



Second responder for callouts in rural, remote and isolated workplace settings

KEY STATEMENT

The Australian College of Nursing (ACN) is committed to ensuring the safety of all nurses, particularly those working in rural, remote and isolated workplace settings. It is imperative that nurses are safe in their workplaces, therefore it is no longer reasonable for nurses to work in single nurse posts without the support of a second responder. ACN will work tirelessly to promote 'Gayle's Law' and 'never alone' practices by lobbying the government to legislate national second responder laws and initiatives that support the safety of all nurses in Australia. ACN supports first responders to demand that their safety is paramount in their workplaces, including their right to refuse on safety grounds. ACN commits to building the image of first and second responders as a workforce providing exceptional and extraordinary care for their communities.

BACKGROUND

Almost a third of Australia's population live in rural and remote areas (Australian Institute of Health and Welfare, 2022), with 27% of the nursing workforce serving regional, remote and rural areas (Department of Health and Aged Care, 2021). Second responders in these areas face challenges concerning location, services and support.

Research suggests that 80% of remote area nurses (RANs) report verbal abuse, 29% experience physical abuse, and 23% sexual abuse (Opie et al., 2010). These figures are roughly double the rates of abuse of health care workers based in urban areas and have not improved in recent decades (Dade-Smith & Cliffe, 2016). Most RANs leave their jobs due to threats, bullying and harassment. Improving the safety and conditions in which RANs work has proven challenging, such that nurse researchers were calling for the same actions in 1996 as current leaders are still pursuing today (Fisher et al., 1996).

There is currently no second responder legislation to protect all health professionals in this area. Questions remain around who is responsible for not responding to legislation in practice, with organisations placing the onus on employees to secure appropriate second responders (Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) (No 2) Variation Regulations 2019).

KEY ISSUES

Legislation

There is no consistent definition or national legislation governing remote attendance of scheduled or unscheduled callouts. The challenge is partly due to the complex regulatory environment of state and federal bodies in which health practitioners operate. The Australian Health Practitioner Regulation Authority (AHPRA) undertakes nursing registration, complaints and endorsements to the scope of practice through the Nursing & Midwifery Board of Australia (NMBA). However, most RANs are employed by state governments through hospitals and health services or local area health districts. A minority of nurse clinicians working in remote areas are employed by Aboriginal Controlled Medical Services - community-controlled health services operating in place of the state government.

'Gayle's Law' is the first legislation to explicitly provide minimum requirements for second responders, but this applies only in South Australia. There is no compelling reason to follow the legislation as there are no penalties for essential health services that fail to enact or follow legislation. There are no consequences to health care professionals if they cannot fulfil the requirements of this law and no federal accountability regarding the failure of the law itself.

Second responders

Second responders have long been called to assist and help health practitioners during callouts. However, the definition and practice of second responders are diverse across Australia.

'Gayle's Law' specifies that second responders have as a minimum an Australian driver's license, working with children check and not be prohibited from working with children (South Australia's Health Practitioner National Law (South Australia) (remote attendance) Amendment Act 2017). However, if the health practitioner cannot find a responder with the above, they can elect a suitable person known to be responsible for an urgent callout. In practice, responders can switch or alternate responder positions. This includes a RAN as the first responder and Aboriginal Health Worker (AHW)/Aboriginal Health Practitioner (AHP) as the second responder, a health practitioner and health administration staff, or a health practitioner and a volunteer. 'Gayle's Law' places the onus on health practitioners to organise their callouts, the workforce needs, and the suitability of second responders (at times with no health background).

Right to refuse

In March 2018, the International Council of Nurses *Code of Ethics for Nurses* (revised 2021) was endorsed for all nurses in Australia to replace the NMBA's code of ethics for nurses (International Council of Nurses, 2021). This document addresses the right of the consumer to refuse treatment but not how a nurse may be supported if they refuse to respond to an unplanned emergency request for assistance. The Australian Nursing and Midwifery Federation (ANMF)'s conscientious objection policy states: 'Nurses, midwives and assistants in nursing have a right to refuse to participate in procedures which they judge, on strongly held religious, moral and ethical beliefs, to be unacceptable' (ANMF, 2020).

Should a health professional refuse to care for patients during an emergency, they are highly likely to face widespread condemnation from the public and other health professionals. In the rural and remote context, this can lead to public retaliation towards the health care providers, threatening their physical safety. ANMF (2020) has made clear that 'fear, personal convenience or preference, are not a sufficient basis for conscientious objection' and subject to the scope of practice a nurse 'in the course of their employment must not refuse to carry out urgent life-saving measures or procedures when there is no ability to hand over care safely' (ANMF, 2020). Employees have a responsibility in partnership with the employer to risk assess every service delivery situation. An employee's intended actions must not jeopardise their personal or professional safety.

Risk assessment tools

Various risk assessment tools are available and used across rural and remote Australia, most utilising a localised variation of CRANaplus' Rapid Risk Assessment Tool. The rapid risk assessment tool provides a framework to assess and reach conclusions about possible risk issues before responding to a scheduled or unscheduled visit. The practicality and implementation of the tool are yet to be further verified as an evidence-based practice.

Workforce

Workers need the training to prepare them for working alone and, where relevant, in remote locations. Training and mandatory requirements are not a universal nationwide agreement, nor is it implemented in every state across Australia.

Following the South Australian legislation amendment, all health services should have guidelines that ensure staff do not have to respond to on-call requests alone. However, there is no universal agreement on the status of this second responder. The WA Country Health Service Working in Isolation Policy, (2017) states 'wherever possible, a second person is to be present during callouts after hours (the second person need not be clinical).'

Funding

Various models of funding apply to rural and remote health service providers. Commonly, these are block funded; therefore, a change in the workforce model means reduced service elsewhere. Attributing to this non-allocation of funding, second responders may be paid employees or volunteers. Volunteer second responders are considered volunteers under the law and should receive all the same protections as other volunteers within the health service.

RECOMMENDATIONS

Victoria and South Australia have legislation to support second responders. However, there remains a gap in all other states and territories. National legislation and regulation would support organisations to enforce policies and procedures and provide clear guidance for health professionals and second responders. ACN will continue collaborating with state and federal governments to support national second responder legislation with the onus on organisations to provide safe work environments.

ACN supports a nationwide law to ensure the following:

Callouts

1. Rural, remote, and isolated nurses attending after-hours emergency callouts and home visits at any time of day and night are accompanied by a second responder. This will include the explicit prohibition of nurses being directed or permitted to attend callouts alone.
2. Preferred second responders are local community members employed and trained by the health service and paid for their duty.

Funding

3. Cross-government funding bodies collaborate to develop a realistic and sustainable funding model for second responders.

First responders

4. The orientation of all new and locum nurses includes information on nurse safety, mandatory second responders, and local communication instructions.
5. Nurses have access to reliable internet and electronic patient records at their accommodation to review risks and alerts before attending a callout.

Organisational responsibilities for risk management

6. Organisations ensure first and second responders can communicate with each other after hours and from their residences. This may be through two-way radios or satellite devices if mobile phone reception and landlines are unreliable.
7. All RANs have access to a named advisor responsible for overseeing and supporting workplace health and safety (WHS) practices in rural and remote services.
8. The policy of second responders is supported through active measures to discourage community members from seeking in-person health care at the nurse's residence at any time of the day or night.
9. Health services adhere to a mandated incident reporting of all non-attendance, including unavailability of second responders in callout situations. This data is to be transparently reported to the relevant health authority.

Legislation

10. Nurses adhering to mandatory second responder policy and workplace risk assessments will be assured of protection from professional or financial consequences, including civil litigation.

Second responder education

11. All second responders should receive basic life support and first aid training and be an employee of the health organisation. Mandated baseline education and training for second responders should align with the South Australian (SA) legislation and First Aid Certificate, with support to undertake a Certificate III in Health Care. Specific local procedures and protocol awareness will apply per mandatory training requirements for all health employees.

DEFINITIONS

Rural and remote

There is no universal definition for rural and or remote health care, however, the Modified Monash Model (MMM) is a geographical classification tool that can assist in determining which areas of Australia are rural and remote. The MMM outlines the boundary between rural and remote, from large rural towns (MM2) to very remote communities (MM7) (Australian Government, 2020). However, this is in contrast to CRANApplus, which describes the remote and isolated practice as a 'complex subjective state' including but not limited to geography and being socially, professionally and culturally isolated (Malone & Cliffe, 2018)

First responder

A first responder is the health worker, typically a registered nurse, who is the initial point of contact during an urgent or emergency situation. They assess the situation, triage and act quickly to provide clinical advice and care. The first responder is responsible for conducting risk assessments regarding the safety of attending an out-of-hours or unscheduled callout. First responders must attend to patients with a second responder.

Second responder

According to 'Gayle's Law', a second responder is said to be a trusted community member who will accompany a health practitioner who is providing an out-of-hours or unscheduled callout (South Australia's Health Practitioner National Law (South Australia) (remote attendance) Amendment Act 2017). A second responder is not required for a callout when the callout is to a police station or an emergency where at least one other emergency services worker is present.

Unscheduled visit or call out

An unscheduled visit or callout is when a request for the attendance of a health practitioner within 24 hours of the request and the place for attendance is in a remote area. This attendance of a health practitioner may be required at any time of the day or night (including business hours) to any location, including homes and clinical settings.

Isolated workers

Isolated workers operate in community settings with only limited support arrangements or working unaccompanied. This can apply to sole practitioners commonly referred to as 'single nurse posts'. This may require working after standard hours or leaving health facilities to attend planned or unplanned visits, which exposes them to risk without the usual backup support (Western Australia Country Health Service, 2017). While there is debate over whether this includes situations where another clinician is available via phone, it must be acknowledged that without physical support, these workers are isolated and at risk.

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