

ADMISSION OF EMERGENCY PATIENTS INCLUDING RESERVED EMERGENCY BEDS

EMERGENCY CARE MUST ALWAYS BE PROVIDED

1. It is not the intention during this dispute to deny emergency care to any patient who needs it. Therefore, in accordance with the ANMF members' protected industrial action ballot and notices, an additional two beds on each ward or unit will be reserved for emergency admissions only. These beds will be known as reserved emergency beds.
2. Emergency admissions are defined as those patients who are assessed as having a condition that would significantly deteriorate within 24 hours if they were not admitted, subject at all times to the decision of the local campaign bed management committee
3. The local bed management committee is a campus-specific committee established with the agreement of senior nursing and midwifery management and ANMF Job Reps to consider emergency admissions.
4. In the event that all hospital beds are full (excluding the beds closed as part of the industrial action), an emergency admission may be admitted to a reserved emergency bed provided:
 - a. the ANMF or an ANMF Job Rep is consulted prior to the emergency admission, wherever possible
 - b. following an emergency admission into a reserved emergency bed, another bed on the ward is closed as soon as possible and deemed a reserved emergency bed (i.e. as soon as a patient is discharged).

THE CRITERIA FOR EMERGENCY ADMISSIONS ARE:

- a. nurses or midwives in the emergency department, in consultation with the emergency department registrar/resident or director, must agree that the patient is a true emergency
- b. the receiving ward staff must agree that there is sufficient nursing staff to adequately care for the emergency patient
- c. there must be equitable distribution of emergency cases throughout the hospital regardless of clinical unit status.

In the event that two reserved emergency beds per ward/unit are insufficient, it may be necessary to increase the number of reserved emergency beds in some wards to accommodate patients deemed to be an emergency.



Members can legally engage in protected industrial action when advice is provided by ANMF via an EBA campaign update which will be emailed to members' home and work emails.

There are serious consequences if you implement unauthorised industrial action.

If you experience any problems, please contact the ANMF immediately on 03 9275 9333, records@anmfvic.asn.au or contact your Job Rep.

CLOSING BEDS

HOW MANY AND WHICH ONES?

The ANMF (Vic Branch) protected industrial action ballot of members authorised nurses and midwives to close one in three beds to ensure maintenance of quality care and patients accessing beds.

1. Close one in three *operational beds* on every ward/unit.

An *operational bed* is one that is usually open and used for patient admissions on the ward/unit on which you work.

2. Beds usually closed or not regularly utilised shall remain closed.
3. **Do not** close beds being used for:
 - oncology patients
 - neonatal and paediatric patients
 - CCU, ICU, HDU
 - haemodialysis patients
 - birthing/postnatal wards/units with respect to maternity patients
 - palliative care

HOW TO DO IT

1. Organise a meeting on your ward/unit and agree on the number of beds to be CLOSED and/or RESERVED in accordance with the industrial action.
2. **Refuse** non-emergency admissions to the ward/unit until the number of beds agreed upon to be closed is met. As a patient is discharged, that bed is closed.
3. Close each bed by placing a '**bed closed**' sign on it and if necessary remove the linen and/or mattress.
4. It is also good to provide patients in adjacent beds with the letter of explanation as supplied by the ANMF (Vic Branch). If you require copies of this letter you can download it via the ANMF website, or obtain a copy from your organiser or photocopy page 7 of this kit .
5. **Reserve** beds by placing a '**reserved for emergency admissions only**' sign on them. Patients can only be admitted when they meet the associated criteria.



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BED CLOSED EBA 2024

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BED

RESERVED

for admission of
emergency patients

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