles) and the possibility of bare skin contact with that surface.

The affected area must be left clean and dry. Disposable items in the spills kit must be replaced after each use and reusable items cleaned according to protocol.

Only those practice team members with their immunisation status and spills management training recorded are permitted to clean spills of blood or body-substances.

**The method for cleaning spills in our practice is as follows:**

1. Apply standard precautions.
2. Don personal protective equipment.
3. Prepare detergent and water.
4. Tear off enough paper towel to manage the spill, use cat litter provided if excessive.
5. Prepare the rubbish bag.
6. Commence cleaning of the spill.

**If the spill is on a hard surface:**

- Wipe up any solid matter and excess material.
- Clean with detergent and water using a clean piece of paper towel each time.
- Dry the surface.
- Dispose of contaminated material.

**If the spill is on a soft fabric or carpet:**

- Use polymerising beads or other absorbent material.
- Scrape up residue.
- Clean with detergent and water using a fresh piece of paper towel each time.
- Quarantine the area until dry.
- Consider arranging for the carpet to be 'steam' cleaned.
- A disinfectant may be used after cleaning.
- Dispose of contaminated material.



### 3.17. Hand Washing and Hand Hygiene

#### Policy

Effective hand hygiene has been proven to reduce the spread of infection. This minimises the risk of cross-contamination through physical contact with clients and co-workers and touching inanimate objects such as door handles and telephones.

Gloves are not a substitute for hand cleaning. Fingernails are to be kept short and clean, and jewellery to be at a minimum as these may harbour bacteria; nailbrushes are not to be used. Cuts and abrasions are to be covered with water resistant dressings.

Hand Hygiene Australia, <https://www.hha.org.au/>, is an annual competency in our practice.

#### Hand hygiene must be performed:

- Before and after eating
- After routine use of gloves
- After handling any used instruments or equipment
- After going to the toilet
- When visibly soiled or perceived to be soiled
- Before, after and between performing procedures (e.g. removal of moles, suturing lacerations, wedge resections, drainage of cysts), and
- Before examining neonates and clients who are immunocompromised.

Easy access to hand hygiene facilities is promoted by having dedicated hand washing facilities with hot and cold water, liquid soap and single-use paper towel readily available in every clinical management and treatment area, including consulting rooms.

Hand disinfectants designed for use without water, such as alcohol-based hand gel is available in:

- The doctors' bags to use when hand washing facilities are inadequate or not available (e.g. home or other visits)
- All treatment and examination areas to encourage hand hygiene in addition to hand washing, and
- Common areas used by clients and practice team members to encourage hand hygiene.

The most appropriate hand hygiene product to be used is selected with consideration of the following factors:

- Type of hand hygiene required i.e. routine, aseptic (clinical), or surgical

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- The location of the product
- Compatibility of agents if multiple agents are used e.g. hand creams, ointments, and
- Care and protection of the person's hands, and any sensitivities.

In our practice, we do not use soap bars under any circumstances. We have liquid hand wash dispensers with disposable cartridges, including a disposable dispensing nozzle available, and where these are not available a pump pack is used. The liquid soap pump backs are discarded when empty.

Appropriate facilities for drying hands are provided. Single-use towels (paper) are available in all areas where hand washing facilities are provided; hot air dryers are not used in our clinical management and treatment areas. Disposable paper towels are used prior to aseptic procedures and hand moisturiser is made available for use.

### Procedure

The methods of hand hygiene performed in our practice are as follows:

Type of hand hygiene	Technique	Duration	Drying	When
Routine hand cleaning for soiled hands	Washing: <ul style="list-style-type: none"> <li>• Wet hands</li> <li>• Wash with neutral liquid soap</li> <li>• Rinse thoroughly</li> <li>• Use paper towel to turn off the taps if not 'hands free'</li> </ul>	10-15 seconds	<ul style="list-style-type: none"> <li>• Paper towel</li> </ul> OR <ul style="list-style-type: none"> <li>• Clean, dry, single-use cloth towel</li> </ul> OR <ul style="list-style-type: none"> <li>• Clean section of roller towel</li> </ul>	<ul style="list-style-type: none"> <li>• Before eating</li> <li>• After going to the toilet</li> <li>• Before and after client contact</li> <li>• After removing gloves</li> </ul>
	Skin disinfectants: <ul style="list-style-type: none"> <li>• Remove soil first, using hand wipes or soap and water</li> <li>• Apply alcohol-based hand rub</li> </ul>	10-15 seconds OR Until dry	Rub hands until dry, without wiping	<ul style="list-style-type: none"> <li>• Before eating</li> <li>• After going to the toilet</li> <li>• Before and after client contact when hands are not visibly soiled</li> </ul>

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Type of hand hygiene	Technique	Duration	Drying	When
	<ul style="list-style-type: none"> <li>Rub over all surfaces in the same manner as washing hands</li> </ul>			<ul style="list-style-type: none"> <li>After removing gloves</li> </ul>
<b>Hand washing for standard aseptic (clinical) procedures</b>	<p>Method:</p> <ul style="list-style-type: none"> <li>Wet hands</li> <li>Wash with neutral liquid soap or antimicrobial cleaner</li> <li>Rinse thoroughly</li> <li>Use paper towel to turn off taps if not 'hands free'</li> <li>Alcohol based hand rub can be used in emergency situations outside the practice, provided hands are not visibly soiled</li> </ul>	1 minute	<ul style="list-style-type: none"> <li>Paper towel</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>Clean, single-use cloth towel</li> </ul>	Before any procedures requiring a clean or 'no touch' technique
<b>Hand washing for surgical aseptic procedures</b>	<p>Method:</p> <ul style="list-style-type: none"> <li>Remove jewellery</li> <li>Wet hands and forearms</li> <li>Wash with antimicrobial cleaner (4% chlorhexidine or 0.75% detergent-based povidone or 1% aqueous povidone)</li> <li>Clean under nails only if needed (do not scrub hands with nail brush as they can break the skin and be a source of infection)</li> <li>Rinse carefully, keeping hands above elbows</li> </ul> <p>To turn of taps if not hands free:</p> <ul style="list-style-type: none"> <li>Ask another member of the practice team to turn</li> </ul>	<p>First wash of the day: 5 minutes</p> <p>Subsequent washes: 3 minutes</p>	Sterile towels	Before significant invasive surgical procedures

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Type of hand hygiene	Technique	Duration	Drying	When
	off the taps or use sterile towelling.			

Source: RACGP Infection prevention and control standards for general practices and other office-based and community-based practices (5th edition)

The location of our hand washing facilities and available hand hygiene products are as follows:

Location	Hand washing facilities	Equipped for routine hand washing	Equipped for aseptic hand washing	Equipped for Surgical hand washing
Client toilets	<ul style="list-style-type: none"><li>• Liquid soap</li><li>• Paper towel/air dryer</li></ul>	Yes	No	No
Consulting rooms	<ul style="list-style-type: none"><li>• Liquid Soap</li><li>• Antimicrobial cleaner (2% Chlorhexidine)</li><li>• Paper towel</li></ul>	Yes	Yes	No
Treatment room	<ul style="list-style-type: none"><li>• Liquid Soap</li><li>• Antimicrobial cleaner (4% Chlorhexidine)</li><li>• Paper towel</li><li>• Sterile towel</li></ul>	Yes	Yes	Yes

### 3.18. Standard and Aseptic Procedures

#### Policy

Standard aseptic technique refers to work practices used by GPs and other healthcare professionals to minimise the risk of introducing and transmitting infection during clinical procedures. Standard aseptic technique is used during treatment of wounds such as lacerations and ulcers, as well as minor operative procedures such as removal of moles and biopsies and venepuncture.

Surgical aseptic technique refers to work practices that result in preventing or minimising microorganisms entering sterile body areas such as through surgical incisions during a procedure. Elements of this technique may be used in some settings for more invasive procedures.

We ensure all practice team members involved in procedures are adequately trained and educated to execute standard and surgical aseptic technique as required.



## Procedure

### Standard aseptic technique is achieved by:

- Using standard precautions, including hand hygiene and personal protective equipment where necessary.
- Using barriers (e.g. clean single-use gloves);
- Using water or saline to clean ulcers or lacerations.
- Using skin disinfectants to prepare operative sites.
- Using clean environmental surfaces.
- Using a no-touch technique – that is, no direct contact between the health professional’s hand and the client during the procedure, such as using forceps during dressings or clean single-use gloves if no-touch technique is not possible (e.g. probing a penetrating wound);
- Using drapes to form a ‘clean field’ dependent on situation and risk.
- Using sterile instruments and equipment; and
- Reprocessing reusable instruments and other equipment between each client.

### Surgical aseptic technique involves:

- Using a sterile operating field where everything within a defined radius is clean and sterile.
- Using sterile gloves, gowns, drapes and instruments.
- Using skin disinfectant on the client; and
- Taking care to ensure that nothing unsterile comes within the sterile field.

## 3.19. Handling and Use of Chemicals

### Policy

Bega does not use cleaning agents or other chemicals which are known to be toxic to the user such as glutaraldehyde. Chemicals and cleaning agents used in our practice are used in accordance to the manufacturer’s instructions and are disposed of in accordance with our waste management procedure (refer to **Section 3.23– Management of waste**).

Refer to the Bega Policy OSHPN12 – Chemical Register Policy for further information.

Cleaning solution (detergents) that is mixed with other liquids by our practice is made at the beginning of each working day and discarded at the end of each working day, with the container rinsed and left upside



down to dry overnight. This is to avoid the spread of microorganisms, which may have contaminated the solution. To avoid wastage, only enough solution is made up for the day.

All containers of chemical agents are appropriately labelled. This is to ensure that the contents of the containers can be readily identified and used correctly. For this reason, labels must be kept fixed to the container at all times and clearly understood.

Specifically, it is our policy that a container with diluted cleaning agent states the following:

- Name, type and purpose of chemical agent.
- Instructions on preparing and discarding the solution; and
- Warnings and/or health and safety instructions.

**Safety Data Sheets (SDS)** are made available for all chemicals and hazardous materials found in the cleaner's room and dispensary and are visible on equipment and hazardous substances. The use and handling of chemicals, including cleaning agents, complies with the manufacturer's instructions.

It is important that our practice stores chemicals in a safe area to prevent unauthorised access. Most of our containers of chemicals are stored in a designated cupboard that is out of the reach of children; however, we also use a cupboard that is below waist height and this cupboard is fitted with a child-proof lock.

We ensure all practice team members who are required to handle chemicals are trained in the correct and safe use of the chemical, and this includes correct use of personal protective equipment.

All chemicals and cleaning equipment used in practice is used only for the purpose intended and in accordance with the manufacturer's instructions including ensuring dilution ratios are strictly adhered to.

#### Procedure

Bega stores the following listed chemical and cleaning products for the following uses:

Product	Use	Storage location	SDS available
<b>Arid Cleaner</b>	Urinal cleaner	Cleaners room	Yes
<b>Arid Enviro clean tablets</b>	Toilet Deodorant Tablet	Cleaners room	Yes
<b>Crossfire</b>	Detergent degreaser	Cleaners room	Yes
<b>Halo fast dry</b>	Glass cleaner	Cleaners room	Yes
<b>Knockout</b>	Commercial grade Disinfectant & Deodoriser	Cleaners room	Yes

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Product	Use	Storage location	SDS available
Bleach 4%	Disinfecting, distaining, bleach and mould removal in all areas	Cleaners room	Yes
Wipeout	Cleaning agent	Cleaners room	Yes
All Round	Carpet cleaning	Cleaners room	Yes
Super Big oven cleaner	Oven & grill cleaner	Cleaners room	Yes

Safety data sheets (SDS) for each product are found in the Cleaners room and Dispensary.

### 3.20. Single-Use Items

#### Policy

Single-use items and devices must not be reprocessed.

#### Procedure

Single-use items and devices include but are not limited to oxygen masks and tubing, nebuliser sets, spacers, razors, spatulas, auriscope tips, pins for sensory testing, medications such as eye drops and ointment, lancets for blood testing, spirometer and peak flow mouthpieces, disposable instruments.

Single use is the only acceptable method in this practice for all procedures.

Single-use vials only are used in our clinic to reduce the potential for wastage and transmission of infectious diseases.

Where possible, saline solution and skin preparation agents are purchased in single-use sachets or containers; larger containers, if used, are dated when opened and changed regularly.

Some items may be reprocessed for use by the same client where labelled by the manufacturer as “single-client use” and, in this case, the manufacturer’s instructions for reuse is followed. This process may include specific cleaning requirements and/or limitations to the number of times the item can be reprocessed before needing to be disposed of.

Single-use items or equipment contaminated with blood or body-substance is disposed of in accordance with our waste management procedure (refer to **Section 3.23 Management of waste**).



## 3.21. Storage of Sterile Items

### Policy

All sterile items shall be stored and handled in a manner that maintains the sterility of the packs and prevents contamination from any source.

Factors that influence shelf life are event-related (not time-related) and are dependent on storage and handling conditions.

### Procedure

Instruments in our practice are stored:

- In a clean, dry and well-ventilated area.
- In an area free from draughts.
- In an area where there is reduced chance of contamination from dust and water.
- with dust covers should items be stored for a long period of time.
- In a manner which allows stock rotation, e.g. place recently used items at the back and take from the front; and
- With the contents of the package clearly visible to reduce handling of instruments.

Waste and sharps or disposable single-use instruments are disposed of into the appropriate waste stream in accordance with **Section 3.23 – Management of waste**.

## 3.22. Management of Waste

### Policy

Clinical and related waste must be handled, stored, packaged, labelled, and transported appropriately to minimise the potential for contact with the waste and to reduce the risk to the environment from accidental release.

The RACGP's Infection prevention and control standards for general practices and other office-based and community-based practices (5th edition) <https://www.racgp.org.au/your-practice/standards/infectioncontrol> outline policies and procedures that assist Bega Service to safely manage waste. We are also aware of our local, Western Australian, and federal regulations that impact on our waste management and ensure that our processes align to the requirements of *the Australian Standards AS/NZS 3816:1998*.



All members of our practice team receive education regarding the management and handling of waste that is appropriate to their role, including the safe use and disposal of sharps (refer to **Section 3.24 – Sharps management**), the management of spills (refer to **Section 3.17 – Blood and body-substance spills**) and the management of blood and body-substance exposure (refer to **Section 3.3 – Sharps injury management and other body-substance exposure**).

Our waste policies (**Section 3.23**) include:

- Use of standard precautions when handling waste.
- Segregation of waste into the correct category: ‘clinical and related’ and ‘general’ waste.
- Safe storage of waste; and
- Safe disposal of waste.

**Clinical and related waste** is waste that has the potential to cause infection or disease, sharps injury or public offence and includes such things as: discarded sharps; human blood, fluids and tissue (excluding hair, teeth, nails, urine and faeces); waste from clients known to have (or suspected of having) an epidemiologically significant communicable disease or being colonised/infected with an antibiotic resistant organism; material that contains free flowing or expressible blood; and pharmaceutical, chemical or cytotoxic waste.

**General waste** is any waste that does not fall into the ‘clinical and related’ waste category and includes: office waste; kitchen waste; urine, faeces, teeth, hair and nails; disposable nappies; used tongue depressors; non-hazardous pharmaceutical waste (e.g. out of date saline); items contaminated with blood or body-substances (though not to such an extent that it would be considered clinical waste, i.e. not contaminated with ‘expressible blood’).

### Procedure

All members of the practice team use appropriate personal protective equipment when handling waste including, at a minimum, wearing gloves. Clinical and related waste is only removed by trained practice team members and waste, whether general or clinical and related, is not compressed by hand.

Our practice’s waste management procedures include sharps disposal. Our sharps containers and designated biohazard are located in each area where the applicable waste is generated and are emptied at the end of each day or when full.

Clinic Coordinator is delegated responsibility to ensure adequate stock levels of our waste containers are maintained and collection schedules are timely.

All clinical waste containers in our practice (with the exception of sharps containers - refer to **Section 3.24 – Sharps management**):



- Are lined with a yellow clinical waste bag.
- Are labelled 'clinical waste' and display the biohazard symbol.
- Have rigid walls.
- Are sealable with a secure lid.
- Are easy handled and have hands-free operation; and
- Are positioned to be inaccessible to the public and particularly out of the reach of children.

While awaiting collection, our clinical waste is stored securely inside a yellow biohazard identified bin in the ambulance bay. Collection of our clinical waste is made only by a SITA to provide appropriate disposal. The clinical waste bins are collected 2 times a week and final disposal of our clinical waste is by special burial or high temperature incineration, depending on the category of the clinical waste as determined by the contents (which can vary from time to time).

All general waste produced in is segregated at the point of use into recyclable, non-recyclable and shred-only waste according to local council regulations, privacy and confidentiality requirements. Waste contaminated with blood or body-substance (that is not considered clinical waste) is placed into a bin, lined with a bag which is positioned so as to be inaccessible to the public and particularly out of the reach of children. The final disposal of this waste is made into the normal council waste collection bins. Waste containing sensitive information is shredded and disposed of in accordance with our privacy and confidentiality protocols.

### 3.23. Sharps Management

#### Policy

Bega makes every attempt to minimise the risk of injury to the practice team and clients, and to prevent the possible transmission of disease by discarded sharps.

Sharps represent the major cause of accidents involving potential exposure to blood-borne diseases. All sharp items contaminated with blood and body-substance is regarded as a source of potential infection. Safe handling and disposal of sharps is essential to protect the operator and other team members from injury and possible transmission of disease. Sharps may be defined as any object or device that could cause a penetrative injury.

Consideration is given to the use of devices that significantly reduce the risk of sharps injury.

The member of the practice team who generates or uses a sharp is responsible for the safe use and disposal of that sharp; this responsibility cannot be delegated.



Our practice is responsible to ensure all members of the practice team are familiar with the practice's policy and procedure for the safe handling and disposal of sharps and that they are also familiar with the actions to take in the event of a sharps injury (refer to **Section 3.3 – Sharps injury management and other body-substance exposure**).

### Procedure

Sharps disposal containers are placed in all areas where sharps are generated. Where possible they are located between hip and shoulder height.

All sharps' containers in our practice:

- Comply with Australian Standards AS4031-1992.
- Are positioned to be inaccessible to children.
- Cannot be knocked over.
- Are located so that the neck is clearly visible to health professionals when disposing of items; and
- Are closed and replaced when the full indicator is reached.

The following procedures are undertaken when disposing of sharps:

- The person using the sharp is responsible for its safe disposal.
- Sharps are preferably disposed of immediately but must be disposed of at the end of the procedure being performed.
- Used sharps must not be carried about unnecessarily.
- Injection trays must be used to transport the needle and syringe to and from the client.
- Needles and syringes must be disposed of as one unit.
- Needles must not be recapped.
- Needles must not be bent or broken prior to disposal.
- Containers must not be overfilled as injuries can occur whilst trying to force the sharp into an overfilled container – close container securely when at the fill line.
- The lid must be securely closed once the contents reach the fill line.
- Sharps containers must not be placed on the floor or in areas where unauthorised access or injury to children can occur.
- Sharps containers must not be placed directly over other waste or linen receptacles; and
- Assistance must be obtained when taking blood or giving injections to an uncooperative client or to a child.



While awaiting collection, sharps containers are never reopened and are stored with and managed as clinical waste (refer to **Section 3.23. – Management of waste**), ready for collection by SITA.

Our practice assumes an active role in reducing the possibilities for sharps injury by purchasing safe equipment whenever such an option is available, without compromising the quality and safety of client care. Examples include:

- Self-retracting single-use lancets for blood glucose testing.
- Self-retracting cannula insertion devices and needleless IV administration systems; and
- Vacuum blood collection tubes.

### 3.24. Standard Precautions

#### Policy

Standard precautions must be taken by all practice team members involved in client care or who may have contact with blood or body-substances (including secretions and excretions but excluding sweat) regardless of the known or perceived infection status of the client. The blood and body-substances of all clients must be considered potentially infectious at all times.

Standard precautions are work practices that are used consistently to achieve a basic level of infection prevention and control in all healthcare settings and all situations.

Standard precautions are designed to protect both clients and the members of the practice team, and comprise the following measures:

- Hand hygiene.
- Use of appropriate personal protective equipment for example heavy duty protective gloves, gowns, plastic aprons, masks, eye protection or other protective barriers.
- Respiratory hygiene and cough etiquette.
- Use of aseptic technique to reduce client exposure to microorganisms.
- Safe management of sharps and waste.
- Appropriate immunisation of all general practitioners, clinical and healthcare professionals, and administrative staff.
- Effective reprocessing of reusable equipment and instruments.
- Environmental controls such as design and maintenance, cleaning, and spills management; and



- Support services such as waste disposal, laundry and cleaning services.

The RACGP's Infection prevention and control standards for general practice and other office-based and community-based practices (5th edition) <https://www.racgp.org.au/your-practice/standards/infectioncontrol/> recommends the use of heavy duty protective gloves, gowns, plastic aprons, masks, eye protection or other protective barriers when cleaning, performing procedures, dealing with spills or handling waste.

### Procedure

All staff involved in client care or who may have contact with blood or body-substances are required to understand and use standard precautions when they are likely to be in contact with:

- Blood.
- Body-substances including secretions and excretions (but excluding sweat).
- Non-intact skin; and
- Mucous membranes.

## 3.25. Transmission-Based Precautions

### Policy

Transmission-based precautions are measures used in addition to standard precautions when extra barriers are required to prevent transmission of specific infectious diseases. Transmission-based precautions are used for clients known or suspected to be infected with highly transmissible pathogens.

Bega team members are educated in how to triage and apply transmission-based precautions for clients known or suspected with a potential communicable disease.

Transmission-based precautions require:

- Isolation of the infectious source to prevent transmission of the infectious agent to susceptible people in the healthcare setting, and
- A means for alerting people entering an isolation area of the need to wear particular items to prevent disease transmission.

There are three (3) transmission-based precautions categories based on routes of infection transmission in a healthcare environment. These are:

- Contact precautions
- Droplet precautions, and



- Airborne precautions.

### Procedure

Transmission-based precautions are used for clients known or suspected to be infected with highly transmissible pathogens (e.g. influenza).

In general, it is our practice's main goal to minimise exposure to others. This may be achieved through:

- The use of personal protective equipment.
- Distancing techniques (e.g. one (1) metre between clients in the waiting room, isolating the client in a separate room or in their car).
- Effective triage and appointment scheduling, including advancing these clients ahead of others.
- Hand hygiene.
- Encouraging cough etiquette and respiratory hygiene.
- Surface cleaning, and
- By avoiding touch to one's own nose and mouth.

To help prevent the transmission of communicable diseases, our clients are educated in respiratory etiquette, hand hygiene, our practice precautionary techniques (e.g. telephoning reception first if they suspect they may have influenza), and our distancing techniques by displaying posters and information leaflets in the waiting room and through our recorded 'on hold' message.

To determine the appropriate personal protective equipment to be used where transmission-based precautions are required, our practice follows the guidelines as described in the RACGP's Infection prevention and control standards for general practice and other office-based and community-based practices (5th edition). <https://www.racgp.org.au/your-practice/standards/infectioncontrol/>





Requirement	Airborne transmission	Droplet transmission	Contact transmission
<b>Gloves</b>	No	No	For all manual contact with client, associated devices and environmental surfaces
<b>Impermeable gown, apron</b>	No	No	Use when health professional's clothes are in substantial contact with the client (including items in contact with the client and their immediate environment)
<b>Mask</b>	Yes	Yes	Protect face if splash is likely
<b>Goggles/face shield</b>	Protect face if splash is likely	Protect face if splash is likely	Protect face if splash is likely
<b>Special handling of equipment</b>	Single use equipment or reprocess after client use (includes all equipment in contact with client)	No	Single use equipment or reprocess after client use (includes all equipment in contact with client)
<b>Other</b>	<ul style="list-style-type: none"> <li>• Encourage client to use respiratory etiquette</li> <li>• Segregate client if possible</li> <li>• Give client a mask to wear if segregation is not possible</li> <li>• Communicate the client's infectious status to other practitioners and health professionals involved in the case of the client (e.g. ambulance and emergency department staff if transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage client to use respiratory etiquette</li> <li>• Segregate client if possible</li> <li>• Give client a mask to wear if segregation is not possible</li> <li>• Communicate the client's infectious status to other practitioners and health professionals involved in the case of the client (e.g. ambulance and emergency department staff if transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage client to use respiratory etiquette</li> <li>• Wash hands after removing gloves and gowns</li> <li>• Communicate the client's infectious status to other practitioners and health professionals involved in the case of the client (e.g. ambulance and emergency department staff if transferred to another healthcare facility) so that appropriate transmission-based precautions can be maintained</li> </ul>

Source: RACGP Infection prevention and control standards for general practices and other office-based and community-based practices (5th edition)

### 3.26. Personal Protective Equipment

Bega has personal protective equipment available, including gloves, gowns, aprons, masks, goggles, and face shields.

All members of our practice team have easy access to this personal protective equipment, receive education about the proper use of personal protective equipment, and have a clear understanding of the purpose of personal protective equipment and how to apply, remove and dispose of it.

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Refer to Bega policy OSHPN19 PPE for further information.

### **Procedure**

All members of practice team have easy access to appropriate personal protective equipment and, in the areas where personal protective equipment is used, there are posters providing education on the appropriate application, removal and disposal of the items.

Personal protective equipment is located in the treatment room, and the maintenance and re-ordering of the items is the responsibility of the Clinic Co Ordinator.

Personal protective equipment is used in all cases where there is potential for contact with blood or body-substances including:

- Any examinations requiring contact with mucous membranes.
- Cleaning or dressing wounds, taking down bandages.
- Cleaning up after procedures.
- Preparing instruments and equipment for sterilisation.
- Assisting with or performing procedures.
- Cleaning of contaminated surfaces.
- Cleaning spills of blood and body-substances.
- Taking blood.
- Handling all pathology specimens, and
- Controlling bleeding.

Personal protective equipment is also used when handling chemicals such as liquid nitrogen.

Our practice ensures and documents that all members of the practice team receive education during their induction period and on an ongoing basis. This training focuses on the appropriate use of the various types of personal protective equipment and where to access this equipment.



**Personal protective equipment includes:**

- Gloves (sterile, non-sterile, general-purpose utility, heavy duty puncture-resistant).
- Face masks (surgical and P2/N95 respirators).
- Goggles and face shields.
- Gowns (long and short sleeved, cuffed, disposable, reusable); and
- Plastic aprons.

**All members of Bega team understand and are competent in:**

- Determining the appropriate use and selecting the correct type of personal protective equipment for the presenting situation.
- Explaining the purpose of the different types of personal protective equipment; and
- Demonstrating the correct fitting and removal of personal protective equipment and the safe disposal of these items.

**Disposable gloves should be used:**

- When handling blood and body-substances or when contact with such is likely.
- When handling equipment or surfaces contaminated with such substances.
- During contact with non-intact skin; and
- During venepuncture – although needle stick injury may still occur, the presence of the glove layer could reduce the volume of any inoculum.

**Sterile gloves should be used:**

- During any surgical procedure involving penetration of the skin or mucous membrane and/or other tissue.
- When venepuncture is performed for the purpose of collecting blood for culture; and
- During procedures that require a sterile field.

**Heavy duty gloves should be used:**

- During general cleaning and disinfection.
- During instrument processing; and
- During cleaning of blood or body-substance spills.



#### **Surgical masks can be used:**

- During procedures or activities that might result in splashing and the generation of droplets of blood, body-substances or bone fragments.
- When there is a risk of droplet transmission of disease.
- To protect unimmunised members of the practice team and clients; and
- By the client to prevent the spread of disease (suspected or known).

**P2/N95 masks are to be worn** by staff -when there is a risk of airborne transmission of diseases (suspected or known) such as tuberculosis or pandemic influenza.

#### **Protective eyewear should be used:**

- To prevent splashing or spraying of blood and body-substances into the wearer's eyes such as during surgical procedures, venepuncture, or the cleaning of spills, contaminated areas or instruments; and
- When there is a risk of airborne/droplet transmission of disease (suspected or known).

#### **Gowns and plastic aprons should be used when there is a risk of:**

- Contamination of wearer's clothing or skin with blood and body-substances such as during surgical procedures, venepuncture, or the cleaning of spills, contaminated areas, or instrument processing; and
- Airborne/droplet transmission of disease (suspected or known).

### **3.27. Safe Handling of Pathology Specimens**

#### **Policy**

Laboratory investigation of specimens is integral to clinical care. Specimen collection involves the sampling of various body sites for laboratory examination which will allow for the detection and identification of microorganisms that cause disease and, if appropriate, to determine their antibiotic sensitivity.

The quality of the specimen received in the laboratory can have a major impact on the subsequent microbiological and clinical diagnosis. Valid results rely on the specimen being of the required quantity, collected correctly and transported appropriately to the laboratory.

False results may occur if specimens are kept for prolonged periods before examination in the laboratory, as some organisms may outgrow others, whilst other delicate organisms may not survive. False results may also occur if specimens are not stored at the correct temperature.



As all specimens may contain microorganisms capable of causing disease, care must be taken to ensure that they are handled and transported in a safe manner. Although the processes of obtaining client specimens and transporting these to the laboratory are considered to be routine practice, they are not without risk. Transmission of infection to a healthcare worker may arise from suboptimal practice.

### Procedure

Our practice's procedures associated with the handling of pathology specimens is as follows:

- Containers are named and labelled before use to avoid the need for extensive handling after the specimen has been collected
- After collection of blood and body-substances, these are to be placed in the appropriate specimen container, as specified by the testing laboratory
- Wipe the container clean to remove any visible soiling and check the specimen is correctly identified
- Securely seal the container to prevent any leakage during transport
- Place the container upright in a waterproof bag or container
- Take care to avoid contamination of pathology slips by keeping them separate from the clinical specimens
- Maintain any specimen to the temperature required so as to not compromise the laboratory investigation.

## 4. PRACTICE MANAGEMENT

### 4.1. Access and Parking

#### Policy

Bega recognises that access to our services and facilities is important to our clients. We make all reasonable efforts to facilitate physical access to the premises and services offered and are committed to considering how best to meet the needs of our clients with physical disabilities or other special needs.

Where possible, wheelchair access, suitable parking and pictorial signage are provided to assist clients with a physical or intellectual disability.

Where physical access is limited to the practice and its facilities, or where physically attending the practice could result in an adverse outcome for the client, the practice provides off-site or home visits (refer to **Section 4.3 – Home and other visits**).



Car parking facilities are available within a reasonable distance from the practice for our clients, visitors and team members and there are two (2) designated parking bays for disabled clients.

Sufficient signs are provided externally and internally to assist visitors and clients in accessing the practice facilities.

### **Procedure**

Designated parking for our general practitioners and other members of the practice team is available at the side and rear laneway of the clinic. Easily accessible parking is available at the front of the clinic

This practice provides physical access to clients, visitors, and practice team members via the main entrance.

Ambulance gurney access is provided to the practice via the Ambulance Bay at side entrance. Signage is provided to direct services to the Ambulance Bay.

Our practice has height adjustable beds in twenty-three (23) consulting rooms to assist in the care of clients, and to reduce the risk of clients injuring themselves when getting on or off the examination bed and to reduce the practice team members assisting the clients.

Doorways and walkways are kept free of clutter to ensure a clear pathway for all persons and in an emergency.

Prominent signs at the front of the practice allow the public to easily locate Bega and the parking facilities from the street. External signage also displays the practice name, address, opening hours, and telephone numbers (both within and outside normal opening hours).

Any external lights noted not to be operating are to be reported to the Manager Primary Health immediately.

Bega has provisions for clients with disabilities to access our services and facilities through:

- Wheelchair accessibility to our reception, toilets, and consulting rooms
- Designated parking, in close proximity to the entrance.

## **4.2. Appointments**

### **Policy**

Our clients are able to make appointments to see specialist allied health teams or visiting specialists by contacting reception or the Specialist Administration Officer.



Clients may request to see their preferred general practitioner or other health care provider, such as an Aboriginal Health Practitioner. This is accommodated whenever possible but cannot be guaranteed due to availability.

The length of clinical consultations will vary according to individual client needs. Our aim is to provide enough time for adequate communication between clients and their practitioners to facilitate preventative care, effective record keeping and client satisfaction.

Bega endeavours to accommodate clients with urgent medical matters as a priority. We endeavour to respect clients' cultural backgrounds and, where possible, meet their needs including providing privacy for clients and others in distress.

#### **Procedure**

Clients are able to request their preferred GP when presenting to the clinic. The practice team will endeavour to ensure that clients generally see the same practitioner. If clients are unable to obtain an appointment with the GP of their choice, they are advised of the availability of other practitioners they can consult with.

Reception staff monitor the patient quota each morning. Where capacity has been reached clients are asked to return just before 1.00pm when the clinic is re-open or transport to KRH is offered as an alternative.

If a third party is to be present during a consultation/treatment, whether requested by the general practitioner or accompanying the client, consent from the client will be obtained prior to the consultation (refer to **Section 4.40 - Third party observing or clinically involved in the consultation**).

Our clients will be notified of any expected waiting times. Wherever significant delays are expected, we advise our clients so that they have the option to return at a later time.

As a priority, practice team members are vigilant of the need to detect and place requests for urgent care for immediate or timely attention by a general practitioner. Bega accommodates urgent care as a priority. (refer to **Section 4.9 - Medical emergencies and urgent queries**).

Cancellations and 'no-shows' are monitored and marked accordingly in the appointments schedule and these clients are followed up as appropriate. Attempts to contact clients that fail to attend appointments are documented in the client's health record.



Appointments made for clients required to attend a recall or periodic medical review are flagged as a priority so that they do not have to wait for any extended time. If the client fails to attend the general practitioner is alerted and it is documented in the client's file. If the recall is urgent, 3 attempts will be made to get the client in. If still unsuccessful this is discussed with the General Practitioner who will advise if we need to continue trying to get the client in (refer to **Section 4.37 - Follow up of tests, results, and referrals**).

When clients present at the clinic, Bega team members obtain the client's name and correctly identify the client using three (3) approved identifiers in accordance with **Section 4.36 – Client identification** then:

- Determine the urgency of the appointment.
- Determine the length of the appointment required (i.e. does the client have complex medical or communication needs, or multiple health matters they want to discuss?);
- Annotate any appointments made for a periodic review (e.g. blood pressure check) or medical recall (e.g. abnormal pathology result) so follow up procedures can be instigated if the client does not attend.
- If the general practitioner requested is not available at the preferred time, give the nearest available time/day before asking the client if another general practitioner would be suitable; and
- Provide suggested appointment times if needed, verbally re-confirm to the client their name, scheduled appointment time and general practitioner being seen.

**If the client scheduling the appointment is new to the practice:**

- Inform them of the practice location and parking arrangements
- Obtain their contact telephone number/s, address and other demographics, and
- Ask the client to bring list of current medications where applicable.

### **Cancellations and missed appointments**

Clients who do not attend for their scheduled appointment are contacted to arrange another appointment, if required.

### **Clients that fail to attend a recall or periodic medical review appointment**

For appointments of significance, it is imperative every attempt is made to contact these clients and that such attempts are documented in the client's health record.

In attempting to contact the client, telephone calls are made at three different times of the day and should the client not respond, a follow up letter is sent requesting the client contact the practice (also refer to **Section 4.37 – Follow up of tests, results and referrals**).





### **Clients in distress**

We respectfully manage clients and others in distress by providing privacy through moving them to a vacant consultation room.

## **4.3. Home and other Visits**

### **Policy**

Where safe and reasonable, Bega GPs and health practitioners makes visits to regular practice clients in their homes, Edward Collick and Victoria Park Nursing homes within normal working hours. Our practice has decided upon a reasonable distance within which visits can be conducted. These visits are only provided within Kalgoorlie and Boulder.

All clients are made aware that home and other visits are a suitable care alternative that is available both within normal opening hours and that the provision of a home or other visit is determined by the client meeting pre-determined eligibility criteria.

For regular clients whose circumstances are deemed not safe and/or reasonable, the practice ensures that there is an alternate system of care that these clients can access.

There are documented arrangements in place to exchange clinical details about clients to general practitioners who perform home and other visits on behalf of the client's regular practitioner, and to ensure that all off-site care provided is documented in the client's health record held in the practice.

Home and other visits are provided by appropriately qualified health professionals who have received information and advice about safety and security when conducting off-site visits.

### **Procedure**

A client can arrange for a home or other visit, or a general practitioner may request to see a client in their place of residence if the following criteria are met:

- The client is a regular client of this practice.
- The client resides in a location that is within Kalgoorlie-Boulder area.
- Where it is safe and reasonable.
- The practice has the correct contact details for the client on file; and
- The client has the type of problem that necessitates a home visit such as:
  - Acutely ill.
  - Immobile.
  - Elderly.



- No means of transport.
- Unable to access the practice facilities due to disability; and/or
- Palliative care.

When receiving a request for a home or other visit from a client, the practice team refer to our triage protocols to determine if the urgency of the request. Where necessary, advice is sought from the client's usual general practitioner when scheduling the visit (refer to **Section 4.9 – Medical emergencies and urgent queries**).

All home and other visits recorded in the appointments schedule are noted as such.

Where clients with regularly scheduled home or other visits request a visit outside of this time, the request is referred to the client's GP who will confirm if this additional visit is required.

Where home or other visits are performed by Silver Chain on behalf of our practice, documented arrangements exist that include the requirement for timely exchange of clinical information about the client's care, how the service can access the client's usual general practitioner in exceptional and emergency circumstances, and assurance that care will be provided by appropriately qualified health professionals.

Notes of all consultations conducted through a home or other visit, both within and outside normal opening hours, are documented in the client's health records. If information about the client is held in two separate records systems (e.g. electronic and paper-based) there must be a record made of every consultation in each system indicating where the full clinical notes of the consultation is recorded so that all GPs, including locums, who consult that client know to look at both systems in order to access all relevant information.

All GPs and other healthcare professionals undertaking home or other visits are given information and advice about protecting their safety.

There may be occasions where it is unsafe or unreasonable to provide a client requesting care at home with a home visit. Bega makes attempts to advise families/carer that we are unable to provide the client with home visits. The situation is discussed with the GP and if necessary, the police will be notified of the situation.

This advice is documented in the client's health record.

## 4.4. Telephone

### Policy

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An incoming telephone call is the principal method for initial and subsequent communication by a client and most other persons to this practice. As such, the telephone is recognised as a vital vehicle for creating a positive first impression, displaying a caring, confident attitude and acting as a reassuring resource for our clients and others.

Our aim is to facilitate optimal communication opportunities with our clients. Our general practitioners and other team members are aware of alternative modes of communication used by clients with a disability or a language barrier.

Some clients may be anxious, in pain or distracted by their own or a family member or friend's medical condition. Bega team members provide a professional and empathetic service whilst attempting to obtain adequate information from the client or caller.

Bega team members are trained not to argue with, interrupt or patronise callers. Courtesy should be shown to all callers and allow them to be heard; every call should be considered important.

Bega prides itself on the high calibre of customer service we provide, especially in the area of client security, confidentiality, and right to privacy, dignity and respect. Team members are mindful of confidentiality requirements to ensure client names or clinical discussions about clients are not openly stated over the telephone when within earshot of other clients or visitors.

It is important for clients telephoning Bega to have the urgency of their needs determined promptly. Our practice team try to obtain adequate information from the client to assess whether the call is an emergency before placing the caller 'on hold'. Our team members are trained during induction, and on an ongoing basis, to recognise urgent medical matters and the procedures for obtaining urgent medical attention, and when to escalate a telephone call to a member of the medical or clinical team.

Clients of Bega are able to access a member of our medical or clinical team by telephone to discuss their clinical care. When telephone communication is received, the urgency and nature of the call is gathered to determine if the call will be transferred immediately or if a message will be taken for the call to be returned. In non-urgent situations, client calls should not interrupt consultations with other clients.

Client messages taken for follow-up by a GP or other practice team member are documented for their attention and action or, in their absence, for the designated person who is responsible for that absent team members' workload. Any action taken is documented in the client's health record.

### **Procedure**

Any personal calls received are kept brief so as to remain mindful of engaging the telephone lines. A comprehensive telephone answering machine message, both during and outside normal opening hours, is



maintained and activated to advise clients of our after-hours care arrangements and the advice to call '000' in an emergency.

All members of the practice team are aware of alternative modes of communication that may be used by clients with a disability or special needs, including the National Relay Service (NRS) for callers with hearing impairments, and Translating and Interpreter Service (TIS) for clients who do not speak the primary language of Bega team. We ensure their use is conducted with appropriate regard for the privacy and confidentiality of health information and that clients are made aware of any risks these modes may pose to the privacy and confidentiality of their health information or any additional out-of-pocket costs, e.g. the requirement for a longer appointment.

Important or clinically significant communications with or about clients are noted in the client's health record, and we have provisions for clients' usual general practitioners to be contacted after-hours for life threatening or urgent matters or results.

All telephone messages received are returned in a timely manner.

**When receiving an incoming telephone call, Bega team members follow this procedure:**

- Pick up the telephone receiver within three (3) rings.
- Answer by stating "Bega Garnbirringu Health Service" this is [your name] speaking, how may I help you today?"
- If the caller has not identified themselves – ask their name.
- If the call is for an appointment, refer to **Section 4.2 – Appointments**.
- If the call is assessed as an emergency or urgent query, refer to the steps outlined in **Section 4.9 – Medical emergencies and urgent queries**.
- If the caller is inquiring about their results from recent tests or investigations performed, do not disclose any information, and refer to **Section 4.37 – Follow up of tests, results, and referrals**.
- If the caller requests to speak with a specific general practitioner, this will only occur if the practitioner is available, otherwise the caller will be advised the practitioner will call back when they are available, details recorded in client notes.
- Never attempt to diagnose or recommend treatment over the telephone.
- Encourage the caller to write down any instructions resulting from the telephone call.
- Have the caller repeat any instructions given to assess their understanding of what was said, and

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- Ensure the caller's consent is obtained prior to placing them on hold in case the call is an emergency.

**All significant and important telephone conversations, medical emergencies and urgent queries are documented in the client's file. The log records the:**

- Name and contact telephone number of the client/caller.
- Date and time of the call.
- Urgent or non-urgent nature of the call.
- Important facts concerning the client's condition.
- Advice or information received from the GP or other healthcare team member (e.g. nurse); and
- Details of any follow up actions necessary.

**Details of telephone or attempted telephone contact with a client (whether initiated by Bega team or the client) is recorded in their health record, including the:**

- Reason for the contact.
- Advice and information given; and
- Details of the outcome of that attempt (e.g. message left on answering machine) where team members have attempted to contact the client.

#### **Calls 'on hold'**

It is important to try to obtain adequate information from the client/caller to assess whether the call is an emergency before placing the call on hold. If another incoming call registers and no other practice team members are available to answer the incoming call, ask to put the caller on hold or seek to terminate the call with an offer to call them back to continue the discussion.

Do not leave the caller on hold for long periods. Return to the caller periodically if there is a significant delay in managing their call (e.g. waiting to transfer the call to another member of the practice team who is not immediately available) to re-confirm the caller remains satisfied to wait or if they would rather a message for a return call be taken.

Bega's 'on hold' message provides the advice to call '000' in case of an emergency.



## 4.5. Communication with Clients by Electronic Means

Bega is mindful that even if clients have provided electronic contact details, they may not be proficient in communicating via electronic means and client consent needs to be obtained before engaging in electronic communication. Electronic communication includes email, facsimile, and Short Message Service (SMS). Communication with clients via electronic means is conducted with appropriate regard to privacy.

Please refer to Bega policy ORGPN03 – Computer, Internet and Email Usage for further information.

### Procedure

Our practice's primary reason for communicating electronically to clients is to issue appointment reminders and we verify the correct contact details of the client at the time of the appointment being made.

Communication with clients via electronic means is conducted with appropriate regard to privacy. Before obtaining and documenting the client's consent, clients are fully informed through information contained, in our clinic brochures and on our website, of the risks associated with electronic communication in that the information could be intercepted or read by someone other than the intended recipient. Bega also has an automatic email response system set up so that whenever an email is received into the practice, the sender receives an automated message reinforcing information regarding these risks, Bega email address is [info@bega.org.au](mailto:info@bega.org.au).

When an email message is sent or received in the course of a person's duties, that message is a business communication and therefore constitutes an official record. All electronic contact with clients is recorded in their health record.

All members of the practice team are made aware of our policy regarding electronic communication with clients during induction and are reminded of this policy on an ongoing basis. They are made aware that electronic communications could be forwarded, intercepted, printed and stored by others. Each member of the practice team holds full accountability for emails sent in their name or held in their mailbox, and they are expected to utilise this communication tool in an acceptable manner. This includes, but is not limited to:

- Limiting the exchange of personal emails.
- Refraining from responding to unsolicited or unwanted emails.
- Deleting hoaxes or chain emails.
- Email attachments from unknown senders are not to be opened.
- Virus checking all email attachments.

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- Maintaining appropriate language within electronic communications.
- Ensuring any personal opinions are clearly indicated as such; and
- Confidential information (e.g. client information) must be encrypted.

Bega reserves the right to check an individual's email accounts as a precaution to fraud, viruses, workplace harassment or breaches of confidence by members of the practice team. Inappropriate use of the email facility will be fully investigated and may be grounds for dismissal.

The practice uses an email disclaimer notice on outgoing emails that are affiliated with the practice stating:

*We're proud to announce that our mob is telehealth enabled.*

*This message is confidential and should only be used by the intended addressee. If you were sent this email by mistake, please inform us by reply email and then destroy this message. The contents of this email are the opinions of the author and do not necessarily represent the views of Bega Garnbirringu Health Services.*

## 4.6. Using Social Media in Bega

For the purposes of this manual, 'social media' refers to websites and applications that enable users to create and share content or to participate in social networking.

Any employee who uses social media for work purposes or publishes content regarding Bega, its employees, Board Members, or customers, must always comply with the Bega policy ORGPN06 – Social Media.

Application of the ORGPN06 – Social Media policy equally applies:

- to any personal blogs employees may operate.
- whether the employee is using their personal device or a Company-owned device.
- whether the employee is within or outside the usual workplace location; and
- whether the usage occurs inside or outside ordinary working hours.

**Reference: ORGN06 – Social Media Policy** is also located on the Bega website:

<https://bega.org.au/bewp/wp-content/uploads/2018/08/ORGPN06-Social-Media-Policy.pdf>

## 4.7. Practice Website

### Policy

Bega is committed to making information about our practice and its services readily accessible for all clients and the community. One way to achieve this is through our practice website.



## Procedure

In complying with the Privacy Act 1988 <https://www.legislation.gov.au/details/c2014c00076>, Bega provides the following advice to users of our website about the collection, use and disclosure of personal information. The aim of this advice is to inform users of our website about:

- What personal information is collected by our practice?
- Who is collecting the personal information?
- How personal information is used by our practice.
- Access to personal information collected by our practice, and
- Security of personal information collected by our practice.

Bega's Privacy policy is posted on the intranet and website and is available for download. The website is continually monitored to ensure it is kept current and up-to-date and contains at a minimum the information included on our practice information sheet (refer to **Section 4.19 – Practice information sheet**). Any changes to Bega information sheets and/or brochures are also reflected on the website.

As our website contains advertisements from time to time, we ensure any advertising complies with the Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx> and includes a disclaimer on any advertising which states that the practice does not endorse the advertised services or products.

## 4.8. Visitors

Clients and other visitors are welcome to our practice. All members of the Bega team value the principles of good relations whether it is in person, by written or electronic form, or on the telephone. Persons including all types of visitors, e.g. clients, relatives, friends, healthcare providers, students, pharmaceutical and other business service representatives and tradesmen are shown friendly, courteous recognition and assistance.

Refer to Bega Policy OSHPN21 – OSH Visitor Policy for further information.

### Procedure

When a person presents at reception or lingers in the main entrance or other areas of the practice and remain unidentified, our staff ask the person if they require assistance to elicit the reason for their presence on our site. If they are found in other areas of the practice, ask the person to wait in the waiting room.





If the visitor looks suspicious, we alert security and the Manager Primary Health to assist. If the person is not a client but is booked to see a general practitioner or other member of the practice team, alert the relevant person that their visitor has arrived.

If the visitor is an unsolicited representative with no appointment pre-arranged, we are to schedule an appointment for the visitor to come back at that booked time.

Visitors who will require moving throughout the building are to sign the *Visitors Book* and enter the time of their arrival and departure; a visitor's badge is supplied whilst on the premises. The reception staff will advise the appropriate staff when these visitors are in the practice.

## 4.9. Medical Emergencies and Urgent Queries

### Policy

This practice classifies clients seeking medical consultations according to priority of need. Our triage system ensures that clinical care is provided to clients with urgent medical problems as a priority.

Clients telephoning the practice have the urgency of their needs determined promptly. All members of the Bega team know and use the triage process, a copy of which is accessible at reception.

Administrative staff and members of the medical and 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 all team members are given training to its effective use and are encouraged to regularly update their first aid skills, including undertaking training in cardiopulmonary resuscitation.

Bega has a Disaster Preparedness Plan that shows the management of clients with possible communicable diseases such as influenza. The Disaster Preparedness Plan can be found on the Bega Intranet: RMPLAN02 – Risk Management – Disaster Preparedness Plan.

When telephoning the practice, Bega team ask the caller if their call relates to an emergency before placing them on hold. Our recorded telephone answering machine messages, both during and outside of normal opening hours, include a recommendation to call '000' if the matter is an emergency.



Our GPs and other members of the practice team provide appropriate care and privacy for clients and others in distress.

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

### **Procedure**

All members of the Bega team, including GPs and other healthcare professionals receive regular training and updates in cardiopulmonary resuscitation each year.

All team 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. Documentation of all triage and medical urgency and emergency training is retained in each practice team member's employment file.

In accordance with triage guidelines, displayed in our reception office, our reception team members aim to obtain adequate information from the client to assess the nature and urgency of their problem. This occurs when making an appointment (for telephone calls or walk-ins), before placing a caller on hold, and while observing clients in the waiting room.

Clients 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, clients are advised of any potential for out-of-pocket costs where the use of specific practice materials/equipment is required, or a longer consultation is necessary.

Reception staff monitor genuine resistance from clients relating to waiting times and offer screening from an AHP / Nurse as an alternative. The AHP / Nurse can then make a clinical judgement to assess if presentation is urgent. The AHP / Nurse will then communicate with a Doctor if required.

A computer entry is used to record all significant telephone conversations or actions including medical emergencies and urgent queries in the client's file:

- Name and contact telephone number of the client/caller.
- Date and time of the call.
- Urgent or non-urgent nature of the call.
- Important facts concerning the client's condition.
- Advice or information received from the general practitioner (or clinical team member); and



- Details of any follow up appointments.

## 4.10. After-Hours Service

### Policy

This practice ensures reasonable arrangements for medical care, including the follow up of seriously abnormal and life-threatening pathology results for our clients outside our normal opening hours.

In our practice, we offer after-hours care to clients of Bega by having formal arrangements with the Kalgoorlie Health Campus.

To facilitate continuity of care, we ensure any reports or notes pertaining to consultations occurring outside the normal opening hours, either by or on behalf of our practice, are incorporated into the clients' health records in a timely manner.

Bega has provisions enabling pathology providers to contact a client's general practitioner or other member of our medical team where significant and life-threatening pathology results are identified outside our normal opening hours.

### Procedure

Our practice's normal opening hours are:

<b>Monday</b>	8.30am – 12.00noon and 1.00pm – 4.30pm
<b>Tuesday</b>	8.30am – 12.00noon and 1.00pm – 4.30pm
<b>Wednesday</b>	8.30am – 12.00noon and 1.00pm – 4.30pm
<b>Thursday</b>	8.30am – 1.30pm
<b>Friday</b>	8.30am – 12.00noon and 1.00pm – 4.30pm

Advice to our clients on how to access care during the after-hours period is available:

- By our telephone call diversion system.
- In the practice information brochure.
- On a sign visible from outside the practice.
- On our Bega website.

For calls received after-hours, our practice has a comprehensive message on the answering machine that includes the practice's opening hours, details of the after-hours care arrangements in place and a recommendation to call '000' if the matter is an emergency.



At Bega, we offer after-hours care to clients of our practice by having formal arrangements with Kalgoorlie Health Campus, who will provide appropriate information for us to include in the client's health file, in a timely manner.

Sometimes our general practitioners may need to be contacted during the after-hours period by the pathology service about a serious or life-threatening matter. We have provided Clinipath with a list of the after-hours contact numbers of our general practitioners and, in the event, they cannot be contacted, an alternative person to contact in their absence. This list is reviewed and updated on a regular basis to ensure the numbers and contacts remain current.

Any correspondence or notification received about after-hours care provided to a client of Bega is documented in the client's health record.

Bega has a formal arrangement with Kalgoorlie Health Campus to provide care to our clients during the after-hours period. The written agreement includes:

- Jointly identify and support reporting requirements of each organisation.
- Evidence that the care will be provided by appropriately qualified health professionals, and
- Evidence of the accreditation status of the after-hours service provider.

## 4.11. Practice Meetings

### Policy

Regular discussions where all members of the practice team are encouraged to have input are important in building a high performing team. We aim to cultivate a just, open and supportive culture where individual accountability and integrity is preserved, but there is a whole-of-team approach to the quality of client care.

Practice meetings are conducted on a regular basis or more frequently as required to facilitate the exchange of practice news, other general administration and protocol issues, complaints and to discuss risk management issues arising out of the practice. Matters pertaining to clinical care may be discussed at these meetings if appropriate, or during clinical meetings.

Urgent daily notices and other general items for immediate attention for clinic staff are sent via Bega Intranet and /or group clinic emails. All members of the practice team are required to read the notices.

### Procedure

#### Practice team meetings



It is important that all members of the practice team have the opportunity to discuss administrative issues with the practice directors and/or owners when necessary; they are, therefore, supported and encouraged to attend Bega team meetings.

Practice team meetings are held weekly, and minutes are recorded. Calls for items for the agenda are made at least two (2) days prior to the scheduled meeting and may be submitted to the Administration Assistant up to one (1) week prior to the meeting. All members of the practice team are expected to attend, unless they are on planned or unplanned (e.g. sick) leave.

Administrative and workplace health and safety procedures are regularly reviewed at these meetings, and discussion and suggestions for improvement to quality, client safety or policies and procedures associated with risk management is a standing agenda item.

Practice discussions about near misses, slips or lapses, with the intention of identifying what went wrong and how to reduce the likelihood of it happening again, are included in the practice team meeting where appropriate.

Any decisions made during the practice team meetings are documented, along with the person responsible for implementing the related action.

Outside of these planned meetings, all members of the practice team are encouraged and supported to raise any matters for discussion with Clinic Coordinator and or Manager Primary Health.

### **Clinical team meetings**

Good communication between members of the clinical team is important for ensuring a consistent approach to clinical care. All members of our medical and clinical team meet face-to-face on a weekly basis to formally discuss clinical matters. In between these scheduled meetings, and emails are used to consider and communicate clinical issues.

The Clinic Coordinator is the person with designated responsibility for leading clinical improvement in our practice. Team meetings are held weekly. All staff are informed at Induction of these meetings.

Client care and case studies are discussed during clinical team meetings which help to facilitate consistency of care by all general practitioners, practice nurses, allied health professionals and other healthcare professionals within Bega in the diagnosis and management of our clients. There is also a standing discussion item about clinical issues, support systems, new guidelines, and evidence. This includes a review of client information brochures used for preventative activities and to support management or treatment choices to ensure they are of appropriate quality, and that all members of the team are giving consistent information.



Clinical issues, updates, case studies and reports of continuous quality improvement (CQI) activities, complaints and incident reviews are presented, discussed and action taken as required, helping to improve processes and client outcomes.

Guest speakers are invited from time to time to speak on latest developments or products, and pharmaceutical representatives may seek to arrange a lunch or breakfast meeting, providing a specialist to speak on a particular topic. In these instances, the Manager Primary Health is required to identify availability of times for these meetings.

## 4.12. Client Rights

### Policy

Bega respects the rights and needs of all clients.

### Procedure

No client is refused access to clinical assessment or medical treatment on the basis of gender, race, disability, Aboriginality, age, religion, ethnicity, beliefs, sexual preference or medical condition. Provisions are implemented to ensure clients with a disability can access our services, non-Aboriginal clients with a health care card may be eligible to attend our service.

Bega identifies important/significant cultural groups within our practice including non-English speaking background clients, religious groups, and those of Aboriginal and/or Torres Strait Islander background. We endeavour to continue to develop any strategies required to meet their needs.

Bega provides respectful care at all times and is mindful of our clients' personal dignity. We have a plan in place to respectfully manage clients in distress.

Visual and auditory privacy for clients is provided in the waiting room and during the consultation. The waiting room provides a television to assist client auditory privacy. Each consulting and treatment room has a curtain around the examination bed for client privacy, and the doors to the consulting rooms are closed for each consultation.

Client privacy and confidentiality is assured for consultations and in medical and accounts records, appointments, telephone calls and electronic media including computer information. Bega does not leave client information in any format in areas of the practice or surrounds that would allow unauthorised access. All members of our practice team sign a privacy agreement upon acceptance of work, and risk immediate dismissal should a breach of this agreement occur. Information no longer required that

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contains any reference to clients, including diagnosis reports, specialist letters, accounts etc. is securely disposed of via shredding.

Clients have a right to access their personal health information and may request to view their record or obtain a copy.

Our privacy policy for the management of health information is displayed in the waiting room and also on the practice information sheet and practice website and is readily presented to anyone who asks. This policy includes information about the type of information and data this practice collects, how we collect it, use it and protect it, and to whom we may disclose it to

Clients have the right to refuse any treatment, advice or procedure. Our general practitioners discuss all aspects of treatment and will offer alternatives should a client seek another medical opinion (refer to **Section 4.42 – Management of a client refusing treatment or advice**).

For ongoing management of clients should they leave the area, our general practitioners will ask for the forwarding practitioner/practice address and facilitate a transfer of health information. A copy of the client's health record or health summary will be sent directly to the new location via secure priority post.

This practice acknowledges a client's right to complain. We provide mechanisms to ensure that this feedback, as well as positive comments and suggestions, are freely received and implemented where possible.

Clients are provided with sufficient information about the purpose, importance, benefits, risks and possible costs associated with proposed investigations, referrals or treatments to enable clients to make informed decisions about their health.

Clients are provided with adequate information about Bega to facilitate access to care including our arrangements for care outside our normal opening hours.

Bega participates in the RACGP Australian General Practice Training (AGPT) <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx> program and regularly has Registrars on-site; clients are advised of this with a notice in the waiting room, when applicable. If undergraduate students are on practice placement and observe client consultations, the client is asked for their prior consent to the presence of this third party and this consent is documented in their health record.

Client consent is also sought for participation in our health reminder systems and any research projects we may participate in. Clients are advised that any prior consent given can be withdrawn at any time.



## 4.13. Non-Aboriginal Clients

### Background

Aboriginal and/or Torres Strait Islander people living in the catchment area for Bega are the primary client group for the Service, and as such they have access to the full range of services provide. A full range of services is also available to any Aboriginal and/or Torres Strait Islander person who is visiting the catchment area from other places.

As services are provided for free, and the organisation's resources are limited, it can be necessary to consider how clinic staff should approach the issue of providing services to clients who are not Aboriginal or Torres Strait Islander. The Board of Management has given the following guidance to clinic staff in response to being asked for direction about this issue:

Bega is funded by Federal and State Government to provide a primary health service to people. Bega may offer a service to non-Aboriginal persons who possess a valid health care card. Bega reserves the right to decline service to non-Aboriginal clients where the provision of this service may cause exclusion of an Aboriginal client or clients.

### Guidelines

Any person who presents at the clinics with an urgent clinical problem should be provided with emergency clinical care.

Other people who are not Aboriginal and/or Torres Strait Islander, who are holders of a Centrelink pension or benefit card, and who present at our clinic, should be assessed by an Aboriginal Health Worker / Practitioner and/or a general practitioner in the usual way, and not be deterred from attending the clinic.

An information sheet displaying the contact details of other local health facilities will be available in Reception for distribution to people who are not eligible to attend the Health Service.

## 4.14. Complaints

Refer to the Bega Policy ORGPN02 – Complaints Management Policy is located on the Bega intranet and website.

Opportunities are available for clients and other visitors to tell us, “How we are doing” and we collect systematic client experience feedback at least every three (3) years.

The practice information brochure provides clients with information on how to provide feedback, including how to make a complaint.





We have a complaints resolution process which all members of the practice team are familiar with, and we also make the contact details for the Western Australian health complaints agency readily available to clients if we are unable to resolve their concerns.

Clients have a 'right to complain' and where possible, clients and others are encouraged to raise any concerns directly with the practice team who are all trained to make sure clients of the practice feel confident that any feedback or complaints made will be handled appropriately. We believe most complaints can be responded to and resolved at the time the clients or other people such as carers, relatives, friends, or other consumers make them known to our team.

Under national and Western Australian privacy laws, Bega provides and adheres to a complaints process for privacy issues and those related to the Australian Privacy Principles (APPs).  
<https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles>

All members of the Bega team are educated to be prepared to address complaints as they arise. Depending on the nature of the complaint and any advice received from our medical indemnity insurers where required, complaints are recorded and actioned with a copy placed in the client's health record if related to client care.

All clinical and medical staff, as well as administration staff, are aware of the professional and legal obligations regarding the mandatory reporting of unprofessional conduct.

### **Procedure**

Clients and others have opportunities to register their complaints either verbally or in writing (letter). Clients or others are able to complain anonymously if desired.

All members of the Bega team are educated to be prepared to address complaints as they arise. When receiving complaints, Bega keeps in mind the following in order to minimise further client anxiety and hostility:

- Handle all complaints seriously, no matter how trivial they may seem.
- Verbal complaints made in person should be addressed in a private area of the practice where possible.
- Use tactful language when responding to complaints.
- Do not blame others; clients may not have all the facts, or they may distort them.
- Address the client's expectations regarding how they want the matter resolved.
- Assure the client that their complaint will be investigated, and the matter not disregarded.



- Offer the person an opportunity to complete a formal complaint form (they may accept or decline).
- Document all complaints and other relevant information and place this in the complaint folder so the person designated to manage complaints is informed of the complaint (even if the matter appears to have been resolved).
- Alert security or the Manager Primary Health about disgruntled or hostile clients so they can diffuse the situation immediately - often clients are reluctant to make a complaint directly to a general practitioner.
- Always inform the person designated to manage complaints if you become aware of any significant statements made by the client or significant change in client attitude.

The practice has appointed, Chief Operations Officer with designated responsibility for seeking, collecting, analysing, investigating, resolving, and managing all feedback and complaints. Any investigation and resolution of complaints is undertaken using an open disclosure process, incorporating the following:

- Acknowledge the client's right to complain.
- Acknowledge receipt of the complaint as soon as possible, but within two (2) working days using the Acknowledgment of Complaint letter template.
- Respond to all complaints as soon as reasonably practicable, but within thirty (30) days in an open and constructive manner including an explanation and if appropriate an apology.
- If a resolution of the matter is to take longer than thirty (30) days, an update of the resolution activities will be provided to the client, with an anticipated revised timeframe for resolution.
- Work with the client to resolve the complaint and communicate the outcome with the client, including any changes made as a result of the complaint.
- As a routine, contact the practice's insurer when there is a complaint about a member of the medical or clinical team in order to seek advice on resolving the complaint before any action is taken (refer to **Section 5.7 – Management of potential medical defence claims**).
- Where a complaint is made against a practice team member, provide the team member with an opportunity to discuss the details in a private setting.
- Ensure the complaint does not adversely affect the client's care.
- Record the complaint, investigation, and actions in the dedicated complaints file and, if related to client care, include a copy in the client's health record.
- Ensure, where appropriate, complaints are reviewed at practice team meetings; analyse trends and discuss the methods of resolution.



- Review other types of client feedback (i.e. feedback surveys, suggestion box) during practice team meetings;
- Keep a record of improvement(s) made in response to feedback or complaints.
- Where appropriate, inform the client about practice improvements made as a result of their input.

If the matter cannot be resolved, the client is advised about how to contact the external health complaints agency.

**Western Australia**

Health and Disability Services Complaints Office (HaDSCO)

Complaints and enquiries line: (08) 6551 7600 / 1800 813 583

Web: [www.hadsko.wa.gov.au](http://www.hadsko.wa.gov.au)

Complaints that relate to privacy issues or concerns that cannot be resolved internally are to be directed to the Office of the Australian Information Commissioner (OAIC).

**Office of the Australian Information Commissioner**

Telephone: 1300 363 992

Postal Address: GPO Box 5218, Sydney NSW 2001

Web: [www.oaic.gov.au](http://www.oaic.gov.au)

Members of the public may make a notification to the Australian Health Practitioner Regulation Agency (AHPRA) [www.ahpra.gov.au](http://www.ahpra.gov.au) about the conduct, health or performance of a practitioner or the health of a student. Practitioners, employers, and education providers are all mandated by law to report notifiable conduct relating to a registered practitioner or student to AHPRA.

## 4.15. Non-English-Speaking Clients

### Policy

Our GPs and other members of the practice team have a professional obligation to ensure they understand our clients and that the clients understand any verbal instructions or written information.

Clients who do not speak or read English, who are more proficient in another language, or who have special communication needs are offered the choice of using the assistance of a language service to communicate with the general practitioner/clinical team member.



The Bega team is aware that alternative modes of communication may be used by our clients with a disability, and we endeavour to inform ourselves of how to access and use these services or technology to achieve effective communication with these clients.

The practice also considers the communication needs of carers and other relevant parties.

A contact list of translating and interpreter services and other communication services for clients with a disability is maintained, updated regularly and readily available to all members of the practice team. This includes the National Relay Service (NRS) <https://internet-relay.nrscall.gov.au> for clients that are deaf and the Translating and Interpreter Service (TIS) <https://www.tisnational.gov.au> Doctors Priority Line for clients from a non- English-speaking background.

### **Procedure**

Once we have determined that a client may have special communication needs, client consent to use communication assistance is obtained and this consent is documented.

The client may consider that a family member or friend could interpret at the consultation; however, a member of the client's family or a friend of the client may not be a suitable translator, especially for sensitive clinical situations or where serious decisions must be made; the use of children as interpreters is not encouraged.

Qualified medical interpreters are our preferred option, and their use is encouraged. Some of the Bega team members are bilingual and can act as an interpreter if the client consents.

The client's nominated interpreter or any professional services that have been used are noted on the client's health record which provides for an alert to the practice team to make prior arrangements for future consultations and treatments.

The translating and interpreter services and other communication services commonly used by this practice include:

- Translating and Interpreting Service (TIS National) Free Call 13 14 50.
- Bilingual staff may provide assistance where appropriate.
- National Relay Service - Voice: 1800 55 56 60 (free from Landline);
- Information on these services is available at [www.dss.gov.au/free-interpreting](http://www.dss.gov.au/free-interpreting) or by calling 1300 575 847.
- [www.healthdirect.gov.au](http://www.healthdirect.gov.au) which provides helpful educational material for clients on a range of clinical conditions in a variety of languages.



## 4.16. Culturally appropriate care

Refer to the Bega Policy ORGPN01 Cultural Safety Policy.

We aim to identify important and significant cultural groups within Bega and have implemented strategies to meet their needs. We also aim to accommodate the specific needs of clients who experience disadvantage and increased disease risk whether due to socioeconomic factors, educational or literacy issues, cultural background, or disability (refer to **Section 4.12 - Client rights**).

To improve health outcomes, we encourage our:

- Clients to self-identify their Aboriginal and/or Torres Strait Islander origin or cultural background.
- Practice team members to ask clients of their Aboriginal and/or Torres Strait Islander or other cultural background.

We are sensitive and aware that there may be many reasons why clients are reluctant to identify their Aboriginal and/or Torres Strait Islander or other cultural background, and equally there are reasons why practice team members are reluctant to ask about the cultural background of our clients.

The entry of information about the Aboriginal and/or Torres Strait Islander or other cultural background of clients into health records is undertaken in a standardised manner that enables the extraction of data. When clients are distressed, we provide appropriate care and privacy which also respects their cultural practices (refer to **Section 4.2 - Appointments**).

We know how to communicate with clients who do not speak the primary language of the Bega team or who have communication impairment. Our practice has a list of contact details for interpreters and other communication services (refer to **Section 4.15 – Non-English-speaking clients**).

### Procedure

Bega routinely obtains and records the cultural background of our new and existing clients. Cultural background and ethnicity, e.g. Aboriginal and/or Torres Strait Islander background, can be an important indication of clinical risk factors and can assist our general practitioners and other clinical team members in providing disease prevention and in delivering culturally appropriate care.

We have identified the main cultural groups in our practice and endeavour to provide culturally appropriate written health information.



We collect information about the country of birth, languages spoken and any other additional cultural information. We have a system to regularly update our client information using a standard Update Your Details Form.

The standard indigenous status question asked is “Are you of Aboriginal or Torres Strait Islander origin?” This question is asked of all clients, irrespective of appearance, country of birth or whether Bega team members know of the client or their family background. Bega collects this information from clients initially as part of our New Client Information Form.

Our clinical software has the option to input Aboriginal and/or Torres Strait Islander status or other cultural backgrounds; therefore, we use the drop-down options rather than free text to assist with extracting the information for preventative activities.

To encourage Aboriginal and/or Torres Strait Islander origin clients to self-identify, we have on display the Aboriginal and/or Torres Strait Islander flags at the front of the building.

Bega has both male and female Aboriginal Health Practitioners, whenever possible clients are asked what gender, they would like to see.

We actively seek health promotional materials with an Aboriginal and/or Torres Strait Islander focus.

We display Aboriginal artwork throughout all our buildings and our staff uniform includes Aboriginal artwork.

Wherever possible our clients first greeting is made by an Aboriginal and/or Torres Strait Islander staff member.

## **4.17. Directory of Local Health and Community Services**

### **Policy**

Bega engages with a range of health, community, and disability services to plan and facilitate optimal client care to clients whose health needs require integration with other services.

A readily accessible computerised directory of health and community services utilised by clients within our area, including how to refer or contact these agencies, is maintained and updated regularly by Western Australian Primary Health Alliance (WAPHA).



All members of our medical and clinical team are encouraged to coordinate client care across the general practice setting with other health services and to build good working relationships with these providers to facilitate collaborative care.

### Procedure

A computerised directory of health and community services is distributed, via email, monthly to all staff members. The Clinic Coordinator notifies WAPHA of new providers to include on the list, and the contact numbers in the list are checked and updated monthly or more often if required. All new members to the Bega team are made aware of how to access this list during their induction to the practice.

Our directory of local health and community services list includes:

- Local medical/diagnostic services.
- Local hospitals and specialist consulting services.
- Primary healthcare nurses.
- Pharmacists.
- Disability and community services.
- Health promotion and public health services and programs.
- Relevant government departments in the region.
- Local allied health services.
- Community, social or self-help groups in the area; and
- Culturally appropriate services for non-English speaking background and Aboriginal and/or Torres Strait Islander clients.

A brief explanation about any fees applicable, contact numbers or names and procedures for interacting with these services is included on this list to facilitate a transfer of this information to the client.

It is recognised that referral information may differ for public and private providers (refer to **Section 4.34 – Referral protocols**) and Bega team members ensure all requirements outlined in the chronic disease initiatives are met if these item numbers are to be claimed.

## 4.18. Provision of Brochures, Leaflets and Pamphlets for Clients

### Policy



There are a range of posters, leaflets and brochures available or on display in the waiting room, reception area and in the consulting and treatment rooms. Where appropriate, these are available in more than one language and in formats to assist clients with physical or intellectual disabilities.

Leaflets, brochures and pamphlets can vary considerably in quality. The brochures used by this practice are carefully selected and screened to ensure they are culturally appropriate and contain current, evidence-based information.

The quality and accuracy of any audio-visual resources or internet sites recommended to clients or used to provide printed information to clients is also considered.

The brochures, posters, leaflets and pamphlets available include information about health promotion, and illness prevention, specific diseases and medical procedures, and privacy and rights.

The general practitioners and clinical team members use a variety of information sources during a consultation to support diagnosis and management of conditions and for health promotion and illness prevention.

Brochures and educational materials are also available for clients to self-select.

### **Procedure**

We are selective about the leaflets and brochures we provide both in the waiting room for clients to self-select and for the medical and clinical team to use to support information provided during a consultation. To ensure they contain current and evidence-based information, items are obtained from reputable sources. Where possible, items are dated, contain the name of the source and references to supportive evidence.

- Brochures and leaflets are displayed in the waiting room in brochure holders and are checked/audited monthly (more frequently if new or altered information becomes available) to ensure stocks are sufficient and up to date.
- New brochures (e.g. seasonal, influenza vaccines, etc.) are incorporated into the collection as required.
- Information that is no longer current or any damaged brochures are promptly discarded.

The provision of specific written material to support advice given in consultations is encouraged to help clients remember the key messages from the consultation and to address individual client's needs (refer to **Section 4.50 – Clinical guidelines, references and resources**).





Verbal and written information is provided to clients about health promotion and specific disease prevention, and to support a diagnosis and choice of treatment.

## 4.19. Practice Information Sheet

### Policy

Bega's information sheet/brochure provides clients with information about our practice facilities and how to access care. It is also a useful way to inform clients of current practice information or changes to our services. We endeavour to ensure all clients, new and existing, are provided with the most up-to-date version to ensure the information they have is accurate.

If a client is unable to read or understand the Bega information sheet/brochure, an alternative method is used to supply this information (also refer to **Section 4.15 – Non-English-speaking clients**).

Our telephone's 'on hold' recording and our website is used to reinforce some of the information about Bega to our clients.

### Procedure

The practice information sheet/brochure is kept at reception and is handed to each new client on their first visit. A supply of information sheets is also available in the waiting room for existing clients to take.

Where clients are unable to read or understand our written information sheet, we use other means to communicate the essential information which may include:

- Verbal communication.
- Larger font versions of materials.
- Gaining support through the National Relay Service or AUSLAN for clients who are deaf.
- Gaining support through the Translating and Interpreter Service (TIS) for clients who speak languages other than English; and
- Having our information sheet translated into languages commonly used at our practice.

To maintain the accuracy of our information sheet, it is reviewed regularly and updated as required. When the information sheet is updated, the date is inserted in the footer to denote the latest version and our reception staff are encouraged to bring this new version to the attention of our clients.

Bega's information sheet/brochure contains:

- Bega address and telephone numbers.

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- Consulting hours and arrangements for care outside normal opening hours, including a contact telephone number.
- The names of our doctors, and other positions within the clinic.
- The medical, clinical and other services available.
- Our billing principles such as bulk billing arrangements, accounts settlement and what services incur additional out-of-pocket expenses and details of these expenses.
- Our communication policy including receiving and returning telephone calls and electronic communication.
- Our policies for the management of client personal health information, including details on how clients can obtain a copy of their health information and where our practice's full privacy policy can be obtained.
- The process for the following up of test results; and
- How to provide feedback or make a complaint to the practice, including the name of the person of the practice who is responsible for receiving feedback and complaints, and the contact details for the Western Australian health complaints agency.

Where information on the practice information sheet, website or in general interest health articles and posters contains advertising within our practice, we ensure any advertising complies with the Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia. <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>

We include a disclaimer on the advertisement stating that the practice does not endorse the advertised services or products.

As a best practice process, we also display Consumer friendly messages promoting our status of accreditation.

## 4.20. Office Supplies

### Policy

Supplies of stationery, other office and practice stores including prescription pads, letterhead, medical certificates, etc. are accessible only to authorised persons.

The Administration Assistant and Reception Coordinator check and maintains this stock.

### Procedure



Stock is checked monthly, and items are re-ordered when supplies are low. Incoming goods are checked against orders and invoices.

When extra supplies or new items are needed, this request is directed to the Clinical Governance Administration Assistant.



## 4.21. Environmental Cleaning

### Policy

All areas of Bega environment are visibly clean.

Regular cleaning of work areas is necessary because dust, soil and microbes on surfaces can transmit infection. Cleaning of our practice's clinical and non-clinical areas must be regular and scrupulous.

We have cleaning procedures that set out a schedule and the responsibilities for cleaning all clinical and non-clinical areas of the practice in accordance with the requirements outlined in the RACGP Infection prevention and control standards for general practices and other office-based and community-based practices (5th edition). <https://www.racgp.org.au/your-practice/standards/infectioncontrol>

The Clinic Coordinator has primary responsibility for the development and consistent implementation of our infection prevention and control systems and procedures, which includes environmental cleaning, this included in the JDF. (refer to **Section 3.16 – Principles of infection prevention and control**).

The Manager Primary Health has responsibility for ensuring the environmental cleaning is carried out and can describe the process for the routine cleaning of all areas of the practice.

A good, neutral detergent is used for most of our cleaning requirements, and this includes floors, walls, toilets and other surfaces. The use of disinfectants is discouraged because they are expensive, often toxic and require contact times to be effective.

All work surfaces are made of smooth, non-porous material without cracks or crevices to allow for efficient cleaning. Any gross soiling or body-substance spills are to be cleaned as soon as possible.

Sinks and wash basins must be either sealed to the wall or sufficiently far from the wall to allow cleaning of all surfaces.

Dry dusting and sweeping will disperse dust and bacteria into the air and will then resettle. It is potentially hazardous and inefficient, and this must be avoided in client treatment or food preparation areas. Damp dusting and wet mopping is used in the cleaning of the environment.

All cleaning equipment is stored in a clean and dry condition, and in an area not accessible to the public.

Bega engages commercial cleaners for environmental cleaning, and a written contract is in place that outlines the schedule of cleaning, suitable products to be used. The contract is located in the office of the



Executive Secretary to the CEO, and the areas to be cleaned. Our contract cleaners also record their work in a designated cleaning log that is kept at reception.

All members of the practice team involved in cleaning receive ongoing education in our infection prevention and control policies including hand hygiene and the correct use of personal protective equipment and waste management.

### **Procedure**

The development and consistent implementation of our environmental cleaning processes is done in collaboration with the clinic team. Includes the initial and ongoing education and training to all members of the practice team and following up any issues with the quality of the environmental cleaning undertaken.

Our cleaning schedule, refer pages 84-85, describes the frequency of cleaning, products to use and person responsible for cleaning specific clinical and non-clinical areas of the practice. We also maintain documented evidence of cleaning activities.

Where clients are known to have or are suspected to have highly transmissible agents (e.g. influenza) additional or specific cleaning may be required throughout the practice.

The Bega team and contract cleaners are responsible for cleaning the premises as specified in the cleaning schedule.

The Bega team undertakes daily cleaning, and contract cleaners provide general cleaning in all areas of the practice on a daily basis.

The cleaning service operates after 5pm. Spills that occur during normal opening hours are the responsibility of the Manager Primary Health.

All persons responsible for cleaning the Bega environment are trained and educated to adhere to the following principles:

- Utilise personal protective equipment such as gloves and a waterproof apron.
- Make up water and detergent solution each day.
- Use clean dry cloths and mops.
- Wash and dry all surfaces.
- Promptly dispose of used cleaning solution in the dirty utility area, not in hand basins or clinical sinks.



- Wash and dry buckets, cloths, mops, and personal protective equipment (if not disposable) after use.
- Wash hands when each task is completed.

Areas that are only cleaned/managed by appropriately trained practice team members include:

- Spillage of blood or body-substances
- Medical instruments or items for reuse
- Treatment room benches and trolleys
- Consulting room benches containing medical equipment
- Infectious waste and sharps containers.

All practice team members and contract cleaners responsible for cleaning have been appropriately immunised as documented in the Staff Immunisation File, kept in the Governance Administration Assistants office.

The Manager Primary Health or delegate conducts routine audits to ensure a high standard of cleaning. Should cleaning not conform to expectations, this is to be reported to the Manager of the contact cleaners.

Safety data sheets of cleaning solutions, disinfectants, etc. are kept on file in case of a medical emergency (e.g. swallowing, splashed in eyes). The cleaning schedule detailed below contains descriptions of all areas to be cleaned and the frequency, method and person responsible.



## Routine Cleaning Schedule

Surface	Product	Method	Frequency	Person Responsible
<b>Smooth surfaces</b> (e.g. bench tops, couches, sinks, toilets and floors) and high touch surfaces (e.g. door handles, light switches)	Detergent and water, damp cloth OR Disposable wipes	Wiping/rubbing with a damp cloth or use disposable wipes. Dry the surface with a clean cloth	daily	contract cleaners
<b>Smooth floors</b>	Detergent and water, mop and bucket	Damp mopping to ensure dust is captured and not dispersed into the air (note: mops need to be cleaned and left to dry after use and not left wet in a bucket)	Daily	contract cleaners
<b>Carpet</b> - regular vacuum cleaning	Vacuum cleaner	Vacuum	2 <sup>nd</sup> Daily	contract cleaners
<b>Carpet</b> - spot cleaning	Spills kit or carpet cleaning solution recommended by the manufacturer OR Vacuum cleaner	Use spills kit to blot-up excess moisture and other matter (e.g. vomit) then clean according to directions for use. Assist carpet to dry quickly through ventilation/heating and cordon the area until dry.  Use carpet cleaning solution for other spills.  Use vacuum cleaner for solid objects	when soiled	Contract cleaners
<b>Carpet</b> - steam/dry cleaning	Usually performed by a carpet cleaning contractor with suitable equipment and products	Perform out of hours if possible Assist carpet to dry quickly through ventilation/heating	annually	contract cleaners

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Surface	Product	Method	Frequency	Person Responsible
		and cordon the area until dry		
<b>Fabrics</b> (e.g. furniture)	Detergent and water	Clean according to directions for use and cordon until dry	when soiled	contract cleaners
<b>Toys</b>	Detergent and water	Clean thoroughly	when soiled or immediately after use if young children are observed 'mouthing' toys	Clinic clinicians
<b>Other items</b> (e.g. stethoscopes, tape measures)	Detergent and water, alcohol wipes	Clean thoroughly, wipe over with alcohol wipe but avoid on stethoscope tubing	Weekly	Clinic Clinicians

## 4.22. Privacy of Personal Health Information

Refer to Bega Policy ORGPN04 – Privacy policy for further information.

As an Australian-based organisation, any data and information collected is held, used and disclosed in accordance with the *Privacy Act 1988*. <https://www.legislation.gov.au/details/c2014c00076>

'Personal health information' is a particular subset of personal information and can include any information collected about a person in order to provide a health service.

The information we collect about a client can include medical details, family information, name, address, employment and other demographic data, past medical and social history, current health issues and future medical care, Medicare number, accounts details, and any health information such as a medical or personal opinion about a person's health, disability or health status.

Personal health information also includes the formal health record (written or electronic) and information held or recorded on any other medium (e.g. letter, facsimile, electronic, verbal).

Bega has appointed the ICT Coordinator for the oversight of the practice's electronic systems, computer security and adherence to protocols in accordance with **Section 4.23 - Computer information security**. This responsibility is documented in the ICT Coordinator position description. Specific tasks may be delegated to others and this person works in consultation with the privacy officer.





Our security policies and procedures regarding the confidentiality of client health records and other personal information are documented and the Bega team are informed about these at induction and when updates or changes occur.

The practice team can describe how we correctly identify our clients using three (3) client identifiers in accordance with **Section 4.36 - Client identification** to ascertain we have selected the correct client record before entering or actioning anything from that record.

For each client we have an individual client health record containing all clinical information held by Bega relating to that client. Bega ensures the protection of all information contained within these files. Our client health records are accessed only by an appropriate team member as required, and we ensure information held about the client in different records (e.g. at a residential aged care facility) is available when required.

#### **Procedure**

Bega has appointed the ITC Co Ordinator with designated responsibility for ensuring the privacy and security of personal health information held within our practice IT infrastructure. This includes managing the practice's electronic systems, computer security and adherence to protocols as outlined and in accordance with **Section 4.23 - Computer information security**. Our GPs, clinical and allied health team members and all other staff and contractors associated with this practice have a responsibility to maintain the privacy of personal health information and related financial information; the privacy of this information is every client's right.

The maintenance of privacy requires that any information regarding individual clients (including practice team members who may be clients) may not be disclosed either verbally, in writing or by copying it either at the practice or outside it, during or outside normal opening hours, except for strictly authorised use within the client care context at the practice or as legally directed.

There are no degrees of privacy. All client information must be considered private and confidential, even that which is seen or heard and therefore must not to be disclosed to family, friends, members of the practice team not involved in that client's care, or any other people without the client's approval.

Details about a person's medical history or other contextual information such as details of an appointment can sometimes still identify them, even if no name is attached to that information. This is still considered personal information and as such it must be protected in accordance with the *Privacy Act 1988*. <https://www.legislation.gov.au/details/c2014c00076>

Any information given to unauthorised persons will result in disciplinary action and possible dismissal. Each member of the Bega team is bound by a confidentiality agreement, which is signed upon commencement of working at Bega.



The management of all practice computers and servers comply with the RACGP's Computer and information security standards (CISS) (2nd edition),

[https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standard s/Computer-and-information-security.pdf](https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standard%20s/Computer-and-information-security.pdf) and we have a sound backup system and a contingency plan

to protect the practice from loss of data (refer to **Section 4.23 - Computer information security**).

Personal health information is kept where only those with authorisation can access it and is kept out of view of and unable to be accessed by the public (i.e. not left exposed on the reception desk, in the waiting room or other public areas; or left unattended in consulting or treatment rooms). To minimise this risk, automated screensavers are activated on all computer screens.

Members of the practice team have different levels of access to client personal health information as appropriate to their roles and, to maintain security all computer hardware and software passwords are kept confidential and are not disclosed to others (refer to **Section 4.23 - Computer information security**).

Any team members positioned in the practice common areas (e.g. reception and waiting areas) are made aware that conversations in these areas can often be overheard by clients and visitors and, therefore, they are to avoid discussing confidential and sensitive client information in these areas.

Whenever sensitive documentation is to be discarded, Bega uses an appropriate method of destruction shredding.

### **Correspondence**

There are risks associated with electronic communication in that the information could be intercepted or read by someone other than the intended recipient. Email communications with other healthcare providers is undertaken securely by using encryption. Email communication with clients is discouraged; however, where initiated by the client, the risks are communicated, and client consent is obtained.

Where client information is sent by post, the use of secure postage or a courier service is determined on a case-by-case basis.

Incoming client correspondence and diagnostic results are opened and viewed only by Manager Primary Health and Co Ordinator's.

Items for collection or postage are left in a secure area not in view of the public.

### **Facsimile**

Facsimile, printers, and other electronic communication devices in the practice are located in areas that are only accessible to the general practitioners and other authorised team members. Faxing is point to point and will, therefore, usually only be transmitted to one location.



All facsimiles containing confidential information are sent only after ensuring the facsimile number dialled is the designated receiver before pressing 'Send'.

Details of confidential information sent by facsimile are recorded the client's file, at the time of faxing, incorporates the date of transmission, client name, description of the contents and the designated receiver (name and facsimile number).

If the facsimile process has not been successful a transmission report will be provided, and the process will need to be resubmitted.

The words 'Confidential' are to be recorded on the header of the facsimile coversheet and a facsimile disclaimer notice at the bottom of all outgoing facsimiles affiliated with the practice.

***Bega Disclaimer:***

*The information in this transmission may be confidential and/or protected by Privacy Laws and is intended only for the person or persons to whom it is addressed. If you have received the transmission in error, please immediately contact this office by telephone, fax or email, to inform us of the error and to enable arrangements to be made for the destruction of the transmission, or its return to our office. If you are not the intended recipient, please note that any disclosure, copying or dissemination of the information is unauthorised. No liability is accepted for any unauthorised use of the information contained in this transmission.*

e information contained in this transmission.

**Client consultations**

Client privacy and security of information is maximised during consultations by closing the consulting room doors. When the consulting, treatment room or administration office doors are closed, practice team members must ensure they knock and wait for a response prior to entering.

Where locks are present on individual rooms, these should not be engaged except when the room is not in use.

It is the GP/healthcare team member's responsibility to ensure that prescription paper, client health records and related personal information is kept secure if they leave their room during a consultation or treatment, or whenever they are not in attendance in the consulting/treatment room.

**Client health records**

The physical health records and related information created and maintained for the continuing management of each client are the property of this practice. This information is deemed a personal health record and while the client does not have ownership of the record, he/she has the right to access under the provisions of the *Privacy Act 1988*. <https://www.legislation.gov.au/details/c2014c00076>.



Requests for access to a client's health record will be acted upon only if the request is received in written format.

Both active and inactive client health records are kept and stored securely.

Our client health records are electronic, all paper-based records are archived and stored securely.

Bega is considered paperless and has systems in place to protect the privacy, security, quality and integrity of the personal health information held electronically. Appropriate staff members are trained in computer security policies and procedures.

Members of the practice team have different levels of access to personal client health information as appropriate to their roles and to maintain security all computer hardware and software passwords are kept confidential and are not disclosed to others (refer to **Section 4.23 - Computer information security**).

## 4.23. Computer Information Security

### Policy

Bega has systems in place to protect the privacy, security, quality and integrity of the data held electronically. All members of Bega are trained in computer use and in our security policies and procedures. Updates to any computer security requirements are communicated to each team member at the time of the change.

The management of all practice computers and servers comply with the *RACGP's Computer and information security standards (CISS) (2nd edition)*

<https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Computer-and-information-security.pdf> including:

- The ICT Coordinator is responsible for championing and managing computer and information security, including the definition of this role and its responsibilities in their position description
- Undertaking an annual structured risk assessment of information security and identifying improvements as required.
- Documented policies and procedures for managing computer and information security.
- Well-established and monitored authorised access to health information.
- Documented and tested plans for business continuity and information recovery.



- Processes to ensure the safe and proper use of internet and email in accordance with practice policies and procedures for managing information security.
- Reliable information backup systems to support timely access to business and clinical information.
- Reliable protection against malware and viruses.
- Reliable computer network perimeter controls.
- Processes to ensure the safe and proper use of mobile electronic devices in accordance with practice policies and procedures for managing information security.
- Managing and maintaining the physical facilities and computer hardware, software, and operating system with a view to protecting information security; and
- Reliable systems for the secure electronic sharing of confidential information.

#### **Procedure**

In our practice, we have an ITC Coordinator, with designated responsibility for overseeing and managing the practice's computer security and our electronic systems.

A risk assessment of information security is undertaken on an annual basis and is aimed at identifying improvements as required. Any improvements necessary are implemented as soon as they are identified, and information relating to the improvement is communicated to all members of the practice team.

Each member of the healthcare team (i.e. GPs, clinical and allied team members) has access to a computer to document clinical care. For medico-legal reasons, and to provide evidence of items billed in the event of a Medicare audit, all members of the healthcare team always log in under their own passwords to document care activities they have undertaken.

We have a sound backup system and a contingency plan to protect practice information in the event of an adverse incident, such as a system crash or power failure. This plan encompasses all critical areas of the practice's operations such as making appointments, billing clients, and collecting client personal health information. This plan is tested on a regular basis to ensure backup protocols work properly and that the practice can continue to operate in the event of a computer failure or power outage.

This practice reserves the right to check an individual's computer system history as a precaution to fraud, workplace harassment or breaches of confidence by practice team members. Inappropriate use of the practice's computer systems or breaches of practice computer security, including email and internet use will be fully investigated and may be grounds for dismissal.



Bega has the following information to support the computer security policy:

- Current asset register documenting hardware and software including software licence keys.
- Logbooks/printouts of maintenance, backup including test restoration, faults, virus scans; and
- Warranties, invoices/receipts, maintenance agreements.

Bega has documented other essential information needed to put in place effective computer and information security using the RACGP's Computer and information security <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/Computer-and-information-security.pdf> . This document is also located on the intranet under clinical service / documents.

In the event of a power or computer system failure, we have a designated 'Disaster Box' located at the back of reception. It is stocked with items to enable the practice to continue to operate during the failure including:

- Torches.
- Paper prescription pads and medical certificates.
- Appointment schedule printed out the night before, and a manual appointment book to continue to take appointments.
- Practice letterhead.
- Consultation notes template.
- Emergency numbers; and
- Manual pathology/radiology referral pads.

## 4.24. Practice Privacy Policy

Refer to the Bega policy ORGPN04 – Privacy Policy.

*The Privacy Act 1988* <https://www.legislation.gov.au/Series/C2004A03712> and the *Australian Privacy Principles* <https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles> require Bega to have a document that clearly sets out its policies on handling personal information, including health information.

This document, called a Privacy Policy and Our Practice Privacy Statement, outlines how we handle personal information collected (including health information) and how we protect this information.



Our privacy policy is displayed in the waiting room and on a practice information sheet and practice website and is readily presented to anyone who asks.

Our collection of information statement informs clients about how their personal health information will be used, including by other organisations to which the practice usually discloses client information to, and any law that requires the particular information to be collected. Client consent to the handling and sharing of personal client health information is sought and documented early in the process of clinical care, and clients are made aware of the collection statement when giving consent to share health information.

According to the *Privacy Act 1988* <https://www.legislation.gov.au/details/c2014c00076> and the *Australian Privacy Principles* <https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles>, an organisation may use or disclose personal health information for a purpose (the secondary purpose) which is directly related to the primary purpose of collection without seeking consent, but only if the individual would have a reasonable expectation that the information could be used or disclosed for that secondary purpose.

A directly related secondary purpose for the use and disclosure of personal health information at Bega includes the many activities necessary for the provision of a health service, such as management, funding and monitoring, as well as complaint-handling, planning, evaluation and accreditation activities.

It is essential to recognise the importance of 'reasonable expectation' as many individuals may be unaware of the range of activities for which their personal health information may be used and disclosed, such as the accreditation processes. Bega ensures we tell clients how, and for what purpose, personal health information collected about them could be used or disclosed.

Clients are advised of this 'secondary purpose' in various of ways, including:

- At the time of the consultation with a general practitioner
- Via the practice privacy statement in the practice information sheet
- Via the practice privacy statement on signage on the walls of the practice, and/or
- By reading, understanding and signing a new client information form when first registering at the practice, which incorporates the practice privacy statement.

It is important we maintain a client's right to 'opt out' of the secondary purpose through refusal to consent. If an individual expresses negative views or opposition when made aware of a proposed secondary use or disclosure of their personal health information, this would indicate that they have a reasonable expectation that their personal health information will not be used or disclosed in that manner, and their non-consent is recorded on file.



## Procedure

We inform our clients about our practice's policies regarding the collection and management of their personal health information via:

- Brochure(s) in the waiting area.
- The Bega information brochure.
- Verbal means if appropriate; and
- Bega website. [www.bega.org.au](http://www.bega.org.au)

The Bega privacy policy states:

*[Our] policy is established to facilitate the organisation's commitment to privacy of clients, employees, and their related records.*

*The Privacy Policy implemented by Bega Garnbirringu Health Services (Bega) extends to and covers all operations and function of the organisation. All management, employees, contractors, sub-contractors, vendors, service providers, customers, agents or any other third parties that have access to and/or utilise personal information collected and/or held by Bega must abide by this Privacy Policy.*

*The objective of the Privacy Policy is to ensure that a sound privacy foundation and framework is established and maintained by Bega, and the company complies with the relevant Privacy laws and regulations*

Prior to a client signing consent to the release of their health information, clients are made aware they can request a full copy of our privacy policy.

We also provide our clients with Information Sheets (located on the Bega intranet and website):

- Our Practice Privacy Statement; and
- Our Practice Confidentiality Statement.

Client consent for the transfer of health information to other providers or agencies involved in the client's healthcare (e.g. treating practitioners and specialists outside the practice) is obtained at the client's first visit to Bega through the New Client Information Form. Once signed, this form is scanned into the client's health record and its completion is noted.

## 4.25. Third Party Requests for Access to Personal Health Information

### Policy

Requests for third party access to personal client health information are initiated through receipt of correspondence from a solicitor or government agency or by the client completing a Request for Personal





Health Information form. Where a client request form or signed authorisation is not obtained the practice is not legally obliged to release information.

Where Bega holds reports or other health information from another organisation, such as a medical specialist, we are required to provide access to this information in the same manner as for the records we create. We are also required to provide access to records which have been transferred to us from another health service provider.

General practice has a fundamental role in ensuring the privacy of personal client health information. Bega has access to and uses the *RACGP's Privacy and Managing Health Information in General Practice* handbook <https://www.racgp.org.au/your-practice/standards/standards4thedition/practice-management/4-2/confidentiality-and-privacy-of-health-information/> which aligns with current best practice and includes commentary on the *Privacy Act 1988* <https://www.legislation.gov.au/details/c2014c00076>. It provides guidance to Bega on the management of health information in a general practice setting and includes examples of compliance with the various Health Records Acts and the Australian Privacy Principles (APPs) <https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles>, which regulate the handling of personal information by both Australian government agencies and businesses.

Requests for access to client health records and associated financial details may be received from various third parties including:

- Subpoena/court order/coroner/search warrant.
- Relatives/friends/carers.
- External practitioners and healthcare institutions.
- Police/solicitors.
- Health insurance companies/workers compensation/social welfare agencies.
- Employers.
- Government agencies.
- Accounts/debt collection.
- Students (medical and nursing).
- Research/quality assurance programs.
- Media outlets.
- International parties; and
- Disease registers.



We only transfer or release client information to a third party once the consent to share information has been signed and, in specific cases, informed consent has been sought from the client.

The Bega team can describe the procedures for timely, authorised, and secure transfer of client personal health information in relation to valid requests.

### **Procedure**

The practice team can describe how we correctly identify our clients using three (3) client identifiers in accordance with **Section 4.36 – Client identification** to ascertain we have selected the correct client record before entering or actioning anything from that record.

Client consent for the transfer of health information to other providers or agencies is obtained at the client's first visit and is retained on file in anticipation of when this may be required.

As a rule, no client information is to be released to a third party unless the request is made in writing and provides evidence of a signed authority to release the requested information, to either the client directly or to the third party.

Written requests for the transfer of health information are noted in the client's health record and are also documented in the practice's Transfer Request register. Any request received is forwarded to the Reception Co Ordinator for action, who will review the request using the Release of Health Information Checklist, located within the Transfer request register, prior to release to a third party to ascertain if the information being requested is suitable for release.

Where client information is being transferred in hard copy (i.e. post or being collected by the client/third party), only copies are provided; the original is to remain at the practice., post must be registered.

The security of any health information requested is maintained when transferring requested records. Electronic data transmission of personal client health information from Bega is in a secure format.

### **Subpoena, court order, coroner search warrant**

Where a request for client information is being sought by subpoena, court order, or coroner search warrant, we note the date of the pending court case and the date the request was received in the client's health record. Depending on whether a physical or electronic copy of the record is required, we follow the procedures as described above.

On occasions, a member of the practice team is required to accompany the client's health record to court or, alternatively, a secure courier service may be adequate. If the original is to be transported, we ensure a copy is made in case of loss of the original document during transport and we ensure that the record is



returned after review by the court (refer to **Section 5.7 – Management of potential medical defence claims**).

### **Relatives/friends**

A client may authorise another person to be given access to their health information if they have the legal right and a signed authority (refer to **Section 4.26 – Request for access to personal health information**).

If a situation arises where a carer is seeking access to a client's health information, we contact our medical defence organisation for advice before such access is granted.

Significant court orders relating to custody and guardianship are recorded as an alert on the health records of children where appropriate to ensure no information is released to an unauthorised party.

### **External practitioners and healthcare institutions**

Any requests received from general practitioners or other healthcare institutions, external to our practice, are directed to the client's usual general practitioner, or to the Clinic Coordinator.

### **Police/solicitors**

All members of the practice team have been made aware of the requirement for police and solicitors to obtain case-specific signed client consent (or subpoena, court order or search warrant) before any information relating to that client is released. Any such requests received are directed to the client's usual general practitioner. Any such requests received are referred to the Manager Primary Health.

### **Health insurance companies/workers compensation/social welfare agencies**

Depending on the specific circumstances, information may need to be provided and any such requests received are referred to Reception Coordinator.

### **Government agencies – Medicare/Department of Veterans Affairs**

Depending on the specific circumstances, information may need to be provided and any such requests received are referred to the Reception Coordinator, with a recommendation to discuss with the Manager Primary Health.

### **State registers of births, deaths, and marriages**

Death certificates are to be issued by the client's usual GP.

### **Students (medical and nursing)**

Bega participates in medical, nursing and Aboriginal Health practitioner student education. We acknowledge that some clients may not wish to have their personal health information accessed for educational purposes; therefore, the practice always advises clients of impending student involvement in practice activities and seeks to obtain client consent accordingly.



### Research and continuous quality improvement activities

When Bega participates in human research activities and/or continuous quality improvement activities, client confidentiality and privacy is maintained. Only the information of clients who have provided their explicit consent for the practice to use their information for these activities in this manner will be used. A copy of the client consent to any specific data collection for research or continuous quality improvement purposes is retained in their record.

All requests to participate in research are to be approved by the Board before commencing, and also must have approval from a Human Research Ethics Committee (HREC) <https://www.nhmrc.gov.au/research-policy/ethics/human-research-ethics-committees> constituted under the NHMRC guidelines. A copy of this approval is retained by the practice.

### Media

No member of the practice team is permitted to release information to media outlets unless it has been authorised, and all enquiries are to be directed to the Chief Executive Officer.

### International

Where clients request and consent to have their information transferred overseas, this can be performed; however, where the request for transfer of information is received by international subpoena, Bega is under no obligation to comply.

### Disease registers

This practice submits client data to various diseases registers to assist with preventative health management (e.g. cervical, breast and bowel screening, etc.).

Consent is required and obtained from the client to 'opt in' to have their information shared with these registers. This consent is obtained when the client first attends the practice, and clients are reminded through signage in the waiting room and by information contained in the practice information sheet of the opportunity to revisit their previous consent/non-consent to this data sharing at any time.

## 4.26. Request for Access to Personal Health Information

### Policy

Clients of this practice have the right to access their personal (and health) information under legislation. The *Privacy Act 1988* <https://www.legislation.gov.au/Series/C2004A03712> and *Australian Privacy Principles (APPs)* <https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles> govern health service providers' and other organisations' obligations to give clients access to their personal health information on request, subject to certain exceptions and the payment of fees (if any).



This practice complies with *the Privacy Act 1988* <https://www.legislation.gov.au/Series/C2004A03712> and APPs <https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles> adopted therein. These regulations give clients the right to know what information a private sector organisation holds about them, the right to access this information, and to also make corrections if they consider any data is incorrect.

We have a privacy policy in place that sets out how to manage personal health information and the steps an individual must take to obtain access to this information. This includes the different forms of access and the applicable timeframes and fees (refer to **Section 4.24 – Practice privacy policy**).

Where Bega holds reports or other health information from another organisation, such as a medical specialist, we provide access to this information in the same manner as for the records we create. We also provide access to records which have been transferred to us from another health service provider.

#### **Procedure**

A notice is displayed in our waiting room, on our website and in the Bega information sheet/brochure advising clients and others of their rights of access to information we hold about them, and of our commitment to privacy legislation compliance. An information brochure is also available that provides further details if required.

Personal health information about a client will only be released in accordance with the relevant privacy laws and at the discretion of the client's usual general practitioner.

Although clients can request access to their personal health information verbally, we request that clients complete a Personal Health Information Request Form which outlines the type of information being requested, and in what format the client requests to receive the information. Completion of this form ensures correct processing is undertaken and appropriate consent is obtained, particularly where the client is requesting their information be sent to them through an unsecure method (i.e. facsimile, mail, email).

The completed request form is then forwarded to the client's usual general practitioner to review and consider the request through the use of the Release of Health Information Checklist. In considering the request, it is important that the practitioner answers the following questions:

- Would access pose a serious threat to the life or health of anyone, including the client?
  - If it is possible to provide the information in another form which would remove the threat, for example discussing in person with the applicant, then this could be an option.
- Will the privacy of others be compromised?



- It may be possible to remove the other person's identification prior to release of information. Check remaining parts of the record to not reveal the person's identification. You can try to contact the other person for their consent to release information in the record. Consider if this contact may cause a privacy risk for the client.
- Is the request frivolous or vexatious?
- Does the information relate to existing or anticipated legal proceedings?
- Would access prejudice negotiations with the individual, for example regarding negligence or another claim?
- Would access be unlawful due to other legislation?
- Where any Commonwealth or Western Australia law prohibits this or if it would breach any other statutory or common law (e.g. Adoption Act, Infertility Treatment Act).

Where 'yes' was answered for any of the questions, there may be grounds for denying access to the record or certain parts thereof. Where there is no reason to deny access, the general practitioner is to proceed to peruse record to ascertain if all information being requested is still suitable for release.

When a client requests access to their health record and related personal information, we document each request in the practice's Transfer Request register and in the client's health record. We endeavour to assist clients in granting access where possible and according to the privacy legislation. Exemptions to access will be noted and each client (or legally nominated representative) will have their identification checked prior to access being granted.

Where there are grounds to deny a client access to their personal health information (all or part thereof), the reasons for denied access is provided to the client in writing. An intermediary may operate as facilitator to provide sufficient access to meet the needs of both the client and the general practice.

Clients may request to access their personal health information in the following ways:

- View and inspect (client is to make an appointment);
- View, inspect and discuss contents (client is to make an appointment).
- Obtain a copy - collect.
- Obtain a copy - send via mail. It must be registered post.
- Obtain a copy - send via facsimile; and/or
- Obtain a copy - send via email, with a read receipt request.



We respect an individual's privacy and allow access to information via personal viewing in a secure private area in consultation with their general practitioner. A fee is not charged, and the client may take notes of the content of their record.

A client may ask to have their personal health information amended if they consider it is not up-to-date, accurate or complete. Bega aims to correct this information as soon as reasonably practicable and any corrections made are attached to the original health record.

Where there is a disagreement about whether the information is indeed correct, we attach a statement to the original record outlining the client's claims.

Once the request has been processed, the completed *Personal Health* Information Request Form and Release of Health Information Checklist are incorporated into the client's health record.

#### **Request by another person who is not the client**

An individual may authorise another person to be given access if they have the right (e.g. legal guardian) and if they have a signed authority.

The *Privacy Act 1988* defines a 'responsible person' for an individual as:

- A parent of the individual, or
- A child or sibling of the individual if the child or sibling is at least 18 years old, or
- A spouse or de facto partner of the individual, or
- A relative of the individual if the relative is:
  - At least 18 years old, and
  - A member of the individual's household, or
- A guardian of the individual, or
- A person exercising an enduring power of attorney granted by the individual that is exercisable in relation to decisions about the individual's health, or
- A person who has an intimate personal relationship with the individual, or
- A person nominated by the individual to be contacted in case of emergency.

Where a young person is capable of making their own decisions regarding their privacy, they should be allowed to do so. The general practitioner could discuss the child's record with their parent; however, each case is to be managed subject to the individual circumstances. A parent will not necessarily have the right to their child's information.



### **Deceased Persons**

Privacy protections that are in place for personal client health information applies even after a person's death; however, in some situations these privacy interests may be reduced, or there may be other factors that outweigh the privacy interests which favour disclosure of the information. A request for access may be allowed for a deceased client's legal representative if the client has been deceased for 30 years or less and all other privacy law requirements have been met; however, we recommend that the general practitioner contacts their medical defence organisation for advice when receiving these requests.

## **4.27. Privacy Officer**

### **Policy**

This practice has a designated privacy officer who implements and monitors adherence to all privacy legislation in this practice.

The privacy officer acts as liaison for all privacy issues and requests for access to client personal health information.

### **Procedure**

The Clinic Coordinator is our practice's designated privacy officer.

The privacy officer is responsible for ensuring compliance with the *Privacy Act 1988* <https://www.legislation.gov.au/Series/C2004A03712>, the APP <https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles> and for developing and maintaining our written protocols. The privacy officer liaises with the person responsible for our computer security and systems to ensure our electronic systems remain compliant.

If any members of the public or of the Bega team have any queries concerning privacy laws and how Bega manages adherence to these laws, these queries are directed to the privacy officer.

## **4.28. Privacy Audit**

### **Policy**

In the event of any issues or complaints relating to privacy matters, this practice conducts a review of privacy policies and procedures. This review is also undertaken from time-to-time to ensure these policies and procedures are up to date.

### **Procedure**

The privacy officer reviews the following items:





- What is the primary purpose of this practice?
- What data do we collect and document?
- How do we store this information?
- What data do we disclose and to whom?
- When and how do we obtain client consent?

Information is collected from hard copy and electronic storage devices, and issues are discussed with the general practitioners and other practice team members to gain the most current information.

National and Western Australian privacy laws are referenced with any updates being noted and actioned. During this time, our privacy policy and other policies and procedures associated with the management of personal health information are reviewed and updated for privacy items as required.

Forms related to accessing personal client health information, including requests for access and access registers, are also reviewed.

## 4.29. Health Records Administration Systems

### Policy

Bega maintains a client health record system that suits the needs of our practice, and the administration of this system is such that ensures each client has a dedicated health record that is complete, maintained, and facilitates the provision of safe and high-quality healthcare.

### Procedure

Our client health records contain an accurate and comprehensive record of all interactions with our clients. The practice team can describe how we correctly identify our clients using three (3) client identifiers in accordance with **Section 4.36 – Client identification** to ascertain we have selected the correct client record before creating, entering or actioning anything from that record.

### Creating a new health record

New clients to Bega are requested to complete a New Client Information Form that is used to gather the client's:

- Contact information
- Emergency contact details
- Next of kin
- Healthcare identifiers (i.e. Medicare/Department of Veterans' Affairs number)



- Cultural identity (including Aboriginal and/or Torres Strait Islander status)
- Health information (such as allergies, current medications, medical history, lifestyle risk factors), and
- Family health history information.

Once obtained, this information is used to create a health record for that client.

#### **Retrieving a health record for a current client**

Bega is paperless and has systems in place to protect the privacy, security, quality and integrity of the personal health information held electronically. Members of the practice team have different levels of access to client personal health information as appropriate to their roles.

#### **Standardised clinical terminology**

Clinical terminologies and classifications allow the details of a consultation to be recorded in a standardised way. This can include such things as why a client comes to the practice, the problems managed during a consultation, referrals, and investigations requested. Data can then be retrieved regarding client encounters for auditing, quality improvement and continuity of care.

Using recognised classification or terminology avoids confusion that can result from entering 'free text' descriptions in a client's health record.

In using Communicare for the storage or management of client health information, Bega uses the ICPC coding system. This is effective in ensuring data is recorded consistently.

#### **Filing reports (pathology, x-ray, consultants, etc.)**

Paper-based diagnostic test results and other incoming client correspondence must be dated and scanned into the client's health file, if urgent the general practitioner is alerted to this information, and actions accordingly. Original copies are shredded when this process is complete.

All results received electronically, are reviewed by the referring general practitioner, or delegate if that practitioner is not on duty, and actioned accordingly. These results are then incorporated into the client's electronic health record.

#### **Errors in health record**

Corrections in the electronic record are to be recorded by referring to the date of the original entry and the associated amendment.

#### **Allergies and alerts**

Alert notification may be required for allergic responses, drug reactions, previous aggressive behaviour, or guardianship/custody arrangements.



It is practice policy to ensure that all clients have their allergy status recorded, especially any allergies to medications to facilitate safer prescribing. Where a client has no known allergies, this is annotated in the allergy field as such.

Any non-allergy or medication interactions alert notifications are documented in the designated 'Warnings' field of the client's health record.

### **Backup of electronic health records**

To avoid lengthy down time, disruption or medico-legal concerns, frequent backups are essential and form a critical component of the practice disaster recovery plan. A formal policy for the backup of the practice computer systems is therefore in place (refer to **Section 4.23 – Computer information security**).

### **Retention of records and archiving**

Bega retain all health records indefinitely. Paper based records are scanned into the client's health record and are archived and stored securely.

Records of Schedule 8 medicines incorporating their acquisition, use, and disposal is retained for a minimum of three (3) years.

Where our clients have chronic conditions or genetic diseases, or at the general practitioner's discretion, these records are kept indefinitely

Records of clients that have been sought for legal purposes are retained indefinitely.

Records of deceased clients are kept indefinitely.

Where a general practitioner identifies a client as 'inactive', the record is retained within the system indefinitely.

Deceased records are marked DECEASED and filed in the inactive 'deceased' file section of the inactive file storage area.

On an annual basis, we conduct a review of our client health records to identify any records that have not been accessed within the last two (2) years. These records are then removed from the active filing system and filed in the inactive file area. Client account records are culled at the end of each financial year.

Privacy and confidentiality is maintained during the destruction process to ensure information contained in the records is not divulged or seen by unauthorised persons. Records will be destroyed by shredding or pulping, in a secure environment. Where a contracted document destruction company is used to undertake this task, certificates of destruction are retained.



When reviewing the practice's policy with respect to the retention of records, or when we are unsure about culling or archiving personal health information, Bega seeks advice from our medical defence organisation.

## 4.30. Transfer of Client Health Records

### Policy

The transfer of client health records from this practice can occur in the following instances:

- Medico-legal reasons, e.g. record is subpoenaed to court.
- A client asks for their health record to be transferred to another practice.
- A health record report is requested from another source; and/or
- The general practitioner is retiring, and/or the practice is closing.

Bega team can describe the procedures for timely, authorised and secure transfer of client personal health information to other providers and in relation to valid requests.

### Procedure

#### Receiving a request

In accordance with WA and federal privacy legislation <https://www.oaic.gov.au/privacy-law/privacy-act/> any request received from another general practice/practitioner to transfer client health records from Bega must be signed by the client in giving authority to transfer their record.

The request from the receiving practice needs to contain the:

- Name of the receiving practitioner or practice.
- Client's name, address (both current and former if applicable) and date of birth; and
- Reason for the request.

When fulfilling a request, this practice makes a copy of the health record and dispatches the copy to the new practice, retaining the original.

The requesting practice is advised if we propose to transfer a summary or a copy of the full health record. If they have a preference, the format can be negotiated, or they can choose not to proceed with the transfer and seek a copy through a separate access request.

The request must be signed by the client and a notation that a copy/summary of the client's health record has been transferred is made on the client's original health record. The notation includes the name and



address of the receiving practice and the dispatch details (e.g. via registered mail or confidential courier or via facsimile).

Facsimile data transmission of client personal health information from Bega is in a secure format.

Contact the receiver to ensure they are waiting at the fax machine to received documents, before faxing them.

All reasonable steps are taken to protect the health information from loss or unauthorised disclosure during the transfer.

This practice does not allow individuals to collect a copy of their health record to take to their new provider, however they may view them and discuss with the general practitioner if necessary.

### **Making a request**

Access to a new client's previous health information can assist with the continuity of care of that client.

When requesting records from another practice, a standard request for the transfer of client health records letter template should be used.

This letter template incorporates provisions for the request to contain:

- The client's name, address and date of birth.
- Reason for request including the name of the general practitioner making the request.
- Requested format for receiving the records (.xml format); and
- Signed consent from the client to release their health information.

If the previous practice advises that the client is likely to incur an out-of-pocket expense related to the transfer, the client is to be advised of these expenses prior to Bega accepting the transfer of records.

If sending by facsimile, advise the sender to inform us of when they will be sending us the documents, so that we can have an appropriate staff member waiting at the facsimile machine to receive the documents.

## **4.31. Clinical Autonomy**

### **Policy**

All general practitioners and other healthcare professionals in this practice are free to make decisions that affect the management of their clients in accordance with accepted clinical judgement, best available evidence and adherence to valid clinical care guidelines.



## Procedure

Our general practitioners and other healthcare professionals exercise full autonomy in determining:

- The appropriate clinical care of their clients.
- Duration and scheduling of appointments.
- The health professionals including specialists, other general practitioners, and para-medical practitioners to whom they refer.
- The pathology, diagnostic imaging or other investigations they order and the provider they use; and
- How and when to schedule follow up appointments with individual clients.

Feedback is sought from the general practitioners and other members of the clinical team (i.e. nurses and allied health) concerning the use of practice equipment, appointment scheduling and other matters relating to professional autonomy.

All members of the healthcare team comply with their professional and ethical obligations, and practise within the boundaries of their knowledge, skills and competence and their role within the practice.

## 4.32. Clinical Content of Client Health Records

### Policy

Clients at Bega have their own individual client health record containing all health information held by our practice about that client.

All clients that have attended the practice in the last two (2) years have the essential information recorded in their health summary and active clients (i.e. those who have attended the practice three (3) or more times in the last two (2) years have a comprehensive health summary recorded in their health record.

All members of the practice team endeavour to keep the information in the client's health records up-to-date and, where possible, data is entered using accepted coding or drop-down selections (rather than free text) to assist with practice audits and chronic disease registers. Care is taken when entering sound-alike or look-alike medicines, particularly when using drop-down selections in electronic prescribing programs.

Client health records are essential to providing evidence of services billed under the Medicare Benefits Schedule (MBS) and for the continuing care of our clients. The contents are confidential and are subject to the requirements of the Privacy Act 1988 <https://www.oaic.gov.au/privacy-law/privacy-act>. Our GPs and



other members of the practice team have a responsibility to maintain the confidentiality of every client's health record.

Recording of personal client health information should be to the standard that another practitioner could easily and efficiently take over the care of the client. As a key component for the continuing management of our clients, contemporaneous, legible, accurate and complete records are kept.

To ensure optimum documentation of healthcare, and to meet our legal risk obligations, all members of the practice team involved in client care document their care activities in the client's health records using their individual login credentials. Training appropriate to their level of access is provided to all members of the practice team in recording clinical management in the client health records or utilising the records for clinical management activities (e.g. reminders and recalls).

Bega team members are aware of the importance of recording the cultural background of clients since this background can be an important indication of clinical risk factors and can assist the general practitioners and other members of the healthcare team in providing relevant and culturally appropriate care (refer to **Section 4.16 – Culturally appropriate care**).

An active client health record is defined as the record of a client that has attended the practice three (3) or more times in the last two (2) years. Bega can demonstrate that:

- At least 75% of our active client health records have a current health summary, and
- At least 90% of our active client health records have an allergy status known.

To assist in the provision of optimum care to clients, Bega integrates with other services. Information, including referral arrangements for public and private providers, and contact details are maintained on a central register which is accessible to all members of the practice team. Details of referrals made are documented in the client's health record.

Our client health records contain evidence of a system to review and follow up test results. When a general practitioner is going on leave, they arrange for another general practitioner to follow up on any test results that they have requested.

We work towards a systematic approach to the entry of client data in the health records system to facilitate the search, extraction, and utilisation of client information for our prevention and screening activities. This includes recording comprehensive client health summaries and incorporating documentation of preventative activities in the records.



## Procedure

The practice team can describe how we correctly identify our clients using three (3) client identifiers in accordance with **Section 4.36 – Client identification** to ascertain we have selected the correct client record before entering or actioning anything from that record.

Each client has a dedicated and individual health record containing all personal health information held by us about that person. Each health record incorporates, at a minimum (and where applicable):

- Identification contact and demographic details
  - The client's full name.
  - Date of birth.
  - Gender (as self-identified by the client).
  - Address.
  - Telephone number(s), and
  - Cultural background, including Aboriginal and/or Torres Strait Islander status.
- Next of kin.
- Emergency contact information.
- Allergy status (including 'nil known' where applicable).
- Health summary information.
  - Adverse drug reactions.
  - Current medicines list.
  - Current health problems.
  - Past health history.
  - Immunisations.
  - Family history.
  - Social history, and
  - Health risk factors (e.g. SNAP - smoking, nutrition, alcohol, physical activity).
- Progress or consultation notes, comprising (and where applicable)
  - Date of consultation.
  - Who conducted the consultation?
  - Method of communication (e.g. email, telephone, other electronic means).
  - Reason for consultation.
  - Relevant clinical findings.
  - Allergies.
  - Diagnosis (where appropriate).
  - Recommended management plan and, where appropriate, expected process of review.

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- Medicines prescribed (including the name, strength, directions for use, dose, frequency, number of repeats, date the client started/ceased/changed the medication).
- Third party brought in by the client (e.g. partner, carer), and
- Any special advice or other instructions.
- Informed consent (third party presence, treatments/procedures etc.).
- Referrals to other healthcare providers/services including tests ordered.
- Medicines used but not prescribed or advised by the practice.
- Complementary and over-the-counter medicines used by the client.
- Preventative care information (e.g. blood pressure, waist measurement, height, weight etc.)
- Advanced care plan.
- Care provided outside normal opening hours/home or other visits performed on behalf of the practice.
- Results, reports and clinical correspondence received following referrals or other tests ordered, and
- WorkCover or insurance information or legal reports.

Information is stored electronically in the practice's computer system. Computerised health records should be alterable only if an audit trail is automatically kept by the system otherwise, once created, a lock-out facility must apply. Any corrections made must be done so by recording additional information separately. Data is entered using accepted coding or drop-down selections (rather than free text) where possible to assist with practice audits and chronic disease registers.

General practitioners, practice nurses, allied health professionals and authorised students of this practice are responsible for documenting the care provided by them to their clients. Reception and practice management staff are responsible for documenting significant telephone contacts, including any attempts made to contact clients.

Plans for the management of clients with complex or chronic conditions, that are consistent with best available evidence, are documented in the client's health record to ensure there is a consistent and coordinated approach to care between the general practitioners, practice nurses or allied health professionals.

Client health records also document the role the client takes in their healthcare and evidence that education and counselling on illness prevention is provided.

Where the person making the entry is not identified by an electronic signature, entries are identified by initials, or the person's name, and date – this is particularly relevant to scanned documents or notes. All



entries must be able to be read and understood by another practitioner should they need to review or take on the client's care.

Information contained in the health record is not to be prejudicial, derogatory nor is it to be irrelevant. It is to be legible, i.e. able to be read by other healthcare professionals for the ongoing management of the client.

Each of our client health records contains sufficient and understandable information about each consultation to allow another member of our medical or clinical team to safely and effectively carry on the management of the client.

Reports or notes of consultations occurring off-site, such as on mobile clinic or home visits, whether by or on behalf of our practice, are notated as such and include identification of the place and time of the consultation and the details of the care provided.

Important or significant telephone or electronic communication between the practice and client is recorded in the client health records.

At the time of each consultation, or as soon as practical or when information becomes available (e.g. test results), the GP or clinical team member (e.g. nurse) providing the care notes the necessary details, as indicated above, in the client's health record.

Our client health records contain evidence of client referrals to other healthcare providers, such as diagnostic services, hospital and specialist consultation, allied health services, disability and community services and health promotion, and public health services and programs.

A current and up-to-date client health summary assists in providing ongoing care, both within the practice and when referring to other healthcare providers.

Health summaries are developed progressively and need to be accessible during all consultations with our healthcare team. Care is taken to enter data using accepted coding or drop-down selections, rather than free text to assist with practice audits, chronic disease registers or continuous quality improvement activities that require identifying clients with risk factors or particular chronic diseases.

Ninety percent (90%) or more health records of clients who have attended Bega on a regular basis (i.e. three (3) or more times in the last two (2) years) have an allergy status recorded in the health summary, and 75% or more have a comprehensive health summary that has been updated to reflect recent important events.



Bega encourages the general practitioners to clarify a client's current medicines list and known allergies at every client contact, and clients on multiple medicines should be provided with the most recent list of their medicines where updates occur.

Pathology results, imaging reports, investigation reports and clinical correspondence received by the practice are scanned into the client's health record to be review by the general practitioner who ordered the investigation or test in a timely manner. The GP is alerted to any urgent pathology results, imaging reports, investigation reports and clinical correspondence results.

Follow up of clinically significant results is documented in the client's health record.

To help gather relevant and essential information for all new clients, Bega uses a New Client Information Form that clients complete whilst waiting to consult with the GP for the first time, which also incorporates a standard consent form for the collection and use of information.

The information provided by the client in the information form is data entered by the reception staff into the client's health summary and/or health record. The completed form is then scanned into the client's health record.

Additional information not collected on the new client form is added to the client's record during the first and subsequent consultations.

The standard Indigenous status question asked is "Are you of Aboriginal or Torres Strait Islander origin?" This question is asked of all clients, irrespective of appearance, country of birth or whether a member of the practice team knows of the client or their family background. Bega collects this information as part of our New Client Information Form.

Bega has implemented a system whereby client information is updated regularly so that it remains current and accurate. To achieve this, clients are asked their details on each presentation to the clinic.

## 4.33. Informed Consent

### Policy

Our GPs, nurses and other healthcare professionals inform their clients of the purpose, importance, benefits, risks and possible costs of proposed investigations, referrals, or treatments, including medicines and medicine safety. We believe that clients need to receive sufficient information to allow them to make informed decisions about their care.

Our general practitioners and other practice team members have a professional obligation to ensure they understand our clients and that the clients understand any verbal or written information they receive.



Clients who do not speak or read English, or who are more proficient in another language or who have special communication needs, are offered the choice of using the assistance of a specialised service to communicate with the practitioner or clinical team members (refer to **Section 4.15 – Non-English-speaking clients**).

Our GPs and other practice team members use information that is clear and is given in a format that is easy to understand, with verbal information supported by a diagram with explanation, brochures, leaflets or posters, electronic information, or website referral (refer to **Section 4.18 – Provision of brochures, leaflets and pamphlets for clients**).

The client's competence to give consent is ascertained by establishing whether the client is able to understand, retain and weight the information they have been given to arrive at an informed choice. Such a process is applied to all adults, mature minors (within the Gillick test), intellectually and mentally impaired clients or guardians, or power of attorney for the client.

In situations where clients are dependent on a third party for their ongoing care, we endeavour to provide all appropriate information to the carer.

Issues of personality, personal fears and expectations, beliefs and values are also considered.

There is no coercion by our general practitioners, clinical or other healthcare workers (e.g. allied health). Our clients can choose to reject their advice or seek a second opinion. In the instance of a client's refusal of treatment, this refusal is documented in the client's health record (refer to **Section 4.42 – Management of a client refusing treatment or advice**).

The cost of treatment or investigations is an important component of informed decision making. Clients are advised of possible costs involved, including additional out-of-pocket expenses for procedures, investigations and treatments conducted on-site prior to them being conducted. When referring services preference is given to public services to eliminate possible costs that may be involved. When this is not possible clients are advised of the potential for out-of-pocket expenses and are encouraged or assisted to make their own enquiries. If the client indicates that the costs pose a barrier to the suggested treatment or investigation, alternatives may need to be discussed.

Clients are asked to be open and to feel free to discuss all health issues and proposed treatments. Consent must be voluntary - the individual must have a genuine opportunity to provide or withhold consent; that is, they must be able to say 'yes' or 'no' without extreme pressure which would equate to an overpowering of will.



The *Privacy Act 1988* <https://www.oaic.gov.au/privacy-law/privacy-act> states that consent may be 'express' or 'implied'.

Express consent is given explicitly, either orally or in writing. This could include a handwritten signature, an oral statement, or use of an electronic medium or voice signature to signify agreement.

Implied consent arises where consent may reasonably be inferred in the circumstances from the conduct of the individual and the practice.

### **Procedure**

To encourage clients to actively discuss their healthcare and to help create an understanding of shared responsibility between the client and our practice, we use the publication *Top Tips for Safe Healthcare* to guide our discussion. Australian Commission on Safety and Quality in Health Care's website: [www.safetyandquality.gov.au/wp-content/uploads/2017/04/Top-tips-safe-care\\_web-version.pdf](http://www.safetyandquality.gov.au/wp-content/uploads/2017/04/Top-tips-safe-care_web-version.pdf)

There are no charges for any procedure/treatment or examinations within our clinic. A verbal consent for any procedure/treatment or examination is gained from the client and documented in their health record. The treating GP explains the procedure to the client before procedure is performed.

GP's personal communication when dealing with the risks, benefits and alternatives of the procedure are fully explained to the client. This task should never be delegated to other members of the practice team and all clients should direct any questions regarding procedures to the general practitioner.

Where immediate treatment is necessary to preserve a life or prevent serious injury, all attempts are made to provide information and gain the client's consent. This may not be successful in all cases prior to administering emergency care.

Using a range of brochures, leaflets or written information that is tailored to suit individual client's needs to support the explanation of diagnosis and management of conditions, including medication safety, our general practitioners, clinical and allied health team members inform clients of the following issues concerning treatment and investigations:

- Possible nature of illness/disease.
- Proposed approach to investigation, diagnosis and treatment including describing if it is conventional or experimental, common side effects and the clinician undertaking the procedure/treatment.
- Purpose, importance, expected benefits and risks.
- Other options for investigations, diagnosis and treatment.



- Length of procedure/treatment.
- Degree of uncertainty of a) any diagnosis found and b) therapeutic outcome
- Potential result of not undertaking the specified procedure/treatment or any other treatments; and
- Any significant long-term physical, emotional, mental, social, sexual, or other outcome which may be associated with a proposed intervention.

We recognise that clients need to understand the purpose and importance of medicines, and this assists them to comply with the recommended treatment plan.

To assist clients to make informed decisions about their medicines or to understand any medication safety requirements, Bega team supports any verbal information with consumer medicines information (CMI) leaflets available from the NPS MedicineWise website [www.nps.org.au/medical-info/medicine-finder](http://www.nps.org.au/medical-info/medicine-finder).

The informed consent process (including the use of interpreters), consent form and details of any information or post procedure instructions provided to a client, are documented in the client's health record.

Client consent regarding the expected benefits and possible risks is obtained for the following:

- All procedural interventions on-site.
- Client's participation in research projects.
- Clinical Training Program (through waiting room signage and verbal consent prior to entering the consulting room).
- Third party observation or participation in client consultation (through waiting room signage, verbal consent prior to entering the consulting room); and
- Medical treatment or preventative activities (e.g. childhood vaccinations or prescribed medications).

At the time of childhood immunisations, careful documentation of parental consent is included in the clients file, including details of National Immunisation Program (NIP) Schedule, recommendations are discussed and the parent's decisions regarding these recommendations. The practice offers the recommended vaccines for whom they are applicable at no cost to the client. The decision to accept or reject the vaccine must be made by the parent, after receiving full details of the risks and benefits from the general practitioner or nurse immuniser.



## 4.34. Referral Protocols

### Policy

Clients are referred for diagnostic testing or to another medical specialist, general practitioner or allied health professional who may be better placed to deliver a service that may benefit the client.

The practice has an up-to-date written and computerised directory of local allied health providers, community and social services and also local specialists to assist when choosing practitioners to facilitate optimal client care. This information includes different referral arrangements and how to engage with these providers to plan and facilitate care.

Clinical handover needs to occur when all or some aspects of the client's care is transferred to another provider, such as when a client is referred. Clients are made aware that their personal health information is being disclosed in the referral documents.

Referral documents to other healthcare providers are legible and contain relevant and sufficient information to facilitate optimal client care, which include having at least three (3) approved client identifiers included along with an accurate and current medication list.

Our client health records contain evidence of client referrals to other healthcare providers, such as diagnostic services, hospital and specialist consultation, allied health services, disability and community services and health promotion, and public health services and programs.

### Procedure

Suggesting a referral to a particular practitioner or allied health professional carries with it an implicit endorsement that the receiving practitioner or service provider is appropriately skilled and qualified to administer the treatment or service.

Our directory of local allied health providers, community and social services, and local specialists is available in reception. This is updated monthly by WAPHA.

The client is given information about the purpose, importance, benefits and risks associated with investigations, referrals or treatments proposed by their general practitioner to enable the client to make informed decisions. The general practitioner may use leaflets, brochures or written information to support their explanation where appropriate.



For referred services where costs are not known, the clients are advised of the potential for out-of-pocket expenses and are encouraged or assisted to make their own enquiries. Wherever possible referrals are made to public serves that do not incur costs.

Special care is taken to advise clients of the costs of consultations or procedures that do not attract a government subsidy.

Letters of referral are computer based. Referrals sent electronically are encrypted. Bega letterhead is used for all referrals in typed format.

In the case of an emergency or other unusual circumstance, a telephone referral may be appropriate. A telephone referral where made is documented in the client's health record.

It is a requirement of Bega that all referral letters generated:

- Are legible (preferably typed) on a Bega letterhead.
- Include the name and contact details of the referring practitioner and the practice.
- Contain at least three (3) of the approved client identifiers (e.g. name, date of birth and address).
- Explain the purpose of the referral.
- Contain enough information (relevant history, examination findings and current management) so that the other healthcare provider can provide appropriate care to the client.
- Do not include sensitive client personal health information that is not relevant to the referral.
- Include a list of known allergies, adverse drug reactions and current medicines.
- Identify the healthcare setting to where the referral is being made (e.g. the specialist consultancy).
- The name of the healthcare provider to whom the referral is being made (if known); and
- Any relevant information that will help other healthcare providers deliver culturally safe and respectful care (e.g. language spoken, the need for an interpreter or other communication requirements).

Requests for pathology, diagnostic or other investigations should:

- Be legible.
- Contain relevant clinical information; and





- Contain at least three (3) of the approved client identifiers (e.g. name, date of birth and address).

For medico-legal and clinical reasons, copies of any referral letters generated, pathology, diagnostic or other investigation requested and especially those which contain significant clinical details, are retained by the practice and documented in the client's health record.

Clients seeking a further clinical opinion from another healthcare provider are encouraged to notify their general practitioner to allow an opportunity to reinforce any potential risks of the decision. Any advice or actions taken when a client seeks a further clinical opinion, or refuses recommended clinical management are documented in the client's health record.

## 4.35. Clinical Handover

### Policy

Clinical handover is defined in the *RACGP Standards for general practices 5th edition* [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)) as 'the transfer of professional responsibility and accountability for some or all aspects of a client's care, from one professional person or group to another'.

Failure or inadequate handover of care is a major risk to client safety and a common cause of serious adverse client outcomes. It can lead to delayed treatment, delayed follow up of significant test results, unnecessary repeat of tests, medication errors and increased risk of medico-legal action.

Clinical handover communications can be face-to-face, written, via telephone and also by electronic means.

All members of the Bega team are informed about our policy on clinical handover to ensure standard processes are followed.

Clinical handover of client care occurs frequently in general practice both within the practice to other members of the medical and clinical team, and to external care providers.

We have standard and documented processes for timely clinical handover with services that provide care outside normal opening hours.



## Procedure

Clinical handover needs to occur whenever there is a change of care providers. Examples of clinical handover include a:

- GP covering for a fellow general practitioner who is on leave or is unexpectedly absent.
- General practitioner covering for a part-time colleague.
- The transfer of client care to another practitioner in our practice when a client requests the transfer.
- GP handing over care to another health professional, such as a practice nurse, physiotherapist, podiatrist or psychologist.
- GP referring a client to a service outside the practice; and
- Shared care arrangement (e.g. team care of a client with mental health problems).

The clinical handover is documented in the consultation notes including that the client has shared in decision-making and has been informed.

Written or verbal clinical handover amongst general practitioners occurs on a formal arranged basis when practitioners or other clinical team member is away because of annual leave or illness. In addition to a formal handover, adequate clinical records (including a health summary) enable the routine care of clients to continue. Practitioners relieving for another should read the client's preceding clinical records.

Bega recognises that an accurate and current medication list helps to minimise errors and promotes safety when clinical handover occurs. Clients with multiple medications may be provided with a copy of their medication list and encouraged to show the list to other providers of healthcare.

Clinical handover of a client's care outside the practice occurs in many ways. It includes, but is not limited to, referral for an investigation, to an ancillary healthcare provider, to a specialist and to a hospital as an outpatient or as an inpatient. Referral letters include sufficient information to facilitate optimal client care, including details of the purpose of the referral and clarification of who will manage the follow up of investigations.

The practitioners ensure that sufficient information is provided to the emergency department about the clinical condition of an inbound patient to facilitate prompt and appropriate care. This may be directly to the ambulance service or to the hospital.



Bega has arrangements in place with our pathology services to ensure abnormal and life-threatening results identified outside our normal opening hours can be conveyed to a general practitioner in a timely way.

Where complex or high-risk clients, such as suicidal clients, or clients on complex medication regimen, are handed over to another provider for all or part of their care, it is important for the general practitioner handing over care to request notification if the new provider ceases to care for the client. Equally, a provider treating a client on a handover basis has an obligation to notify others in the treating team if they stop seeing the client (particularly as this issue has been the subject of several coroners' recommendations seen in the media in the past).

Our general practitioners notify the deputising care provider of clients who they anticipate may need care and ensure the deputising service has a defined means of timely contact with the practitioner should they need to access more detailed health information. Handover of the care of a client who has been seen in the after-hours period is conducted in a timely and appropriate manner through the provision of a report of the consultation no later than the day following the after-hours contact.

When errors in clinical handover occur, every member of the practice team is encouraged to report the incident, so the event can be analysed, and processes introduced to reduce the risk of a recurrence.

## 4.36. Client Identification

### Policy

Correct client identification is vital for client safety and the maintenance of client confidentiality. Our clients are correctly identified at each encounter with the Bega team using three (3) approved client identifiers. All members of the practice team are trained in how to correctly identify a client using approved identifiers.

### Procedure

Approved client identifiers include:

- Client name (family and given name).
- Date of birth.
- Gender (as self-identified by the client).
- Address.
- Client record number (where it exists); and
- Individual healthcare identifier.



Clients' identification using three (3) approved identifiers should be established or confirmed when:

- A client makes an appointment.
- A client presents to the practice for their appointment.
- Any member of the practice team communicates with a client over the telephone or electronically.
- A client telephones asking for a repeat of a prescription.
- A client sees more than one practitioner or member of the healthcare team during a visit
- A client record is accessed; and
- Any member of the practice team collects and/or manages information (e.g. scanned documents, X-rays) about a client.

When asking for client identifiers, practice team members must ask the client to state at least three (3) identifiers (e.g. their full name, date of birth, and address) while remaining mindful of privacy and confidentiality issues. Practice staff must ask the client for the information, rather than provide the identifying information for the client to confirm.

Clients are able to supply government-issued photographic documentation (e.g. their driver's licence or passport) to provide information for our records and to subsequently provide one or more identifiers.

When a client is well known to the Bega team, it may appear unnecessary or illogical to ask for identifiers every time they attend or call the practice; however, it is common to have clients with identical or similar names, or dates of birth, and to therefore mismatch clients and client health records. Bega overcomes this by routinely asking clients to verify their address and other particulars each time they attend. This also helps Bega to maintain accurate contact details for each client.

Any incidents arising from failing to correctly identify a client are to be documented using the Incident Report (refer to **Section 3.2 – Incidents and injury and adverse client events**).

## 4.37. Follow up of Tests, Results and Referrals

### Policy

Our practice's system for the follow up of tests, results and referrals has a strong focus on risk management.

Bega team is adequately educated, trained and is cognisant of the procedures associated with:

- How clients are advised of the process for follow up of results.

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- The system by which pathology results, imaging reports, investigations reports, and clinical correspondence received by Bega is reviewed by a general practitioner, signed, acted upon in a timely manner and incorporated into the client's health record.
- How we follow up and recall clients when we order important or clinically significant tests or investigations or initiate important referrals; and
- How we follow up and recall clients with clinically significant tests, results or correspondence.

All test results, including pathology results, diagnostic imaging and investigation reports, and clinical correspondence received are reviewed, initialled (or electronic equivalent) and, where appropriate, acted upon in a timely manner and incorporated into the client's health record.

The nature and extent of the practice's responsibility for following up test results, diagnostic imaging and investigation reports, and clinical correspondence/referrals depends on what is reasonable in the circumstance and the clinical significance of the test, referral or result.

Whether something requires follow up is determined by the:

- Probability that the client will be harmed if follow up does not occur.
- Likely seriousness of the harm; and
- Burden of taking steps to avoid the risk of harm.

Important referrals for consultations or tests ordered are followed up by the referring practitioner (or delegated authority) in a timely manner. This includes checking the client has attended the referred consultation or the expected investigation, that correspondence or test results have been received and reviewed, and that a record of any follow up and subsequent actions or recall process is incorporated into the client's health record.

Sometimes our general practitioners need to be contacted outside normal opening hours by the pathology service about a serious or life-threatening result, and we have provisions for allowing this contact to occur (refer to **Section 4.10 – After-hours service**).

Our clients (or their carers) are made aware of their obligations and responsibilities for their own healthcare. This includes being informed about how to obtain their results and the seriousness of not attending for ordered appointments/investigations and any recall or subsequent follow up. Where appropriate, this advice is documented in the client's health record.



Where a client indicates, they do not intend to comply with a recommended test or referral, the client is deemed to have refused medical treatment or advice and is managed in accordance with **Section 4.42 – Management of a client refusing treatment or advice.**

In addition to an appreciation of the need for timeliness when following up and actioning referrals, tests and results Bega team members are aware of the need for confidentiality and discretion with regard to referrals, diagnostic tests and results or correspondence.

### **Procedure**

The procedures used by our general practice to review, follow up and recall clients are complex and varied. The system is designed in a way that anticipates that individual cases will require different levels of follow up depending on the clinical significance or importance of the case.

#### **When ordering diagnostic tests:**

- The client is advised that there is no cost involved.
- The client is advised that they will be notified if any of the results are adverse

#### **When reviewing all results, reports and clinical correspondence received:**

All faxed results received overnight are reviewed by the Manager Primary Health each morning so that any urgent results can be given directly to the requesting general practitioner. They are then placed in the reception scanning tray.

Many results are received electronically within our Communicare system.

When any general practitioners are on leave, they hand over to another to review their results.

#### **When communicating with clients about tests, results, and referrals:**

- If insignificant results are received the client is notified verbally.
- We have a Recall Administration Officer to assist with this process.
- All communication is documented in client's file.

#### **Identification for follow up of clinically significant investigations and referrals that have been ordered:**

At the beginning of each day, when our general practitioners are checking incoming results any clinically significant results are dealt with appropriately, this may require referral to other services, or a recall initiated.

#### **What is your system to recall clients with clinically significant results, reports, and clinical correspondence?**



If unable to contact the client via telephone the Recall Administration Officer will attempt to find them in the community, if this is also unsuccessful and the clinical result is quite significant, we may involve the police to assist in finding the client.

## 4.38. Reminder Systems for Preventative Care

### Policy

For the continuing management of our client's health, we utilise a systematic reminder system to provide health promotion, preventative care and early detection of disease. Annual health checks are in our recall system for this reason.

Our system is based on the best available evidence and, where possible, incorporates clinical guidelines.

All members of the practice team participate in continuous quality improvement (CQI) and Plan, Do, Study, Act (PDSA) activities to improve our systematic approaches to health promotion and prevention of disease.

Where opportunities exist, we also coordinate with other health professionals and key agencies to achieve health promotion and preventative care objectives.

Our reminder systems and notifications are mindful of protecting the privacy and confidentiality of client information and we consider the needs of clients with a physical or intellectual disability.

We also consider our responsibility to clients if we cease or significantly change our reminder systems.

We maintain a systematic approach to the entry of client data in the health records to facilitate the search, extraction and utilisation of client information for our prevention and screening activities. This includes comprehensive client health summaries and documentation of preventative activities.

Consideration of a client's individual circumstances is encouraged when providing information about health promotion and illness prevention for clients (and carers). Verbal and written information is provided to clients about health promotion and specific disease prevention and is distinct from the education and information that is provided to clients to support a diagnosis and choice of treatment.

### Procedure

Client presentations at the practice are used as an opportunity to identify risk factors and provide health promotion and illness prevention in the following ways:



- Pamphlets and brochures from a variety of sources are available for clients to self-select or to be provided by members of the medical or clinical team to reinforce health promotion messages arising from a consultation
- Clients are encouraged to self-identify information that is recorded on the health summary to assist with early identification of the client's main health issues or risk factors, e.g. Aboriginal and/or Torres Strait Islander status, family or social history
- Clinical data is routinely and opportunistically collected by the practice, and this is entered into the client health records in a manner that assists with data extraction for preventative activities
- Bega seeks the client's consent before including their details on a formal reminder system for preventative care - this consent is documented in the client's health record, and
- Clients are advised of the availability of reminder systems and how to opt out through signage in the waiting room and through information contained in the practice information sheet.

Client privacy and confidentiality is protected at all times, and clients are notified in writing when reminder systems in which they participate are discontinued.

- We have a Recall Administration Officer to assist with this process.
- General practitioners are involved in identifying most urgent clients.
- Within our system we have a recall extraction tool.
- We provide data to AIR for immunisations.
- Communicare reporting systems are discussed on a regular basis at clinic meeting.
- We target the national KPI's.
- Any significant results, clients are advised by the Recall Administration Officer that they are required to come in and receive results; and
- This is documented in the client's file.

## 4.39. Notifiable Communicable Diseases

### Policy

Bega has a policy that outlines how we handle personal information collected (including health information) and how we protect this information. This policy is displayed in the waiting room and also on the practice information sheet and practice website and is readily presented to anyone who asks (refer to **Section 4.24 – Practice privacy policy**).





It is a requirement of our practice, and allowable under the exemption clauses of the *Privacy Act 1988*, <https://www.legislation.gov.au/Series/C2004A03712> to report the communicable disease cases required by the Department of Health when identified in clients of our practice.

Bega has a system in place to ensure the timely reporting of suspected or confirmed communicable diseases to the Western Australian health department, including reporting by telephone in some cases.

Although client consent is not required when reporting the communicable disease, consent will be sought by the notifying general practitioner where the Department of Health requires more detailed information.

### **Procedure**

When we have a client with suspected or confirmed communicable diseases.

Under the *Public Health Act 2016*

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_13791\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13791_homepage.html)

and *Public Health Regulations 2017*

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/law\\_s49088.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_s49088.html)

Bega is required to notify the Communicable Disease Control Directorate or the appropriate Regional Public Health Unit whenever we have a client with suspected or confirmed communicable diseases.

Bega has a system in place to ensure the timely reporting of suspected or confirmed communicable diseases to the appropriate authorities, including reporting by telephone in some cases.

A list of the notifiable communicable diseases and related conditions, as well as appropriate paperwork is located in the Clinic Co Ordinator's office.

Although client consent is not required when reporting the communicable disease, consent will be sought by the notifying general practitioner where the Department of Health requires more detailed information.

## **4.40. Third Party Observing or Clinically Involved in the Consultation**

### **Policy**

Consent must always be obtained from clients prior to a third party observing or being clinically involved in the consultation.

A 'third party' is a person(s) other than the general practitioner and the client, who observes or is involved in a consultation. Third parties can be interpreters; carers; relatives; friends; medical, allied health or nursing students on placement; general practice registrars; or chaperones.



In some circumstances the client or the general practitioner may feel more comfortable if there is a chaperone present during the consultation. For medico-legal reasons, it is recommended to consider offering a chaperone for unaccompanied children.

All practice team members receive information and training at induction and on an ongoing basis on the requirements for obtaining and documenting prior client consent whenever the presence of a third party is introduced into the consultation by the practice. Consent is also obtained on occasions where the third party is accompanying the client.

### **Procedure**

As part of ongoing education, training and knowledge sharing to support the future of general practice across Australia, Bega will often host Medical, Allied Health, Aboriginal Health Practitioner students or Nursing students on placement or general practice registrars. As part of their learning plan, these students or registrars will be invited to sit in on real-life consultations led by the training general practitioner, and prior to them sitting in on a consultation, clients must be advised of this occurrence and given the opportunity to object or grant permission

Bega aims to seek client consent to a third party being present during a consultation at the time the client is making the appointment when that third party is being introduced by the practice. This consent is then re-confirmed when the client presents to the practice for that appointment, and the consent is documented in the consultation notes by the general practitioner.

Bega team members are aware that it is not acceptable to ask permission in the consulting room for a third party to be present, as some clients may not feel comfortable refusing consent in the presence of the third party, and therefore agree even if they would prefer not to.

It may be necessary to later identify any third parties that were present during a consultation. For this reason, details of the third party are recorded so that they can be linked back to the consultation and subsequently identified if required. For example, we identify the third party by reference to their role (e.g. nurse, medical student).

Bega team members are mindful of the particular needs of people with intellectual disabilities who may not be able to provide consent. In such cases, a legal guardian or advocate may need to be appointed to oversee the interests of the client.



## 4.41. Research Projects

### Policy

Bega has a policy that outlines how we handle personal information collected (including health information) and how we protect this information. This policy is displayed in the waiting room and also on the practice information sheet and practice website and is readily presented to anyone who asks (refer to **Section 4.24 – Practice privacy policy**).

Research activity, both within the practice and through reputable external bodies is encouraged.

Client consent is essential to our involvement in research projects. Whenever any member of Bega team is conducting research involving our clients, we ensure that the research has appropriate approval from an ethics committee and that the research is indemnified. The research protocol, consent procedures and process for resolving problems are retained by the practice.

Research activities are distinct from audits undertaken by the practice as part of continuous quality improvement activities.

Privacy and confidentiality is particularly important, especially when considering involvement in commercial market research activities. When conducting research, Bega ensures that the collection, use and disclosure of data comply with privacy laws. Even if Bega is using de-identified health information, there are still some situations where we must obtain informed client consent.

Bega considers how identifiable client information will be using the following:

- Identifiable client information – by which individual clients can be identified.
- De-identified client information – which cannot be traced back to the individual; and
- Potentially identifiable information – could possibly be traced back to individuals or groups of individuals.

### Procedure

Research projects involving client care are to adhere to the following actions:

- Must have the explicit and documented written consent of the client.

The client must receive a written and oral explanation about the research and be able to withdraw consent at any time. The project must be approved by a relevant *Human Research Ethics Committee (HREC)* <https://www.nhmrc.gov.au/research-policy/ethics/human-research-ethics-committees> established under the NHMRC guidelines; and



- Privacy laws must be adhered to.

Research projects involving research or clinical audits using de-identified data should ideally have clients' consent. This can be in more general terms such as by waiting room notice or through information contained in the practice information sheet.

Extreme care must be taken not to allow client identification from small and/or unusual cohorts.

For QI & CPD activities that require the transfer of client information outside the practice (e.g. NPS activities) we need to:

- Ensure the activity complies with relevant guidelines on QI&CPD (issued by an appropriate specialist medical college).
- Ensure the activity is approved by that college.
- Retain a copy of the QI&CPD approval for the activity.
- Obtain client consent if transferring identifiable client information; and
- Transfer data in accordance with **Section 4.25 - Third party requests for access to personal health information.**

The practice retains a record of the request for participation in any research project, including the research protocol, consent procedures and process for resolving problems.

Bega also ensures that appropriate insurance is in place to indemnify Bega for research. We ensure Bega insurance covers the research.

In all cases of research, the general practitioners need to ensure that their individual medical indemnity insurance covers their research activities.

## 4.42. Management of a Client Refusing Treatment or Advice

### Policy

Bega takes an active approach to ensure the best outcomes for clients at all times even if they choose to reject investigation and/or management advice.

Bega endeavours to help our clients understand the importance of medicines and treatment advice to help them make informed decisions about their healthcare.

All members of our medical and clinical team are educated and trained and can demonstrate how we provide care for clients who refuse a specific treatment, advice or procedure.



## Procedure

Our GPs and clinical team are to respect the right of all clients to make investigation and treatment choices or to seek a further clinical opinion.

Clients should be advised to notify the practitioner or clinical team member if they want to refuse a specific advice or procedure.

A risk management strategy is followed when a client expresses intent to refuse specific advice or procedure or treatment ensuring that:

- The client has been provided with the full range of options available, including the risks and benefits of each to enable them to make an informed choice.
- The consequences of the choices made are explained, including those of non-investigation and treatment.
- The client is offered continued monitoring, support or timely referral appropriate to their choices; this may be to another practitioner or clinical team member within Bega or to another practice; and
- Full documentation of the actions taken to the above and any referrals (including dates) to other healthcare providers are recorded the client's health record.

## 4.43. Refusal to Treat a Client

### Policy

Bega or individual medical and clinical team members have the right to refuse to treat clients in defined circumstances. In these circumstances, Bega ensures arrangements are made for the timely transfer of the clients care to another member of the medical or clinical team in Bega or to another practice.

### Procedure

Any refusal to treat a client is done for substantial reasons, not based on discrimination (gender, sexual preference, religion, race, illness type). We have zero tolerance to violence.

Clients in emergency situations will always be treated to the best of our ability. Emergency medical treatment defined as treatment that is necessary to:

- Save a client's life, and/or
- Prevent serious damage to health, and/or
- Prevent or alleviate significant pain or distress.



Reasons that may give rise for a general practitioner or a member of the clinical team to no longer consider it appropriate to treat a particular client include a breakdown in the practitioner/client relationship, client threats or aggressive behaviour, overloaded practice or clients with conditions outside the range treated by the practitioner.

An appropriate risk management strategy to be followed when exercising the right to refuse to treat clients includes ensuring that:

- The client has been provided reasons why they cannot have ongoing treatment by the practitioner/practice.
- The client has been provided with alternative possible treatment locations.
- Any complaints that may arise are dealt with according to the complaint's procedure; and
- Full documentation of the actions taken to the above is recorded in the client's health record.

Bega will endeavour to assist such clients with ongoing care, including the provision of a written referral to other healthcare providers and a transfer of any medical history.

## 4.44. Practice Equipment

### Policy

The medical equipment, furniture and resources of this practice are appropriate and adequate to ensure:

- Comprehensive primary care and resuscitation; and
- Client, practice team member and visitor safety.

Any legislative requirements are met and complied with.

We maintain a register of equipment which includes the scheduling requirements for service or maintenance. Any maintenance and calibration requirements are undertaken on a regular basis in accordance with the manufacturer's instructions to ensure the equipment is maintained in good working order.

We ensure all members of Bega team are informed, educated and trained in all relevant standards or guidelines and requirements relating to the safe operation or use of specific practice equipment.

### Procedure

All members of the practice team are instructed in the use of the practice equipment to ensure equipment is used and maintained in a competent manner.



Training requirements depend on the specific equipment, and the equipment's relevance to the practice team member's role. Practice team members are trained in how to use the practice's equipment safely in order to avoid any adverse events. The Manager Primary Health is to assess whether specific training is required to use the practice's equipment, such as the height-adjustable bed, point-of-care testing equipment and the defibrillator and determine whether ongoing training is required. Appropriate training is undertaken by completing external courses where required; all other training is conducted through in-house programs, or 'on the job' training. Evidence of the training completed is retained in the practice team member's employment or contract file.

Electrical safety checks and biomedical checks are performed on the required equipment annually or as required.

Maintenance, repairs, electrical and biomedical checks are documented in the equipment register. This register is retained as proof of the practice's quality control and preventative maintenance program.

Furniture used by the practice team members and by clients is maintained in good condition, is ergonomically effective and can be easily cleaned and wiped down.

## 4.45. Medical Equipment and Resources

### Policy

The practice has all basic equipment and emergency drugs expected in a general practice. The practice ensures that these are maintained, safe and in a serviceable condition at all times.

The available equipment is sufficient for the procedures commonly performed within Bega and meets the needs of our clients.

Bega maintains our key equipment according to a documented schedule.

Members of the medical and clinical team are consulted about the equipment and supplies the practice uses or purchases.

### Procedure

Bega has the necessary medical equipment to ensure comprehensive primary care and emergency resuscitation incorporating the following:

- Auriscope.
- Blood glucose monitoring equipment.



- Defibrillator.
- Disposable syringes and needles.
- Equipment for resuscitation, maintaining an airway (for children and adults), equipment to assist ventilation (including bag and mask).
- IV access.
- Emergency medicines.
- Examination light.
- Eye examination equipment (e.g. fluorescein staining);
- Gloves (sterile and non-sterile).
- Height measurement device.
- Height adjustable client examination bed(s).
- Measuring tape.
- Monofilament for sensation testing.
- Ophthalmoscope.
- Oxygen.
- Patella hammer.
- Peak flow meter.
- Personal protective equipment.
- Pulse oximeter.
- Scales.
- Spacer for inhaler.
- Specimen collection equipment.
- Sphygmomanometer (with small, medium and large cuffs).
- Stethoscope.
- Surgical masks.
- Thermometer.
- Torch.
- Tourniquet.

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- Urine testing strips (including pregnancy testing kits).
- Vaginal specula.
- Visual acuity charts; and
- X-ray viewing facilities.

Bega also has timely access to a spirometer on 11 of its computers, and electrocardiograph in the treatment room.

Relevant members of Bega team are trained in the care, use and maintenance of equipment and, where appropriate, to analyse and interpret any results. As liquid nitrogen and oxygen are hazardous materials, they are stored securely, and the team are trained in their safe use.

Our key clinical equipment is maintained in working order and is appropriately maintained in accordance with our register of equipment below, which includes the scheduling requirements for service or maintenance and reflects the recommendations of the manufacturers of the equipment. Maintenance of the equipment is performed as required by suitably trained practice team members or qualified technicians where required.

Item	Servicing/Calibration	Monitoring/Checking	Parts/Supplies
<b>Audiometer</b>	Annual	As required	
<b>Auriscopes</b>	Weekly clean of viewing glass or as required.	Replace or recharge batteries when light dims.	Spare batteries (standard or rechargeable), globe.
<b>Computer system including backups</b>	According to the maintenance and servicing program.	Server temperature.	Backup media, spare computer.
<b>Defibrillator</b>	Annual	Weekly check of function or in accordance with the manufacturer's recommendations.	Battery.
<b>ECG</b>	Annual servicing and calibration by qualified technician.	Each ECG push check button (1mv=large square).	ECG paper.
<b>Electrical cords and all computers, printers and appliances</b>	Annual testing and tagging by a qualified person.		
<b>Fire Extinguishers</b>	Biannual check by qualified technician i.e.: MFB or private service.		
<b>Generator</b>	Annual full test of function.	Monthly check fuel level and starts.	Fuel.

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<b>Glucometer</b>	Annual comparison of an actual blood sugar level with a glucometer reading of same blood sample.	Weekly	Test strips, batteries.
<b>Non-medical items e.g. door mats, floor surfaces</b>	Yearly inspection and replacement as required.	Warning signs displayed when wet or fall risk is evident.	
<b>Ophthalmoscope</b>	Monthly clean of viewing glass or as required.	Replace or recharge batteries when light dims.	Spare batteries (standard or rechargeable), globe.
<b>Oxygen</b>	Annual servicing and checking by qualified technician.	Weekly check that cylinder at least ¼ full.	Spare cylinder available.
<b>Panic Buttons</b>		Monthly check.	
<b>Printers</b>	Annually	Monthly	Spare cartridges.
<b>Scales</b>	Annually	Compare with a known weight.	
<b>Smoke Alarms</b>	Replace batteries annually.	Monthly check.	Spare battery.
<b>Spirometer</b>	Servicing and calibration according to manufacturer's recommendations.	Regular calibration using 3L syringe. Monthly clean or more frequent as required.	Disposable mouth pieces, preferably one way and preferably filtered.
<b>Sphygmomanometer</b>	All checked and serviced annually.		Cuffs various sizes Spare standard cuff and bladder, bulb and control valve.
<b>Telephone System</b>		Quarterly check of battery backup function.	
<b>Thermometer</b>	Serviced annually.		Spare batteries
<b>UPS (Computer)</b>	Annual/as required	As required	Annual/as required
<b>Vaccine Storage</b>	Annual logging of fridge temperature using a calibrated data logger. Replace batteries on min/max thermometer annually.	Twice daily min/max temperature recording.	Spare batteries.

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## 4.46. Doctor's Bag

### Policy

All our GPs have access to a fully equipped doctor's bag for emergency care and routine off-site visits. When not in use, the doctor's bag is stored securely on the top shelf in the Dispensary.

In some instances, our practitioners may share a doctor's bag or items may be kept in two smaller bags. Required items may be added to the bag prior to use to avoid doubling up on equipment.

The Mobile Clinic clinicians, in conjunction with the general practitioner, regularly reviews the contents of the doctor's bag (refer to **Section 4.51 – Checking and rotating medical supplies**). In addition to checking the condition, stock levels and expiry date of items and equipment, consideration is given during this process to incorporating additional items depending on the practice location, clinical conditions encountered, the shelf life and climatic vulnerability of various medications and the size of the bag.

In addition to containing the required equipment, the doctor's bag also contains the recommended medications. Additional medications may also be added after consideration of the clinical conditions encountered or likely encountered.

Where a doctor's bag is shared, the arrangements are reviewed on an ongoing basis to ensure the practitioners have access to the bag when required. Additional bags are purchased if required.

Sensible security measures are taken at all times and any relevant legislation or regulations relating to Schedule 4.

### Procedure

When attending routine off-site consultations or emergency care, each of our practitioners has access to a fully equipped doctor's bag containing:

- Auriscope.
- Disposable gloves.
- Equipment for maintaining an airway (in both adults and children);
- In-date medicines for medical emergencies.
- Ophthalmoscope.
- Practice stationery (including prescription pads and letterhead);
- Sharps container.
- Sphygmomanometer.



- Stethoscope.
- Syringes and needles in a range of sizes.
- Thermometer.
- Tongue depressors; and
- Torch.

When selecting emergency drugs for the doctor's bag, Bega considers the:

- Types of clinical conditions and emergencies likely to be encountered.
- Practice location.
- Shelf-life and climatic vulnerability of medicines; and
- Availability of emergency drugs at the practice if the doctor's bag has been taken by another practitioner.

The following medicines are considered as the most appropriate and necessary medicines and therefore routinely included in the doctor's bag:

- Adrenaline.
- Benztropine mesylate.
- Benzylpenicillin.
- Diazepam.
- Furosemide.
- Glucose 50% and/or Glucagon.
- Ergotamine maleate.
- Haloperidol or Chlorpromazine.
- Hydrocortisone sodium succinate or dexamethasone.
- Metoclopramide hydrochloride.
- Morphine sulphate or appropriate analgesic agent.
- Naloxone hydrochloride.
- Prednisone.
- Promethazine hydrochloride.
- Aspirin soluble (oral).



- Atropine sulphate.
- Glyceryl trinitrate spray or tablets; and
- Salbutamol inhaler.

To ensure client safety, all general practitioners are familiar with the medicines that are included in their doctor's bag, including the general usage, suggested dosage and possible side effects.

The doctor's bag also contains the following items:

- Cannulas, iv bungs, tourniquet, butterfly needles.
- Alcohol swabs, specimen containers, urinalysis sticks.
- IV fluids and giving set.
- Peak flow meter.
- Bandages, tape and other dressings.
- Pathology and radiology request forms.
- Medical certificates.
- Useful telephone numbers – hospitals, health hotlines; and
- Other medicines such as starter packs for analgesics

The Mobile Clinic Coordinator retains ultimate responsibility for maintaining the doctor's bag by replacing used items, and for keeping the supplies of medicines at optimum levels.

Monthly reviews of the doctor's bag contents is undertaken by the Mobile Clinic clinicians in conjunction with the general practitioner, to ensure any perishable items are within their expiry date. Any out-of-date items are discarded appropriately, and the stock replenished. To facilitate this process, a Doctor's Bag Checklist is used and records the identification of the person conducting the check and the date the check was conducted.

A list of the items that must be routinely included in the doctor's bag when in use is included within the doctor's bag contents.

Annually, the Mobile Clinic clinicians work with all GPs to conduct a comprehensive review of the items for the doctor's bag to determine if current equipment is adequate based on accepted good clinical practice. When not in use, the doctor's bag is stored securely in the dispensary.



## 4.47. Vaccine Management

### Policy

Our clinic follows the Strive for 5 guidelines, which are kept in the Manager Primary Health's office. The Manager Primary Health is responsible for the Cold Chain Management. In their absence the Clinic Coordinator takes over this responsibility.

### Procedure

If any breaches or spoilages, for example a power outage, the WA State Health Department must be contact to inform them of this on 08 9388 4868.

Reference: *National Vaccine Storage Guidelines- Strive for 5, Commonwealth of Australia 2019*  
<https://www.health.gov.au/sites/default/files/documents/2020/04/national-vaccine-storage-guidelines-strive-for-5.pdf>

## 4.48. Medicine Management (Scheduled Medicines)

### Policy

It is imperative that Bega ensures all scheduled medicines (including sample medicines) are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and relevant jurisdictional requirements; failure to comply may render individuals and practice entities liable to prosecution.

To ensure clients' safe use of medicines, Bega stores scheduled medicines appropriately and securely and do not use or distribute them beyond their expiry dates.

According to the Standard for the *Uniform Scheduling of Medicines and Poisons (Poisons Standard October 2017)*, <https://www.legislation.gov.au/Details/F2017L01285> poisons are classified according to the Schedules in which they are included. The following is a general description of the Schedules of medicines held in our practice.

**Schedule 2** - Pharmacy Medicine: The safe use of which may require advice from a pharmacist, and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.

**Schedule 3** - Pharmacist Only Medicine: The safe use of which requires professional advice, but which should be available to the public from a pharmacist without a prescription.



**Schedule 4** - Prescription Only Medicine: The use or supply of which should be by, or on the order of, persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.

**Schedule 8** - Controlled Drug: Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

### **Procedure**

In our practice, we hold Schedule 2, 3, 4 and 8 medications and we ensure these scheduled medicines are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and the requirements of the Western Australian Act and Regulation [https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_13861\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13861_homepage.html).

### **WA**

*The Medicines and Poisons Act 2014*

*Medicines and Poisons Regulations 2016*

### **Acquisition**

All scheduled medicines (including doctor's bag emergency medicines, samples obtained from pharmaceutical representatives and vaccines) are obtained by and only on the authorisation of a GP.

Our scheduled medicines are acquired from Wizard Pharmacy, Head Pharmacist Elise Wheadon monitors all processes ensuring all Poisons Act requirements are followed.

### **Storage**

All scheduled medicines stored in Bega are stored within the manufacturer's recommended storage temperature range; and in any other environmental condition that is necessary to preserve the medicine's stability and therapeutic quality.

Bega ensures that all Schedule 2, 3 and 4 medicines are stored in a manner that ensures public access is restricted.

All medicines are stored in a separate dispensary that has restricted access, ensuring inaccessibility to the public.

Schedule 8 medicines are stored separate from all other goods in a purpose-built drug safe, this includes drugs for the Doctors Bags. The drug safe is attached to the premises within the Dispensary in compliance with state regulatory requirements.



Senior Health Clinicians only have access to the key that is kept in another safe that is bolted to the floor in the server room. The server room has limited access.

### **Administration and supply other than vaccines**

Depending on professional scope and competencies, registered nurses or medication endorsed enrolled nurses can only administer Schedule 4 or Schedule 8 medications when:

- There is a recent written instruction from a general practitioner identifying the client, medication, dose, time, date and route of administration and date the order was written
- An oral instruction from a general practitioner if an emergency exists with written confirmation 'ASAP' by the practitioner and nurse
- On the written transcription of the oral instruction (given by a general practitioner in an emergency) by the nurse who received those instructions – this must be countersigned 'ASAP' by the practitioner, and
- To the designated client in accordance with the directions on the label when the medications have been dispensed to the client by a pharmacist or general practitioner.

Registered nurses must document any medications administered in the client's health records, and sign the entry or use their individual log in.

Enrolled nurses may have limitations on the routes of drug administration or types of drugs they can administer depending on the endorsements they have attained in their training (may not be able to administer via the IV route).

Nurse immunisers, employed or contracted, may have access to vaccines that are specifically approved by the relevant state/territory for use in vaccinations, and to Schedule 4 medicines necessary for the treatment of anaphylactic reactions to the vaccines.

Our nurse immunisers familiarise themselves with legislative issues that are applicable to their situation. Only a person who is authorised under legislation may supply a scheduled medicine. In our practice, general practitioners, registered nurses are authorised to supply scheduled medicines.

When Bega supplies clients with scheduled medicines (including professional samples), we ensure the medicine is labelled in accordance with our Western Australian regulatory requirements, and that a record of the supply is made. The GP also ensures all reasonable steps are taken to ensure a therapeutic need exists before supplying or administering a scheduled medicine, and that the client has no allergies or sensitivities to the contents of the medicine.





Schedule 2 and 3 medicines are to be labelled with the following particulars:

**AS PER GUIDELINES:**

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_13861\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13861_homepage.html)

Schedule 4 medicines are to be labelled with the following particulars:

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_13861\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13861_homepage.html)

Schedule 8 medicines are to be labelled with the following particulars:

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_13861\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13861_homepage.html)

**Vaccine administration**

Prior to administering any vaccines, Bega ensures there are adequately trained staff, emergency equipment and medicines available to deal with serious adverse post-vaccination complications.

In our practice, our clinicians who have completed an accredited nurse immuniser course are the nurses responsible for administering vaccines to clients.

Prior to administering a vaccine, the nurse ensures the client does not have any allergies or sensitivities of concern and that a record of the vaccine administration is made.

**Records**

Records of all transactions (administration and/or supply) of scheduled medicines must be true and accurate and retained in a readily retrievable form for a minimum of two (2) years.

Schedule 4 records must be maintained as per Guidelines WA:

[https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_13861\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_13861_homepage.html)

- Record the name, strength and quantity of the substance supplied and the date on which it was supplied.

Schedule 8 records must be in the form of a book that contains consecutively numbered pages, that is bound so the pages cannot be removed or replaced without trace and contains provision of each page for the inclusion of the particulars required to be entered in the book. Each entry must be dated and signed by the person making the entry and incorporate:

- The quantity of the drug received, supplied, administered or used.
- The name of the person to, from, or by whom the drug was received, supplied, administered or used.



- The name of the authorised practitioner by whom, or under whose direct personal supervision, the drug was administered; and
- The quantity of the drug of that kind that remains after the transaction takes place.

### **Disposal**

When our stock of Schedule 2, 3 or 4 medicines reach their expiry date, disposal of the medicines are put into rum barrels and collected by Wizard Pharmacy staff, who dispose of them following state regulatory guidelines.

Schedule 8 medicines are destroyed in accordance with our Western Australian regulations by Wizard Pharmacy staff, being witnessed by a pharmacist. This destruction must be recorded in the Schedule 8 record book and countersigned by the witness.

## **4.49. Safe and Quality use of Medicines, Including Prescribing**

### **Policy**

If clients understand the reason for taking medications, and the benefits and risks associated with particular medicines, they can make informed decisions about their treatment and will be more likely to follow the recommended treatment plan.

Having access to current information about medicines enables practitioners to engage in best practice prescribing of medications for client care. Our practitioners also ensure they share decision-making with clients during consultations by discussing the likely benefits, harms and risks of antibiotics.

Clients must not use medicines, samples or medical consumables that have been prescribed for other clients and/or after their expiry date.

### **Procedure**

In our practice, we ensure:

- Clients are informed about the purpose, importance, benefits and risks of their medicines and treatment, and are made aware of their own responsibility to comply with the recommended treatment plan.
- All members of the medical and clinical team access current information on medicines and Bega reviews prescribing patterns in accordance with best available evidence.
- We work towards maintaining a current and accurate medication list for all clients, especially those on multiple medications.
- Other health providers to whom we refer to or handover client care to receive an accurate and current medicines list.



- The used-by date of all medicines in stock is checked on a systemic basis; and
- We observe the principles of correct client identification. Where a client has the same or similar name registered on Communicare, a check of the date of birth is required prior to handing over the medication.

To assist clients to make informed decisions about their medicines or to understand any medication safety requirements, Bega e team supports any verbal information with consumer medicines information (CMI) leaflets available from the NPS MedicineWise website [www.nps.org.au/medical-info/medicine-finder](http://www.nps.org.au/medical-info/medicine-finder).

To reduce the risk of errors when prescribing or referring, general practitioners ensure the client's medication list is up to date. Prior to prescribing or changing treatment, general practitioners clarify a client's current medicines list and known allergies. Single-use medications, including antibiotics, should be removed from clients' records when they are no longer required, and care is taken with sound-alike or look-alike medicines, particularly when using 'drop-down' boxes in electronic prescribing programs.

We encourage practitioners to review the medicines list with the client to provide an opportunity to assess the client's compliance with a medication regime and to identify the need for any further education/support.

Where appropriate, general practitioners provide clients with a copy of their medicines list which is updated when their medicines are changed. It is useful to include all medicines (prescription and non-prescription medicines and complementary healthcare products, if known) on the medication list.

Our practitioners also ensure they share decision-making with clients during consultations by discussing the likely benefits, harms and risks of antibiotics. These client-centred discussions focus on the following areas:

- Why antibiotics may not be appropriate.
- Antibiotic resistance; and
- Advice of self-management of conditions.

General practitioners are mindful of client use of complementary medicines and the potential for side effects and drug interactions with conventional medicines. For this reason, they also should be noted on letters of referral, including those for hospital admissions.

All members of the medical and clinical staff ensure the correct client and client health record is used, by using three (3) approved client identifiers in accordance with **Section 4.36 – Client identification** before administering any medications or writing any prescriptions. Clients must present in person to receive a



repeat of their medications. We also correctly identify clients when they come to collect their prescriptions.

Bega team helps clients to understand the medication purpose, options, benefits and risks, and where possible we use written material to support this.

Where clients cannot understand written language or where information is not available in the client's language, the use of pictorial media or translators may be appropriate. It is particularly important that clients understand the difference between generic drugs and trade name drugs, so dosage problems are avoided.

All members of the medical and clinical team access and use the Therapeutic Guidelines and other references where appropriate. Bega also encourages the use of the Home Medicines Review for eligible clients.

The RACGP's Prescribing drugs of dependence in general practice, Part A Clinical governance framework <https://www.racgp.org.au/drugsofdependence>, is a starting place for our general practice to support solutions to problematic prescription drug use. General practitioners of Bega are reminded that they are not obliged to prescribe the maximum PBS quantity of a drug. A smaller quantity can often address an immediate need whilst minimising the potential risks associated with drug-seeking behaviour.

Our GPs are advised to refrain from prescribing medications for family members. Drugs of dependence must not be prescribed to family members except in an emergency.

Prescription pads and paper is stored securely in an area where clients do not have access and in the same manner as our Schedule 4 medicines. Software for prescribing is secured by passwords that remain strictly confidential to individual prescribers.

When generated, we ensure prescriptions contain:

- The full details of the prescriber (including an address and telephone number).
- The name and address of the client.
- The medication (unambiguously).
- The quantity and maximum number of repeats (written in words and figures for Schedule 8).
- The prescriber's signature (preferably in a manner that prevents a client adding another item above the signature); and
- Precise directions (prescriptions for Schedule 8 and Schedule 4 medicines are not legal without these).



Our prescriptions are computer generated, other than authority prescriptions. They must all contain the key elements mentioned.

Our general practitioners are required to obtain permits from the Western Australian Department of Health prior to:

- Treating a drug dependent person with a Schedule 8 medicine.
- Prescribing dexamphetamine, methylphenidate or methadone (exemptions may apply e.g. paediatricians treating ADHD, clients in oncology or pain clinics at hospital); and
- Treating a person with any Schedule 8 medicines for a period greater than eight (8) weeks (except where specifically exempt).

These permits are to be filed/scanned into the client's health record and the police and Western Australian Department of Health must be notified of:

- Lost or stolen drugs.
- Lost or stolen Schedule 8 records.
- When a practitioner has reason to believe a person has obtained Schedule 8 or Schedule 4 medicines (or prescription for the same) by false pretences.
- If a practitioner suspects a client is attempting to procure a prescription under false pretences; and
- Loss or theft of prescription pads or paper.

For clients going overseas or who find it difficult to access a pharmacy, the PBS will allow repeats to be dispensed with the original supply. The general practitioner must endorse the prescription with the words 'Regulation 24' for this to occur.

Notwithstanding the above, Bega is aware that it is illegal to supply medications:

- To Australian citizens not within the country at the time the prescription is written.
- For use other than the designated purpose for which it was prescribed; and
- For anyone other than the person named on the prescription.



## 4.50. Clinical Guidelines, References and Resources

### Policy

Consistency and quality of care can be assisted by the use of current resources, access to clinical guidelines and communication between the medical and clinical team members. This process is encouraged and facilitated by the practice clinical leader (refer to **Section 5.9 – Governance and management**).

Bega provides medical, clinical and allied health team members access to a range of resources and materials for reference on clinical matters and items of interest for professional development. General practitioners' access current information on medicines to enable best practice prescribing.

Any references available contain information that is consistent with current practice guidelines or is based on best available evidence. In the absence of well conducted trials or other higher order evidence, the opinion of consensus panels of peers is acceptable. References and resources, including practice guidelines are accessible at the point of care.

There is an organised system of access for all members of Bega team to journals, clinical guidelines, and other reference material.

The clinical references available and any new additions, deletions or updated versions are communicated to all practice team members involved in client care to assist with consistency in the approach to diagnosis and management of clients.

### Procedure

Bega has the following clinical guidelines, references and resources readily available to all members of the practice team involved in client care, either in hard copy or electronically:

- *RACGP's Guidelines for preventative activities in general practice (Red Book)*  
<https://www.racgp.org.au/your-practice/guidelines/redbook>
- *RACGP's Medical care of older persons in residential aged care facilities (Silver Book)*  
<https://www.racgp.org.au/silverbook>
- *Therapeutic Guidelines*  
<https://tqldcdp.tq.org.au/etgcomplete>
- *National Heart Foundation*  
<https://www.heartfoundation.org.au/healthy-eating>
- CARPA Manual - hard copies



At least annually, we conduct an audit of our clinical resources and references to ascertain if they still comply with current practices and are providing consistent management and information to clients across the practice team.

It is a standing item at our clinical meetings to discuss any new clinical issues, resources or clinical practice guidelines.

## 4.51. Checking and Rotating Medical Supplies

### Policy

Perishable medical supplies including vaccines, pharmaceutical and medical consumables are correctly stored, stock rotated and discarded if they are past their expiry date.

The coordinator of the clinic has primary responsibility for the proper storage and security of medicines, vaccines and other healthcare products.

### Procedure

Manager Primary Health maintains a log in collaboration with the Clinic Coordinator that incorporates the areas to be checked such as the medicines cupboard, doctors' bags, vaccine refrigerator and other locations where perishable practice stock is kept, along with the date and initials of the practice team member checking the stock.

New stock is marked with a coloured dot to indicate the year of expiry, making checking quicker and to encourage easy identification of the oldest stock so that it can be used first. Stock is also rotated in a uniform manner with the oldest stock placed nearest to the front of the shelf, drawer etc.

Monthly stock checks are undertaken and any items past their used-by date are to be withdrawn from active storage and disposed of immediately, and according to the manufacturer's instructions and practice procedures.

Necessary and regularly used items are re-ordered electronically.

## 4.52. Ethical Dilemmas

### Policy

Clinical situations that raise ethical questions are a challenge to navigate. Often, there are multiple clinical facts to consider. In addition, client values and preferences and the concerns and values of family must be taken into account. In some cases, a decision is needed quickly. When faced with these difficult clinical



situations, our team will use a systematic approach that ensures success in reaching an ethical decision or recommendation (Schumann and Alfandre, 2008).

Bega considers ethical dilemmas, documenting any ethical dilemmas that have been considered and the outcome or solution.

### Procedure

In our practice, we use the 'Four Topics' approach framework (below) to work through and gather data to facilitate decision-making in ethically difficult situations.

The 'Four Topics' approach helps to highlight areas of controversy and to clarify the principles underlying the circumstances of a clinical ethics case. This helps guide discussion among care team members, clients, and families toward achieving a resolution that respects the client's values and preferences (Schumann and Alfandre, 2008).

Medical indications	Client preferences
<p><b>Beneficence and non-maleficence</b></p> <ul style="list-style-type: none"> <li>• What is the client's medical problem? History? Diagnosis? Prognosis?</li> <li>• Is the problem acute? Chronic? Critical? Emergent? Reversible?</li> <li>• What are the goals of treatment?</li> <li>• What are the probabilities of success?</li> <li>• What are the plans in case of therapeutic failure?</li> <li>• In sum, how can this client be benefited by medical and nursing care, and how can harm be avoided?</li> </ul>	<p><b>Respect for client autonomy</b></p> <ul style="list-style-type: none"> <li>• Is the client mentally capable and legally competent? Is there evidence of capacity?</li> <li>• If competent, what is the client stating about preferences for treatment?</li> <li>• Has the client been informed of benefits and risks, understood this information, and given consent?</li> <li>• If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards for decision making?</li> <li>• Has the client expressed prior preferences (e.g. advance directives)?</li> <li>• Is the client unwilling or unable to cooperate with medical treatment? If so, why?</li> <li>• In sum, is the client's right to choose being respected to the extent possible in ethics and law?</li> </ul>
Quality of life	Contextual features
<p><b>Beneficence, non-maleficence, and respect for client autonomy</b></p> <ul style="list-style-type: none"> <li>• What are the prospects, with or without treatment, for a return to normal life?</li> <li>• What physical, mental, and social deficits is the client likely to experience if treatment succeeds?</li> </ul>	<p><b>Loyalty and fairness</b></p> <ul style="list-style-type: none"> <li>• Are there family issues that might influence treatment decisions?</li> <li>• Are there provider (physician, nurse) issues that might influence treatment decisions?</li> <li>• Are there financial and economic factors?</li> </ul>

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|---|---|
| <ul style="list-style-type: none"><li>• Are there biases that might prejudice the provider's evaluation of the client's quality of life?</li><li>• Is the client's present or future condition such that his or her continued life might be judged as undesirable?</li><li>• Is there any plan and rationale to forgo treatment?</li><li>• Are there plans for comfort and palliative care?</li></ul> | <ul style="list-style-type: none"><li>• Are there religious or cultural factors?</li><li>• Are there limits on confidentiality?</li><li>• Are there problems of allocation of resources?</li><li>• How does the law affect treatment decisions?</li><li>• Is clinical research or teaching involved?</li><li>• Is there any conflict of interest on the part of the providers or the institution?</li></ul> |
|---|---|

Source: Schumann JH, Alfandre D. Clinical ethical decision making: the four topics approach. *Semin Med Pract* 2008; 11:36–42.

Examples of situations that might create ethical dilemmas in Bega include:

- Client–practitioner relationships (familial relationships, friendships, romantic relationship);
- Professional differences.
- Clients giving gifts to the practitioner.
- Emotionally charged clinical situations (e.g. when a client has an unwanted pregnancy or terminal illness, or wishes to discuss euthanasia);
- Reporting to the state's driver licensing authority that a client is unfit to drive; and
- A client's request for a medical certificate if the practitioner does not believe that the client's condition warrants one.

Whenever presented with an actual or potential ethical dilemma, our practice:

- Documents any ethical dilemmas that have been considered, and the outcome or solution.
- Discusses ethical dilemmas at clinical team meetings.
- Provides a buddy or mentoring system where ethical dilemmas can be discussed.
- Uses a clinical intranet or group email to pose common ethical dilemmas and solutions for the clinical team to consider and discuss; and
- Displays a notice in the waiting room listing ethical dilemmas that practitioners sometimes encounter, and how they generally deal with them (e.g. referring the client to another practitioner or clinic, politely refusing all offers of gifts).



## 5. CONTINUOUS IMPROVEMENT

### 5.1. Plan Set and Review Business Goals

#### Policy

A business needs to operate successfully to create an environment where quality clinical care can be delivered. To operate a business successfully, strategic thinking and action planning is as important as financial budgeting and reporting. A documented Action plan (that is linked to our business strategy and includes how it will be implemented) is an effective way of measuring our practice's progress and increases the likelihood of achieving our practice's objectives.

Having a plan helps to get the team working together towards a common goal. It gives our team the ability to evaluate progress and helps the practice achieve consistency and quality in its operations, while achieving continuous quality improvements.

Bega defines our governance structures relative to our own requirements.

A clear understanding of ownership and governance arrangements helps Bega develop appropriate policy and performance frameworks.

#### Procedure

Bega has a strategic plan that documents our practice's direction and objectives. The strategic plan and other operational plans include:

- The practice's mission, vision, ethics (or code of behaviour) and values.
- How we plan to make efficient use of resources, including the level of staffing and skill mix required.
- Environmental factors.
- Financial factors; and
- Human resource management including effective recruitment, selection, appointment, management, retention, separation, and support systems.

### 5.2. Risk assessment and management

Refer to Bega Policy ORGPN05 – Risk Management Policy.



Risk assessment and management is a process of identifying and monitoring preventable and predictable risks and developing accessible strategies and good practice systems that promote best practice and reduce risk.

Bega has a system of risk assessment and management that ensures proper systems and procedures are in place within our practice. These systems and procedures are documented and regularly reviewed.

The aim of these systems and procedures is to:

- Identify all strategic risks using a risk management process.
- Ensure risk management becomes part of day-to-day management.
- Provide Bega team with policies and procedures necessary to manage risk.
- Ensure all members of the practice team are aware of risks and how to manage them
- Assign accountability for risk.
- Monitor our risk profile and implement continuous improvement approaches to risk management; and
- Ensure successful implementation of changes and improvements made to our risk management systems.

Bega undertakes regular risk assessment and management in the areas of financial services, human resources, facilities (computers, telephones, storage, and infection prevention and control), clinical services and client services.

As near misses and mistakes which are not appropriately dealt with may expose clients to an increased risk of adverse outcomes and practitioners to an increased risk of medico-legal action, implements and maintains a risk management system following a significant event/incident (refer to **Section 3.2 - Incidents and injury and adverse client events** and **Section 3.3 - Sharps injury management and other body-substance exposure**). This is done in addition to regular monitoring of systems and processes to prevent and reduce risk.

Bega also has an emergency response plan (RMPLAN02 – Disaster Preparedness Plan) for non-medical emergencies such as failure of electricity supply, telephone or water, fire or false fire alarm, property damage, break-in, abusive or threatening telephone calls to persons at the practice, leakage of toxic chemicals, bomb threats and letter bombs, natural disasters, and the sudden unexpected absence of key practice team members (refer to Bega RMPLAN02 -Disaster Preparedness Plan located on the Bega intranet).



## Procedure

In our practice, it is the responsibility of the Chief Finance Officer to undertake regular risk assessments in the areas of financial services and facilities through internal and external audits. The Clinic Coordinator undertakes all risk assessments regarding clinical services and client services.

The risk assessment review is conducted on an annual basis.

In addition to regular risk assessments, a review of significant events/incidents occurs with every incident, near miss or mistake in clinical care or practice procedure. If a large, extraordinary event occurs, a meeting is scheduled immediately. If a smaller event or risk is identified, items are discussed at the next scheduled practice or clinical team meeting.

Improvements/actions are applied as a result of the significant event so as to prevent a recurrence, and any improvements/actions implemented are reviewed to determine if the improvement was successful or if further improvements/actions are necessary.

Additional tools and strategies used in this practice to manage risk include:

- Bega ORHPN05 – Risk Management Policy.
- Adherence to the RACGP Standards for general practices [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)) via the accreditation processes.
- Regular practice and clinical team meetings and effective communication with all.
- Ensuring appropriate qualifications, induction and training for all members of the practice team.
- Client feedback obtained via surveys/suggestion box/logbook of complaints/comments.
- Documentation of sterilisation procedures including servicing, details of individual loads/cycles and team training.
- Comprehensive client health records and backup of electronic data.
- Documentation/tracking of abnormal results.
- Logging/recording of telephone exchanges with clients.
- Ensuring correct identification of clients at each face-to-face, telephone and electronic encounter and on correspondence; and
- Maintaining a risk register.



### 5.3. Review of Policies and Procedures

#### Policy

Policies and procedures relating to the administration of this practice are formally reviewed on an annual basis or when any changes occur to our systems and processes prompting earlier review or revision (e.g. equipment changes).

Bega encourages and promotes sharing of information about quality improvement and client safety, including protocol and policy/procedure review or suggestions.

#### Procedure

Discussion and suggestions for improvements specifically around quality, client safety or policies and procedures is a standing item on Bega team meeting agenda.

All members of the practice team may informally approach the Clinic Coordinator with suggestions for new policies and procedures or with revisions to existing policies and procedures.

The Clinic Coordinator has designated responsibility for coordinating and sustaining our policies and procedures. This includes continually modifying and improving our procedures and written policies in accordance with the most recent evidence and guidelines, while ensuring the timely dissemination of information concerning changes to any policies and procedures.

The Chief Executive Officer approves all policies for the organisation. Once approved, documentation is amended in this manual and elsewhere as necessary.

Analysis of practice data may also inform any changes to services or other practice activities to improve the health outcomes of our clients. These quality improvement activities may necessitate a new or revised written protocol.

Formal revision and final approval of all new and revised policies and procedures are presented at practice team meetings.

To ensure all members of the practice team are aware of new policies and recent changes. we establish a distribution plan whenever new or changed policies are executed. These are also discussed at clinic meetings



## 5.4. Training, Qualifications and Continuing Education

### Policy

Administrative and other non-clinical practice team members have a vital role in the provision of safe and quality care, and therefore require training appropriate to their role.

Having medical, clinical, and other healthcare providers who are suitably qualified reduces the risk of medical errors and means that Bega provides clients with safe and quality care.

Administrative and other non-clinical practice team members must complete training appropriate to their role, and to our client population. This process commences at induction and proceeds on an ongoing basis with commitment from both the practice and the practice team member.

The Bega team members involved in the medical and clinical care of clients have the responsibility to maintain their relevant national registrations, have proof of their credentialing, and comply with their ongoing continuing professional development requirements. All medical, clinical and other healthcare providers must:

- Have appropriate current national medical or nursing registration.
- Be suitably qualified and trained.
- Maintain the knowledge and skills that enable them to provide quality clinical care.
- Comply with the professional development requirements and code of conduct of the relevant professional organisation, regardless of whether they are a member of the organisation; and
- Work within their scope of practice and competencies.

Copies of records showing current registration (where required), training and qualifications, competency and continuing professional development activities for each member of the practice team (including general practitioners) are provided to the Human Resource Officer to be retained in the team member's employment file.

Bega encourages team members to maintain their knowledge, skills and a professional attitude by maintaining membership with their professional specialty organisations (e.g. RACGP, AMA, APNA, AAPM).

Both in-house and external training programs are utilised for our staff. Practice team members are requested to obtain a certificate of attendance or evidence of participation and completion for all training (including informal training sessions) undertaken, allowing for this information to be retained on file.



It is acknowledged that some crucial areas for training exist, depending on the team member's role and responsibilities. These training requirements are met according to the team member's training schedule.

Education is not limited to professional technical skill updates but includes a variety of training and educational activities in areas of need as they arise.

All members of the practice team are encouraged to identify any training needs they may have and seek to find training to meet these needs. Usually, this occurs in consultation with the team member's supervisor and this process should be documented.

Methods for training opportunities include:

- Education at formal institutions.
- Attendance of educational seminars.
- Online training.
- In-service education given by company sales representatives or another team member; and
- Reading of journals, evidence-based guidelines or researching information for the practice.

#### **Procedure**

Our practice's GPs, nurses, aboriginal health practitioners and other healthcare professionals involved in clinical care must provide evidence of current national registration each year and we retain this information on file.

Copies of training and qualifications, competency and continuing professional development activities for each member of the practice team (including general practitioners) is provided to the Human Resources Officer at least annually, so that this information can be retained in the team member's employment file.

If a member of the practice team identifies a course, education session, workshop, or a meeting that they wish to attend, they are to alert their supervisor who will discuss this with the practice manager/practice principal to seek approval for attendance. In seeking time off to attend external sessions, team members should consider workload to ensure adequate coverage. An application for study/conference leave should be lodged with as much advance notice as possible.

Once an education/training session is approved, details of the session are recorded within the team member's Training Plan.



### Training schedule

It is acknowledged that to maintain competency required for the efficient and smooth running of this practice, and for medico-legal reasons, all practice team members are required to undertake ongoing training and upskilling and, where appropriate, competency assessment. The type of training and upskilling that is to occur will be dependent on that person's position and role within the practice.

A Training Plan is developed for each member of the practice team and is adhered to and reviewed during the annual performance appraisal process.

## 5.5. Accreditation and Continuous Improvement

Bega maintains a Quality Management System, comprising all quality and improvement policies (refer to QMSPN03 – Quality Policy, QMSPN13 – Measurement, Analysis and Improvement Policy and QMSPN17 Improvement Policy).

This practice is committed to attaining and, where possible, exceeding the *Standards for general practices 5th edition* [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)) as defined by RACGP and as such, AGPAL is our chosen accreditation provider.

Bega has appointed the Chief Operations Officer of the organisation to have primary responsibility for our quality improvement systems and processes.

The Bega team are committed to encouraging quality improvement and identifying opportunities to make changes that will improve the clinical care of clients and activities to promote health in the overall practice population. Further, the practice has a process for the practice team to provide input, suggestions and to escalate issues.

Bega uses client and practice data to identify opportunities for improvement and to monitor evidence of improvement occurring.

Quality improvement or clinical audit activities, for the purpose of seeking to improve the delivery of a particular treatment or service offered by our practice, is considered to be a directly related secondary purpose for collection of information; therefore, we do not seek specific consent for this use of clients' health information, however, we include information about quality improvement activities and clinical audits in our client consent form for the collection, use and disclosure of health information.

Bega regularly implements improvements in response to the analysis of client (and others) feedback, including complaints. Where appropriate, we provide information to clients about improvements made as a result of their input or feedback.





Bega undertakes quality review activities such as audits, routine data checks, accounts reviews and health record reviews.

Bega has a planned approach for improvements using the Plan Do Study Act (PDSA) cycle.

### **Procedure**

The Clinic Coordinator has primary responsibility for our quality improvement systems and processes within the clinical setting.

Discussion and suggestions for improvement to quality and client safety is a standing item on clinic meeting agenda and we have a process for the practice team to provide input, suggestions and to escalate issues both within these meetings and on an ad hoc basis.

Accreditation via a peer assessment of our performance against the *RACGP Standards for general practices 5th edition* is a driver of quality improvement. Client feedback is also an essential component of our quality improvement activities.

Our team utilise national registers to assist with quality improvement activities including our quarterly Practice Incentive Program (PIP) statements, reports from the Australian Immunisation Register and Pap screening data.

Quality improvement is a team activity and provides opportunities for all members to contribute to achieving improvements.

Bega has a planned approach for improvements using the Plan Do Study Act (PDSA) cycle. The PDSA cycle is a tool that provides a framework for developing, testing and implementing changes.

The four (4) steps in the PDSA cycle are as follows:

#### **Step 1: Plan**

Planning the improvement activity involves identifying:

- What the improvement activity is
- Who needs to be involved, or made aware of the activity?
- When will the activity take place?
- Where the activity will take place.
- What outcomes are predicted, and
- What data will be collected to measure the outcomes of the activity.



## Step 2: Do

Implementing the improvement activity includes:

- Involving the appropriate practice team members.
- Documenting the steps taken, and
- Seeking feedback from all involved.

## Step 3: Study

Studying the improvement activity involves:

- Analysing and reflecting on the results.
- Reviewing whether the activity was successful.
- Determining if the results meet expectations, and
- Identifying whether further improvements need to be implemented.

## Step 4: Act

Acting on the improvement involves identifying:

- What will be taken forward from this cycle, and
- Whether something else will be tested using a new PDSA cycle.

If the continuous quality improvement activity has been successful, our practice looks at:

- How new policies or procedures will be incorporated into the way the practice team works.
- How the practice team members will be made aware of the change.
- Where the new activity will be documented, and
- How the new activity will be monitored to ensure all team members are participating.

If the continuous quality improvement activity has been unsuccessful, our practice looks at:

- What the activity has shown; and
- What different improvements might be able to be made.

## 5.6. Client Feedback

### Policy

Bega encourages clients and other people to give feedback, both positive and negative, as part of our partnership approach to healthcare. We have specific processes in place for responding to feedback.



In order to respond to client feedback and make improvements, Bega has an appointed a person with primary responsibility for examining issues raised and for facilitating improvements in the practice.

Opportunities are available for clients and other visitors to tell us 'How we are doing', via our website, verbal responses are welcomed within the clinic. We aim to follow up ideas and acknowledge notes of appreciation where we can.

Clients are encouraged to raise any concerns directly with the practice team and attempts are made for a timely resolution of such concerns within the practice in accordance with our complaint's resolution process (refer to **Section 4.14 – Complaints**). Also refer to Bega Policy ORGPN02 – Complaints Management Policy and ORGPN10 – Internal Review Policy for more information.

Bega team seek structured/systematic client experience feedback at least once every three (3) years and the data collected is analysed and the findings, including any improvements made, are communicated back to our clients.

As part of our risk management activities, a record of incidents, including complaints from clients, is maintained.

#### **Procedure**

The Clinic Coordinator has primary responsibility for examining issues raised and facilitating improvements in the practice.

At any time, clients can provide feedback or make a complaint. They are advised of the processes for providing feedback through:

- A notice displayed in the waiting room and information contained in the practice information sheet.
- Bega website advising how to provide feedback or make a complaint; and
- Adequate training provided to all practice team members to ensure clients of the practice feel confident that any feedback or complaints made at the practice will be handled appropriately.

We seek structured/systematic client experience feedback at least once every three (3) years which meets the requirements outlined in the RACGP's Client feedback guide.

Feedback collected includes, but is not limited to, the following six (6) categories that are considered critical to client experiences within healthcare facilities:

- Access and availability.



- Provision of information.
- Privacy and confidentiality.
- Continuity of care.
- Communication and interpersonal skills of the clinical team; and
- Communication and interpersonal skills of the administrative team.

Data collected by Bega is analysed to identify potential opportunities for quality improvement. These findings are communicated back to our clients through a poster in the waiting room, newsletters and via our website, or individually as appropriate.

## 5.7. Management of Potential Medical Defence Claims

### Policy

Bega notifies our medical defence organisation immediately if there is suspicion that a claim will be initiated by a party against any practitioner(s) or our practice, or upon receipt of an impairment certificate served upon the practice or practitioner. This practice understands that the organisation or person against whom the claim is made has only sixty (60) days from receipt of the impairment certificate to accept or challenge the claim.

### Procedure

All members of the practice team should forward any legal documents delivered to the practice or any complaints that could result in a claim directly to the Manager Primary Health who will notify the parties concerned.

The case is not discussed with anyone other than the relevant medical defence organisation, and personal notes and communication with the insurance organisation are not to be kept in the client's health record. Upon receipt of a subpoena to produce records:

- Check the description of what is to be produced.
- Ensure original records are provided but keep a photocopy.
- Place the original records in an envelope with the client's name clearly identified, the court number (which will be shown on the subpoena) and the envelope marked 'Confidential Medical Records';
- Seal the envelope and attach a copy of the subpoena to the envelope.
- Arrange for a courier to deliver the records to the court (not to the requesting solicitor)



- if the solicitor who served the subpoena does not provide the courier, Bega is entitled to charge for the courier service.
- Discuss courier arrangements with the solicitor who has served the subpoena; and
- Wait for the court to return the records in due course.

Should an impairment certificate be served, the Western Australian insurance authority and our practice's medical defence organisation will be notified and forwarded a copy of the impairment certificate.

Members of the public may make a notification to Australian Health Practitioner Regulation Agency (AHPRA) about the conduct, health or performance of a practitioner or the health of a student. Practitioners, employers and education providers are all mandated by law to report notifiable conduct relating to a registered practitioner or student to AHPRA. [www.ahpra.gov.au](http://www.ahpra.gov.au).

## 5.8. Continuity of Care Policy

Bega encourage clients to develop a positive relationship with their general practitioner and other practice team members over time to enhance the provision of high quality and comprehensive client care, including effective health promotion and strategies for the early detection of disease.

Strategies and policies that encourage continuity of comprehensive care by facilitating:

- Relational continuity: the sense of affiliation between the client and the general practitioner 'my doctor'.
- Management continuity: consistency of care by various people involved in the client's care; and
- Informational continuity: maintenance of information across healthcare events through documentation, handover and review.

Our medical notes demonstrate relational, management and informational continuity of comprehensive care.

### Procedure

#### Relational continuity

All members of the practice team appreciate that it is important for our clients to have an opportunity to develop an ongoing relationship with the practice, incorporating the general practitioners, nurses, allied health team members and others. Strategies to achieve this include the following:

- Clients are able to request their preferred general practitioner or other healthcare provider when making an appointment and this request is accommodated if possible.

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- Where possible 'walk-ins' are able to see the GP of their choice, or the practitioner they saw on previous visit(s).
- Ensuring adequate clinical handover, either written, face-to-face or via the telephone is provided in all cases; and
- Special consideration is given to clients with high needs and, in the event of practice closure or should these clients be taking a vacation, we endeavour to assist these clients with finding alternative appropriate care and consideration is given to measures to make their health records available.

### **Management continuity**

GPs, nurses, and allied health team members coordinate the management of individual client care and endeavour to maintain a consistent and cohesive approach through the following:

- Plans for the management of clients with complex clinical conditions are documented in the client health record to ensure consistent clinical care and advice is provided to the client.
- Clinical handover occurs when a client's care is handed over to another health professional both within and external to the practice.
- Client resources to support preventative activities or to assist with providing information about specific diseases or management choices are shared by all members of the medical and clinical team to ensure, as much as possible, clients receive consistent information and advice from all involved.
- To ensure clinical care is consistent with the best available evidence, culturally sensitive and consistent throughout the practice, all members of the medical and clinical team regularly attend clinical meetings or in-service together.
- Health summaries are updated to reflect recent significant events as information is gathered by those providing clinical care, so that care remains responsive to individual client needs.
- Issues raised in consultations are documented in the client health record to enable others providing subsequent clinical care to follow up previous problems.
- Disease prevention and health promotion activities are provided for the clients on a regular basis and clients receive reminders for health checks.
- Children receiving immunisations are recorded on the practice immunisation reminder schedule and notified when future vaccinations are due; and
- All services are bulk billed.



### **Informational continuity**

GPs, clinical, AHPs and allied health team members involved in the care of clients within the practice, have access to the client's health record and a clinical handover occurs whenever there is an interface of care by different providers:

- Clinical care administered by members of the practice team is documented in the client health records by the health professional administering the care.
- Letters and correspondence from other external care providers (e.g. allied health, specialists) can be read by all members of the practice team providing care as these are scanned into the client's health record.
- External care providers are notified should the planned management of a client change or be reviewed; and
- Clinical handover of client occurs both within the practice, to other members of the team and to external care providers whenever there is an interface of care by different providers; this may be face-to-face, written, via telephone or by electronic means.

## **5.9. Governance and Management**

Bega maintains a comprehensive set of governance policies:

- GOV01 – Corporate Governance Statement.
- GOV02 – Code of Conduct.
- GOV03- Policy Process Review and Control.
- GOV04 – Schedule of Delegations.
- GOV05 – Strategic and Operational Planning.
- GOV06 – Board Member Induction.
- GOV07 – Board Member Terms and Conditions of Office.
- GOV09 – Financial Stewardship.
- GOV10 – Fraud and Corruption.
- GOV11 – CEO Relation Management.
- GOV12 – Board-Staff Relationship Management.
- GOV13 – Media and Public Relations.
- GOV14 - Human Resources.



- GOV15 - Complaints Management.
- GOV17 - Criteria for Acceptance or Rejection of Application for Membership; and
- GOV18 – Quality.

Bega has integrated governance and management systems that maintain and improve the quality of care provided to clients.

Practice governance relates to the principles, methods and processes that clinicians and health service managers follow in order to support client safety and quality care. It also helps to set, measure and achieve social, fiscal, legal and human resources objectives.

Good management and leadership foster a culture that is based on mutual respect. When we have this, the entire practice team will be supported to achieve excellence in all areas of the practice and participate in just and open discussions about how the practice can improve.

The *RACGP Standards for general practices 5th edition* [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)) describe clinical governance as a “framework through which clinicians and health service managers are jointly accountable for client safety and quality care”.

We recognise that good clinical leadership is required to engage the entire practice team in a commitment to excellence by nurturing a culture of openness and mutual respect that allows just and open discussions about areas for improvement.

We aim to develop an organisational culture where participation and leadership in safety and quality improvement are resourced, supported, recognised and rewarded, and all members of the practice team feel accountable and involved in monitoring and improving care and services.

To promote clear lines of accountability and responsibility for encouraging improvement in safety and quality of clinical care, and the sharing of information about quality improvement and client safety within the practice team, we have appointed Managers and Program Coordinators who have designated areas of responsibility for safety and quality improvement systems within the practice.

Our Managers and Program Coordinators promote a multidisciplinary team approach to endorse a climate of safety and quality that does not blame, but rather seeks to solve problems.

Bega Managers and Program Coordinators oversee the delegation of tasks to others but retain accountability for quality and safety.





Roles and responsibilities are specified in our position descriptions and all members of the practice team are aware of the designated leadership responsibilities and who has these appointments.

Our Managers and Program Coordinators promote compliance with the *RACGP Standards for general practices 5th edition* [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition)) and relevant jurisdictional legislation or accepted industry requirements.

### **Procedure**

We have nominated key members of the practice team with primary responsibility for the management of specific areas. Our leaders are resourced and supported to make improvements in their specified areas of responsibility through the coordination of practice activities such as:

- Education and information sharing.
- Clinical audits/research/data analysis.
- Promoting evidence-based practices.
- Risk management analysis – clinical and general.
- Openness to suggestions and feedback; and
- Policy and procedure development and review.

Our leaders can delegate specific areas of responsibility to other nominated members of the practice team and these particular responsibilities are documented in the relevant position descriptions. All members of Bega team can identify each person and their primary or delegated responsibility.

### **Areas of responsibility:**

- Clinical risk management systems including receiving and disseminating any important communication or updates (e.g. health alerts) and contingency plans – Clinic Coordinator.
- Business risk management systems – Chief Operations Officer.
- Quality improvement and risk management (non-clinical and business related) – Chief Operations Officer.
- Clinical care - Manager Primary Health.
- Information management (Administration/Policies and more) – Chief Operations Officer.
- Human resources – People & Culture Manager.
- Feedback and complaints – Chief Operations Officer.
- Workplace health and safety – Manager Primary Health and OSH staff representatives.
- Privacy – Clinic Coordinator.



- Recalls – GPs and Recall Administration Officer.  
Recalls - Specialists – Administration Specialist Clinic with assistance from Recall Administration Officer.
- Electronic systems and computer security - ICT Coordinator.
- Safe storage and security of medicines – Clinic Coordinator.
- Cold Chain Management - Manager Primary Health.
- Infection prevention and control (incorporating the sterilisation process, immunisation, and practice team education) - Clinic Coordinator and all Clinic staff; and
- Environmental cleaning - Clinic Coordinator.