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|  Department of Health Government of Nunavut | | NURSING POLICY, PROCEDURE AND PROTOCOLS | |
| | | Community Health Nursing | |
| TITLE: | | SECTION: | POLICY NUMBER: |
| Telephone Communication | | Communications | 06-014-00 |
| EFFECTIVE DATE: | REVIEW DUE: | REPLACES NUMBER: | NUMBER OF PAGES: |
| February 10, 2018 | February 2021 | | 4 |
| APPLIES TO: | | | |
| Community Health Nurses | | | |

POLICY 1:

The health centre telephone is answered promptly in a caring and professional manner, meeting the needs of the caller.

POLICY 2:

All staff responsible for answering telephones within the health centre shall be familiar with identifying emergency telephone calls and the process for handling emergency calls.

POLICY 3:

All staff members shall return client's telephone calls in a timely manner.

PRINCIPLES:

- The telephone often provides the first point of contact with health services for clients.
- How a telephone call is handled can have important legal implications as well as an impact on client care and health.

Canadian Nurses Protective Society (2002). *Info Law a Legal Information Sheet for Nurses: Telephone advice*. Ottawa, ON.

GUIDELINES 06-014-01

INITIAL TELEPHONE CONTACT WITH FRONT DESK / RECEPTIONIST STAFF

1. Answer phone promptly; identify the health centre and your name
2. Politely request caller's name.
Ensure you do not breach confidentiality – use either the client's first name or surname.
3. Establish the nature of enquiry
Listen carefully to the caller to determine why they are calling. Ask further questions until you have enough information to direct the call or take action based on the call.

ON HOLD

If you must place the caller on hold, politely inform them and promptly address their call. If the caller has been waiting on hold for more than 1 minute, explain the progress of their call and suggest the relevant staff member call the client back.

TAKING A MESSAGE

1. Ask the caller if you may take a message
2. Record the following message details on the carbon copy message pad:
 - Caller name
 - Client name
 - Time of call
 - Reason for call
 - Return phone number and the most convenient time to call
3. Advise the caller that the nurse / physician will return the call as soon as possible.
4. Retrieve the client's health record, attach the phone message to the file and give to the appropriate nurse / physician
5. Check the message pad at the end of the day to ensure all messages have been attended.

DISCLOSURE OF TEST RESULTS/ TREATMENT ADVICE

No test results are to be disclosed by anyone other than the nurse or physician.
No staff member other than a nurse or physician shall provide treatment advice

DISTRESSED OR ABUSIVE CALLERS

Answer distressed callers in a calm and helpful manner, repeating where possible what they have said and deal empathetically with their concerns.

Advise abusive callers about the "zero tolerance" policy and that they can only be served if the abusive behaviour stops. If the caller continues to be abusive, the staff member shall calmly advise the caller they can no longer serve them and hang up. The supervisor must be promptly notified of the situation.

CONFIDENTIALITY

1. Confidentiality is maintained for all telephone calls
2. A phone conversation that is likely to involve confidential information should not to be taken at the front desk.
3. When this is not possible, strategies are taken to minimize the possibility of the conversation being overheard by the clients in the waiting room. These include, but are not limited to:
 - a) Lowering the tone of your voice;
 - b) Lowering your head or turning your back to the waiting room;
 - c) Ensuring that during the conversation all identifying information is not disclosed



AFTER HOURS

Ensure the answering machine is turned on at lunch and after hours. The message must be provided in English AND Inuktitut/ Inuinnaqtun (depending on the community) and include the emergency contact number for the nurse on call.



GUIDELINES 06-014-02

EMERGENCY (ALL AGES): CLIENT ADVISED TO COME TO THE HEALTH CENTRE IMMEDIATELY. IF ALREADY PRESENT, THE CLIENT MUST BE REFERRED **IMMEDIATELY** TO THE NURSE ON CALL.

- Person has "just been in an accident"
- Person collapsed
- Unconscious
- Seizures
- Any breathing difficulty (client reported or witnessed)
- Severe distress including chest pain or indigestion
- Severe and uncontrolled bleeding
- Looks or feels very unwell
- Suspected poisoning or overdose

URGENT: REFER PROMPTLY TO THE NURSE ON CALL.

- Severe abdominal pain
- Eye injury or severe pain
- Hemorrhage in pregnancy
- Urine retention in elderly males
- Allergic reaction – itchy rash, tongue swelling, breathing difficulties
- Physical or emotional distress
- Persistent vomiting and diarrhea (Infants less than 1 years old)

SOON: REFER TO NURSE ON CALL AND ENSURE THE CALL IS RETURNED WITHIN 1 HOUR

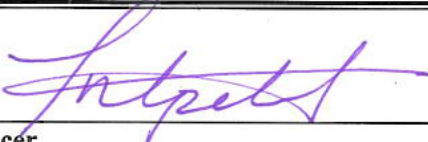

- Persistent vomiting and diarrhea (children over the age of 1 and adults)
- Severe earache
- Persistent high fever
- Severe headache

APPOINTMENT TODAY: IF THERE ARE NO APPOINTMENTS AVAILABLE FOR TODAY, REFER THE TELEPHONE CALL TO THE NURSE ON CALL.

- Cold
- Sore throat
- Chest infection
- Urinary infection
- Foreign body (eye / ear / nose)

APPOINTMENT NEXT DAY:

- Chronic Illness
- Repeat prescriptions
- Vaccinations
- Completion of forms
- Non-urgent conditions or concerns

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| Approved by: |  11 FEB 2011 | Effective Date: |
| Chief Nursing Officer | Date | April 1, 2011 |
|  February 11, 2011 | Date | |
| Deputy Minister of Health and Social Services | | |

