POLICY ON EMERGENCY DEPARTMENT MANAGEMENT OF MEDICAL AND NURSING VOLUNTEERS DURING DISASTERS

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine and relates to the management of volunteers who may present to the emergency department during disaster medical responses and disaster exercises.

The policy is applicable to emergency departments in general.

2. POLICY

The Australasian College for Emergency Medicine recognises emergency departments may receive unsolicited offers of assistance during a disaster and it is important that all emergency department disaster plans have systems to handle these offers for assistance.

It is recognised that all health workers have a role to play in the response to disasters [1]. However volunteers need to work as part of a system which uses their skill-mix in the most appropriate way, and ensures they are credentialed, indemnified and insured for the protection and welfare of patients, the organisation and themselves. Emergency department disaster plans must also have mechanisms for dealing with hospital medical and nursing staff who self-present to the emergency department in the immediate aftermath of a disaster to provide assistance.

Emergency department disaster plans must ensure that any non-hospital medical and nursing volunteers have appropriate briefings on relevant emergency department operational procedures. The Australasian College for Emergency Medicine recognises that medical students are a special group of potential volunteers that can be used to augment emergency department operations in a disaster.

3. PROCEDURES AND ACTIONS

(a) Emergency departments must ensure that there are relief and fatigue management systems to protect the welfare of volunteers participating in disaster medical responses.

(b) Emergency department disaster plans should provide clear linkages with health facility and jurisdiction disaster plans so that credentialing processes for volunteers are established in advance and that clear credentialing and indemnity arrangements are in place.

(c) It is recommended that, as part of pre-event planning the role descriptions, allocation and credentialing occurs with groups likely to be called upon, such as local GPs (2), community service organisations and medical or nursing students.

(d) Emergency department disaster plans must ensure staff are used appropriately both in terms of their skills and the emergency department’s ability to continue providing a service to the community once the initial impact of the disaster is over.
(e) Emergency department disaster plans should ensure that emergency department staff are distinctly and easily identifiable and that volunteers in the emergency department are separately identifiable.

(f) It is recommended that all volunteers report to a single point and single person for allocation of roles and duties to ensure a log of volunteer movements is maintained for the security of the individual and the organisation. Security mechanisms should be in place to verify the credentials of volunteers.

(g) All medical and nursing volunteers in the emergency department must understand and operate within emergency department communications and command structures.

(h) When possible volunteer medical and nursing staff presenting to the emergency department should work in association with an emergency department staff member.

(i) Any volunteer presenting to the emergency department who is unable to perform the role allocated to them should be re-assigned, or if that is not possible then they should be asked to leave.

(j) In the event of a volunteer disrupting safe departmental function and refusing to leave on request then they should be removed by hospital security.

(k) Any medical or nursing staff volunteers in the emergency department must have access to post-incident debriefing and counselling as required.

4. REFERENCES


5. DATES AND NOTES

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