HEALTH AND HUMAN SERVICES EMERGENCY MANAGEMENT

State Health Emergency Response Plan – Local Medical Practitioners Guidance Note

July 2011

Purpose of this guidance note

The purpose of this Guidance Note is to provide local medical practitioners with information about their possible role in the immediate response to a complex emergency.

In particular, it outlines how local medical practitioners may provide care at the scene of an emergency and at their practices during a multiagency response. It also outlines the communication and activation arrangements that will guide their work.

Background

The State Health Emergency Response Plan (SHERP) is a sub plan of the Victorian State Emergency Response Plan. SHERP provides a framework for a coordinated whole-of-health response to emergencies — including mass gatherings and public events and from small, complex and protracted incidents to major emergencies requiring a coordinated and consistent management framework. SHERP adopts an 'all-hazards' approach and applies in any emergency impacting the health of Victorians, for example, an extreme climate event such as fire or flood, multiple casualties from a transport accident or evacuation of a major hospital or nursing home.

SHERP ensures a safe, effective and coordinated health and medical response to emergencies, by:

- establishing a Health Incident Management Team for health agencies that interface and work with one another at the scene of an emergency
- coordinating health resources, from the incident site through to receiving hospitals
- managing pre-hospital resources and the hospital interface
- coordinating resources to manage the actual and or potential health impacts of an incident.

The SHERP General Practice Sub Plan further defines and recognises the role of local medical practitioners including general practitioners (GPs) in emergencies, and describes how a local medical response interfaces with Victoria's health and medical emergency management arrangements. The sub plan is not intended to provide direction in the case of pandemics. For further information on pandemic planning, please refer to http://www.health.vic.gov.au/ideas/regulations/vic_influenza.

A range of health professionals may provide care or coordination at the scene of an emergency including:

- Ambulance Victoria
- Health Commander

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- Field Emergency Medical Officers (FEMOs)
- Victorian Medical Assistance Teams
- First aid personnel
- Local Medical Practitioners.

All these roles are described in detail in the SHERP (for a full copy of the SHERP go to http://www.dhs.vic.gov.au/emergency/sherp).

The role of Health Commanders, FEMOs and Field Emergency Medical Coordinators (FEMCs) is described in more detail below.

Depending on the complexity of the incident, a Health Commander may be appointed to direct the operational component of the health response.

The Health Commander is an incident-based position performed by a suitably qualified Ambulance Victoria paramedic, who oversees and, where appropriate, directs the health response to a major incident within Victoria. This includes the identification of local health services and related resources that may be impacted by the emergency.

FEMOs are trained in procedural disciplines and possess a detailed knowledge of SHERP, local health resources and health service capability. FEMOs exist across Victoria and the distribution of FEMO positions is based on location, need and a risk assessment of the area.

FEMOs offer advanced medical and clinical advice to attending paramedics and medical intervention for injured or unwell persons at the scene of an emergency. A FEMO may be a local medical practitioner who has appropriate skills, training and designation. In this circumstance they may be activated as a FEMO, not as a local medical practitioner.

Local medical practitioners may see affected people at their practices or in exceptional circumstances they may be requested to provide care at the scene of an emergency.

In addition to health professionals at the scene of an emergency, a FEMC is an identified senior medical officer from the FEMO program who has a coordination and liaison role in the Ambulance Emergency Operations Centre. A FEMC's duties may include tasks such as coordination of FEMO resources or providing advice on patient distribution to casualty receiving hospitals.

Principles

The following principles provide guidance around expectations of local medical practitioners in the immediate response to an emergency.

- There is a formal management structure governing the provision of health and medical care at the scene of an emergency.
- A single coordinated medical response is the most effective way to respond to an emergency.
- The request for local medical practitioner attendance at the scene is expected to be a rare occurrence.
- Local medical practitioners are a vital component of the health system and have a role to play in a whole of health response to a mass casualty incident in their own surgery and/or hospitals where they normally work.
- If a local medical practitioner attends an incident the FEMO, or if there is no FEMO, the Health Commander is responsible for directing the care they provide.
- When called upon in an emergency, local medical practitioners will provide care within their scope of practice.
- If a local medical practitioner attends an incident without being requested by a Health Commander, they will be managed as a Spontaneous Volunteer. They will not be able to provide care unless their registration is confirmed.

Roles for medical practitioners

Medical practitioners have the opportunity to undertake a variety of important roles in Victoria's overall response to emergencies. The degree to which they may be involved in emergency management will vary.

Responses that involve medical practitioners should be considerate of the existing local health resources. This ensures sustainability and continuity of care for the local community and aims to prevent a dual response to an emergency.

There are three settings where local medical practitioners may have a role in an emergency. These are:

1. **within practices** (see page 3 of this guidance note)
2. within local hospitals / health services as defined by standing local code brown arrangements
3. **at the scene of the emergency**, in exceptional circumstances (see page 4 of this guidance note).

Within practices

Ambulance Victoria is usually the first health agency on the scene at an emergency. Under SHERP a Health Commander may be appointed to decide where casualties should be taken and coordinate immediate treatment, transport and communications throughout the operational health response.

During emergency incidents, local medical practitioners can assist in their practices by:

- providing clinical care for those who present at their practice who may have left the scene prior to being triaged by front line health professionals
- providing primary treatment and care for those who have been triaged and transported from the scene to their practice.

Alert and activation

If required, Ambulance Victoria, under the direction of the Health Commander, will use the Human Services Directory to identify and contact local medical practitioners, alert them to the situation and the potential impacts and ask if they are able to provide care at their practice for triaged patients. FEMOs may also be able to provide information about local services for use by the Health Commander.

Information will be provided using the standard emergency communication protocol and will include the type of incident, number and type of casualties in the ETHANE format (see attachment 1).

If the practitioner agrees, patients from the scene will be transferred to their practice.

Stand down

Under the direction of the Health Commander, Ambulance Victoria will advise the activated general practice when the incident has been dealt with and no new referrals will be made by the Health Commander to their practice.

Stand down activities include:

- participating in debriefing
- peer support.

Debrief

To assist future planning and discuss potential opportunities for improvement, debriefing is essential after each multiagency response to a health event. Local medical practitioners are encouraged to participate in the debriefing process. Debriefs and post incident reviews will recognise positive outcomes and identify lessons learned.

At the scene

Ambulance Victoria is usually the first health agency on the scene at an emergency. Under SHERP, a Health Commander may be appointed to decide where casualties should be taken and coordinate immediate treatment, transport and communications throughout the operational health response.

If medical support is required, the Health Commander can request a FEMO to attend the scene.

In exceptional circumstances, local medical practitioners attendance may be required. This will be initiated and managed in accordance with the authorising environment established under SHERP. The Health Commander is responsible for leading all health agencies under these circumstances and is responsible for directing the work of all health practitioners at the scene.

When requested to attend the scene of an emergency, local medical practitioners under the direction of the Health Commander or delegate, will only be expected to provide care within their normal scope of practice.

Alert and activation

If required, Ambulance Victoria, under the direction of the Health Commander, will use the Human Services Directory to identify and contact local medical practitioners, alert them to the situation and the potential impacts and request their attendance at the scene. FEMOs may also be able to provide information about local services for consideration or use by the Health Commander.

Information will be provided to the local medical practitioner using the standard communication protocol and in the ETHANE format (see attachment 1) which includes details such as the exact location and how to get there, the type of incident and the number and type of casualties.

To ensure the safety of the public, emergency workers and casualties, access to emergency sites may be restricted to authorised personnel only. People and vehicles may be prevented from entering into or passing through the area. In order to ensure access for medical practitioners is expedited, Ambulance Victoria will notify Police of medical practitioners who require access to the site. Ambulance Victoria will advise medical practitioners of contact persons to whom they are to report to at the scene and where to present to gain access to the site. Practitioners attending the scene will be required to provide photo identification.

Local medical practitioners may be required to report to the Health Commander, or, if directed by the Health Commander, to the Ambulance Commander or, where deployed, the FEMO.

Stand down

Stand down is the return to normal operations when deployment of resources and personnel to the health incident is no longer required. Local medical practitioners will be advised by the Health Commander that they can stand down and leave the scene.

Stand down activities include:

- maintaining patient records
- operational debriefing
- peer support.

Debrief

To assist future planning and discuss potential opportunities for improvement, debriefing is essential after each multiagency response to a health event. Local medical practitioners are encouraged to participate in the debriefing process, either by personally attending review meetings, providing written comments on what worked well and what could be improved or via their local professional networks. Debriefs and post incident reviews will recognise positive outcomes and identify lessons learned.

For further information

For a full copy of the SHERP go to http://www.dhs.vic.gov.au/emergency/sherp.

Attachment 1 ETHANE Communication Protocol

ETHANE is a mnemonic that is a word used to aid the memory. ETHANE tells us what we need to report and the order in which to present the information.

ETHANE expands to mean:

E Exact location of the incident, where it is and how to get there

T Type of incident, eg a train derailment, motor vehicle accident, fire

H Hazards present and including fallen power lines, chemicals, etc

A Access to the site which will include the safe route in and the location of any check points that may have been set up or vehicle parking locations

N Number and type, by priority, of casualties where known (including dead) and an estimate, if the number is not certain at that time

E Emergency services on site at that time or those required.

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