



STANDARD FOR MEDICAL PRACTITIONERS RESPONDING TO SUDDEN ONSET DISASTERS – QUALIFICATIONS AND EXPERIENCE

1. PURPOSE

This document is a Standard of the Australasian College for Emergency Medicine (ACEM) and outlines the minimum recommended qualification and experience for doctors clinically responding to sudden onset disasters in pre-hospital settings and Emergency Departments.

2. BACKGROUND

Australia and New Zealand experience a range of natural and man-made disasters. ACEM considers disaster health to be the collaborative application of various health disciplines to the prevention, preparedness, response and recovery from the health problems arising from disaster. Pre Hospital and Retrieval Medicine is the practice of acute, emergency and critical care medicine in the pre hospital and retrieval environment. Emergency Departments (EDs) and emergency physicians represent the first stage of any hospital system's response to multiple casualty incidents and disasters [1].

It is recognised that the response to any sudden onset disaster must be flexible and scalable and that recommendations made in this document are appropriate to scenarios where the recommended staff types and skill-sets are available. It is also fundamentally noted that any medical response to the field or ED must ensure the safety of practitioners, patients and other responders by tasking medical staff who are appropriately trained, prepared and equipped.

Medical practitioners familiar with disaster planning and response across a range of settings are best placed to effectively contribute in disaster situations. This is essential in situations where doctors and their patients are at their most stressed and vulnerable, and will ensure the provision of a rapid response with effective treatment to communities affected by disasters.

3. SCOPE

This Standard applies to all Australasian medical practitioners responding to a *sudden onset disaster* in a pre-hospital setting or ED setting in Australasia and does not apply to medical practitioners responding in a military or Australian Medical Assistance Teams (AUSMAT) capacity.

A disaster is a serious disruption to community life that overwhelms the innate immediate capacity and resources to cope. It usually requires special mobilisation and organisation of resources other than those normally available to local authorities [1]. Disaster health services are health care systems designed to attempt to meet the health care needs of disaster victims, casualties and responders [1].

A sudden onset disaster can be defined as a disaster that occurs with little or no warning, meaning there is insufficient time for the complete evacuation of the at risk populations." [2]

4. PROCEDURES TO FOLLOW

ACEM believes medical practitioners responding to a sudden onset disaster in the pre-hospital setting and EDs should have the required skills to provide safe and appropriate assistance in these situations. Currency of relevant training and skills, and possession of relevant qualifications is required as follows.

4.1 Qualifications for Emergency Department Settings

Essential (one of the following)

- An emergency physician qualified as a medical practitioner in the speciality of Emergency Medicine, holding the recognised qualification of Fellowship of ACEM, currently credentialed to work in an Australasian Emergency Department; or
- ACEM Trainees with at least 6 months experience in an Emergency Department, within the last 2 years
- Other medical practitioners who have completed either the ACEM Emergency Medicine Certification or ACEM Emergency Medicine Diploma; or
- Other medical practitioner with currency (at least 6 months in the last two years) of practice within an Emergency Department, and appropriate continuing professional development in the field of Emergency Medicine practice;
- Other medical practitioners who are credentialed to and who regularly provide acute clinical services in an ED such as: intensivists, anaesthetists, surgeons, currently employed junior medical staff and some general practitioners, working within their usual scope of practice.

Desirable

- Participation in disaster response training in the local hospital and district
- Familiarity with disaster plans for the ED and hospital in question

4.2 Qualifications for Pre-Hospital Settings

- The primary and most appropriate workforce for deployment to the pre-hospital setting is drawn from appropriately qualified and credentialed practitioners in the scope of practice of Pre-hospital and Retrieval Medicine (PHaRM). It is recognised that such resources will be limited and will concurrently also have responsibility for coordination and performance of routine pre-hospital and retrieval medicine.
- Relevantly qualified and experienced ADF medical practitioners are also considered appropriate for deployment in such circumstances.

Essential

- Registration as a medical practitioner with the relevant national body. (AHPRA/NZMC)
- Emergency medicine and disaster planning experience as detailed in 4.1
- Ability to meet the physical, cognitive, and psychological challenges unique to the practise of pre-hospital medicine.
- Knowledge of scene safety and personal protective equipment requirements of pre-hospital medicine.

Highly Desirable

- Successful current completion of Major Incident Medical Management and Support (MIMMS) or equivalent course.

Desirable

- Post Graduate qualifications in pre-hospital and retrieval or disaster medicine
- Relevant courses and qualifications
- Clinical experience (at least six months) in PH&RM and/or disaster response/medicine

4.3 Familiarity with Emergency Management and Disaster Management Procedures

All medical practitioners should be familiar with:

- Their respective State/Territory Disaster and Emergency Management Arrangements and Procedures
- Their local hospital and ambulance services disaster plans and arrangements
- Their national arrangements for disaster response

5. EXCEPTIONAL CIRCUMSTANCES

In some instances the recommended staff types and skill-sets described in this document will not be immediately available to meet the pre-hospital and emergency department demand for medical care. This is more likely to occur in catastrophic disasters, particularly in rural and regional environments.

In these scenarios a decision may be made to use other, ideally local, health care professionals or volunteers in the ED and/or pre-hospital setting. These health care professionals should stand down and return to their usual work environment as soon as it is safe and appropriate to do so.

If there are sufficient numbers of appropriately trained and experienced personnel able to deploy to the pre-hospital environment these should always be used in preference to those practitioners who may not meet the essential or highly desirable criteria.

The principles of the document remain intact:

- The response must be flexible and scalable
- Any medical response in the pre-hospital or ED setting must ensure the safety of practitioners, patients and other responders
- To achieve maximum effectiveness and safety medical responders should fulfil a role and duties that most closely approximate their usual role and skill set

6. REFERENCES

1. Australasian College for Emergency Medicine. *P33 – Policy on Disaster Health Services, March 2012*. ACEM Melbourne Australia.
2. World Health Organisation. *Classification and minimum standards for foreign medical teams in sudden onset disasters, 2013*. World Health Organisation Geneva Switzerland.
3. Attorney Generals, Emergency Management Australia. *Disaster Medicine, Health & Medical Aspects of Disasters Second Edition, 2009*. Australian Emergency Manuals Series. Commonwealth of Australia. ([http://www.ema.gov.au/www/emaweb/RWPAttach.nsf/VAP/\(3273BD3F76A7A5DEDAE36942A54D7D90\)~Manual09-DisasterMedicine.pdf/\\$file/Manual09-DisasterMedicine.pdf](http://www.ema.gov.au/www/emaweb/RWPAttach.nsf/VAP/(3273BD3F76A7A5DEDAE36942A54D7D90)~Manual09-DisasterMedicine.pdf/$file/Manual09-DisasterMedicine.pdf))

7. DOCUMENT REVIEW

Timeframe for review: every five (5) years, or earlier if required.

7.1 Responsibilities

Document authorisation: Council of Advocacy, Practice and Partnerships

Document implementation: Policy and Research Department

Document maintenance: Policy and Research Department

7.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
01	Dec-14	N/A

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