Fit to Sit Policy

1. Purpose

The purpose of the *Fit to Sit Policy* (the policy) is to outline requirements for the management of patients assessed as clinically suitable to be transferred from ambulance services to the site Emergency Department (ED) waiting room.

Fit to Sit is used by ambulance services and EDs to identify clinically stable patients who are able to be safely directed to a seated waiting area, enabling ambulance officer/s to return to service and respond to other emergencies in the community more rapidly. Clear and standardised Fit to Sit criteria are essential to ensure systemwide consistency, maintain patient safety, and support efficient triage in dynamic clinical environments.

The policy is underpinned by the following key principles:

- ensure fair and equitable access to hospital, based on clinical requirement.
- deliver care guided by professional responsibilities, training and expertise, and prioritises patient safety, wellbeing and dignity.
- improve use of critical health system resources.
- reduce length of stay by improving access block and supporting the timely release of ambulances from hospital to the community.
- promote consistency in decision-making through streamlined processes that align ambulance and ED teams.

Legislation pertinent to this policy includes:

- *Mental Health Act 2014*.

This policy is a mandatory requirement for Health Service Providers under the *Clinical Services and Planning Policy Framework* pursuant to section 26(2)(d) of the *Health Services Act 2016.*

This policy is also a mandatory requirement for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994*.

This policy is to be read in conjunction with the following:

- MP 0199/26 *Ambulance Transfer of Care Policy*
- Statewide Demand and Escalation Framework.

This policy supersedes OD 0351/11 *Triage of Metropolitan Emergency Department Patients that Arrive via Ambulance into the Waiting Room.*

2. Applicability

This policy is applicable to Health Service Providers (HSPs) that provide emergency care and the Department of Health.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or HSP. The State of Western Australia or HSP contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

At a minimum, all patients arriving at site EDs via ambulance, triaged as Australasian Triage Scale (ATS) categories 3, 4, or 5 must undergo a Fit-to-Sit assessment by the ED triage nurse (or equivalent), supported by a full set of current clinical observations.

HSPs and SJWA must:

- develop, implement, and maintain local Fit-to-Sit procedures in line with this policy
- ensure all staff are aware of their roles and responsibilities in enacting Fit to Sit pathways
- proactively manage demand by considering the appropriateness of Fit to Sit for eligible ambulance arrivals
- ensure patient choice, safety, and appropriate clinical handover is considered when determining suitability for Fit to Sit
- monitor risk to community patients awaiting an ambulance and communicate to the System Flow Centre (SFC)
- ensure prompt release of ambulances from WA health sites back to community (e.g. multi-patient take over, fit to sit).

3.1 Clinical Criteria Assessment

HSPs must complete and record Fit to Sit assessments and supporting clinical observations using an age-appropriate tool.

The decision to transfer a patient to the waiting room must be made jointly by the receiving ED triage nurse (or equivalent) and the attending SJWA ambulance officer to ensure clinical consensus and patient safety.

Final clinical decision on the patient's suitability to meet the Fit to Sit criteria remains with the receiving site, which assumes governance and duty of care for the patient once handover is complete.

The clinical exclusion criteria outlined below aims to guide SJWA ambulance officers and ED staff regarding what constitutes a patient's suitability for Fit to Sit.

The exclusion criteria outlined below must be applied when assessing a patient's suitability for Fit to Sit. These exclusion criteria must be considered in tandem with overall clinical risk assessment and judgement.

Classification	Exclusion Criteria
ATS	Category 1 and 2
Clinical Presentation	• <30 minutes post intravenous (IV)/intranasal (IN)/intramuscular (IM) analgesia/sedation • Early Warning Score 2 (EWS2) score of 3 in any category or total score >3 • Seizures Airway: • Actual or potential airway compromise Breathing: • New oxygen requirement or requires ongoing oxygen management Circulation: • Abnormal electrocardiogram (ECG) • Active and uncontrolled bleeding • Requires continuous cardiac or vital sign monitoring Child and Adolescent: • Age under 18 without escort
Neurological & Mental Health	• Patients who pose a high and absconding risk • Altered mental state without companion • Confused and at risk of leaving without next of kin or carer present • Involuntary patient under the *Mental Health Act 2014* • Head injury/trauma with Glasgow Coma Scale (GCS) score <14
Mobility	• Fall risks without suitable controls in place • Trauma spine
Suspected Infection / Exposure Risk	• Infection prevention and control risk that cannot be safely contained in the waiting room (requires case-by-case assessment) • Immunocompromised without appropriate controls
Behavioural	• Violence, aggression, or safety risk to self, staff, or others • Requirement for Code Black or security intervention

A patient's condition and suitability for Fit to Sit may change during the extended transfer of care (ramping). The patient's initial presentation does not preclude suitability for the entirety of their time while awaiting transfer of care. If a patient's condition improves during this time, SJWA ambulance officers must communicate eligibility to ED staff to enable safe and timely release of ambulance officers.

3.2 Escalation

HSP and SJWA must:

- Follow the local ED escalation process if a disagreement between the ED triage nurse and ambulance officer on the suitability of the patient for Fit to Sit including escalation to the senior ED Clinician and Site Executive on call.
- Escalate the issue to the State Health Operations Centre (SHOC) System Flow Centre (SFC) via the Ambulance Network Coordinator (ANC) if resolution cannot be reached locally.

The SHOC SFC must ensure all local processes have been exhausted and

escalated to the State Medical Consultant (SMC) for shared decision making with the senior ED Clinician. The final decision remains with the Senior ED Clinician.

4. Compliance Monitoring

The SHOC, on behalf of the System Manager, will conduct the compliance and evaluate the effectiveness of the policy. The System Manager may carry out compliance audits, assurance and reporting including updates to the Director General and other relevant persons regarding the Policy. The System Manager may also request copies of localised policies, procedures and/or request local data to ensure alignment with policy requirements.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- N/A

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- Australasian College for Emergency Medicine (ACEM) Policy on the ATS
- Statewide Interhospital Patient Transfer Policy
- Statewide Mental Health Bed Access, Capacity and Escalation Policy

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Ambulance	Any patient transport vehicle used by a CHE to convey a patient to the emergency department of a hospital.
Ambulance officer	Any employee or volunteer representing the CHE who is providing treatment or care for a patient arriving at an emergency department
Australasian Triage Scale (ATS)	A clinical tool used in ED to establish the recommended waiting time for medical assessment and treatment of a patient. The ATS is only used to describe clinical urgency.
Contracted Health Entity (CHE)	A non-government entity that provides health services to the State under a contract or other agreement entered into with – (a) a HSP; or (b) the Department CEO, the Minister or the Premier on behalf of the State.
Early Warning Score 2 (EWS2)	A clinical tool used to anticipate patient deterioration by measuring cumulative variation in observations, most often being patient vital signs and level of consciousness.

Electrocardiogram (ECG)	A line graph that shows changes in the electrical activity of the heart over time. It is made by an instrument called an electrocardiograph.
Emergency Department	An Emergency department (ED) is a dedicated hospital-based facility specifically designed and staffed to provide 24-hour emergency care. An ED cannot operate in isolation and must be part of an integrated health delivery system within a hospital both operationally and structurally. The minimum standards for the different levels of the ED are defined in S12 Statement on the Role Delineation of EDs and Other Hospital-based Emergency Care Services.
Fit to Sit	A patient who has been clinically assessed as suitable to sit in an ED waiting area for treatment or for discharge.
Glasgow Coma Scale (GCS)	A score that measures a patient's level of consciousness.
Health Service Provider	A Health Service Provider established by an order made under section 32(1)(b) of the Health Services Act 2016 and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), PathWest, Quadriplegic Centre and Health Support Services (HSS).
Involuntary Patient	Patients under an involuntary treatment order as per section 21 (1) in the *Mental Health Act 2014*.
State Health Operations Centre (SHOC)	A Directorate of the Department of Health in the Clinical Operations Division focused on improving the coordination and efficiency of patient flow and establishing functions to manage demand on ED and ease system pressures.
Triage	The formal process used to immediately assess all patients arriving in an ED to determine the urgency of their care requirements.
WA health entities	WA health entities include: (i) Health Service Providers as established by an order made under section 32 (1)(b) of the Health Services Act 2016; (ii) Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the Public Sector Management Act 1994.
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA,

	Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:
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9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0200/26	28 August 2026	August 2029	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Deputy Director General, Strategy and Governance Division, Department of Health
Approval date	26 August 2026

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