



POLICY ON DISASTER HEALTH SERVICES

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to preparation, readiness and responsiveness of emergency medicine systems in disaster settings.

The policy is applicable to public hospital emergency departments within Australasia.

2. DEFINITIONS

2.1 Disaster

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.

2.2 Disaster Health

Disaster health is the collaborative application of various health disciplines to the prevention, preparedness, response and recovery from the health problems arising from disaster.

2.3 Disaster Health Services

Disaster health services are health care systems designed to attempt to meet the health care needs of disaster victims, casualties and responders.

3. POLICY

The planning and design of disaster health services at any level must be based upon the best available evidence and experience from past major incidents and disasters.

Emergency departments represent the first stage of the hospital system's response to multiple casualty incidents and disasters.

Disaster health services require appropriate resources to ensure disaster health response teams are trained and equipped to safely perform required tasks.

4. PROCEDURE AND ACTIONS

Emergency physicians should be involved in all medical aspects of disaster planning, management, and patient care.

- (a) Emergency physician input into disaster planning is important to ensure that the planning process captures issues that potentially impact on clinical outcomes.
- (b) The emergency physician is in an ideal position to facilitate disaster health responses and the smooth transition from the acute disaster health responses to the public health issues of disaster recovery operations.

Emergency physicians should ensure that the ability of the emergency department to manage multiple casualty incidents are considered in any proposed changes to emergency department operating procedures and emergency department design.

Hospitals must have disaster plans that are regularly tested and which reflect the fact that effective disaster planning is a multidisciplinary, multi-agency exercise. It is recommended that testing occur at least annually, while planning should also be addressed following any activation or major changes in risk profile.

5. DATES AND NOTES

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