



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

POLICY

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POLICY ON THE DISPOSITION OF PATIENTS IN THE EMERGENCY DEPARTMENT ON NOTIFICATION OF A MASS CASUALTY INCIDENT

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to the disposition of patients within the emergency department who have either been medically assessed or who are awaiting medical assessment at the time of notification of a mass casualty incident.

For the purpose of this document the term “casualty” refers to people involved in a mass casualty incident who require medical assistance and “patient” refers to all people seeking treatment. “Disposition” refers to patient destination upon leaving Emergency Department (ED).

The policy is applicable to emergency departments in general.

2. POLICY

Emergency departments, hospitals and healthcare systems should make plans to provide care for all people seeking care during a mass casualty incident. ACEM believes that all hospitals should have plans that allow the reception of casualties in the event of a mass casualty incident, and measures to rapidly increase ED and hospital treatment capacity of patients. ACEM believes that all patients and casualties, should be given care according to need in line with resources available.

Due diligence for continuity of care in Mass Casualty Incident (MCI) management mandates engagement with general practitioners, community health providers, ambulance services and hospital executives, as well as health system clinical services.

3. TECHNICAL ANNEX

Capacity to manage a mass casualty incident includes:

- Discharging clinically well patients from the ED and inpatient units to promptly create treatment capacity within the hospital and health system
- Decanting patients from the Emergency Department once initial assessment has been completed and resuscitation commenced, to create treatment capacity within the ED. In the extraordinary circumstances of a mass casualty incident, plans may include the provision of care in locations not normally used for this purpose within the hospital or in the community.
- Diverting incoming stable patients to other health care facilities.

4. REFERENCES

Further guidance on hospital emergency department surge capacity may be found in:

- Augmentation of hospital emergency department surge capacity: recommendations of the Australasian Surge Strategy Working Group. *Acad Emerg Med* 2009; 16:1350-8.
- An aide-memoire from this publication is available on the ACEM website at: <http://www.acem.org.au/infocentre.aspx?docId=58>

5. DATES AND NOTES

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