Quick Guide





Disasters and the health system

Speed read

- Continuity in providing service is a core responsibility of the health system.
- Primary health care will play a critical role in the short and long term.
- Mental health is fundamental to effective disaster management.

Key points

The health system depends on a large number of health and allied health professionals including general practitioners, pharmacists and paramedics. This workforce is supported by a large and complex network of infrastructure ranging from large hospitals with thousands of employees to single person clinics in remote areas.

Health facilities include over 1,000 public and private hospitals and a host of other facilities such as forensic and pathology laboratories, imaging centres, fertility clinics, day procedure centres, rehabilitation, aged care, nursing home and psychiatric care.

The health system is dependent on infrastructure including power, water, gas, waste disposal, communications, transportation, logistics and supply chains.

Considerations pre-hospital and in hospitals:

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PRE- HOSPITAL	•	Priorities for pre-hospital responders are triage, treatment and transport. Establishing casualty clearing points, where patients are moved to at a disaster scene can assist in focussing the health response. Health care disciplines that may attend disaster scenes include first aiders, registered paramedics, medical retrieval teams (usually a critical care physician and paramedic), general practitioners, hospital sourced medical teams (including medical practitioners and registered nurses), Australian Medical Assistance Teams (AusMAT) and spontaneous volunteers.
	•	Transport should deliver the right patient, to the right place, at the right time, by the right means, as safely as possible. Distribute patients as widely as possible to prevent single institutions from becoming overwhelmed while others are underutilised. Due to risks and hazards that may exist at disaster scenes, the health responders may require specialist training and personal protective equipment. This may be as simple as having general awareness of disaster scenes and rugged clothing and footwear, or as complex as having current skills and accreditation in areas such as Urban Search and Rescue
		(USAR) and breathing apparatus.
HOSPITAL	•	Hospitals must prepare and plan for both internal and external disasters. An incident command system will integrate activities and resources to guide healthcare facilities' response to disasters. All hospitals should have an emergency coordinator to oversee hospital disaster response, training and implementation. Evacuation planning should include the evacuation of difficult patients with limited personnel and services. Alternatives for complex machinery needed for life support must be identified and prepared. Key issues in responding to surge: recognising surge, initiating action, maintaining patient
		flow, setting clinical goals, developing surge team for advance triage, providing clinical care and using external and ancillary staff.

Quick Guide





Take action

- Identify who the emergency coordinator is in your hospital
- Review the Quick Guide Ethics, surge and standards of care

More information

- Health and Disaster Management (AIDR 2019)
- Evacuation Planning (AIDR 2023)
- Australasian Disaster Management: An Operational Guide Incorporating MIMMS (Advanced Life Support Group).
- AS 4083 Planning for emergencies Health care facilities (Standards Australia, 2010)
- AS/NZS 5050 Business continuity Managing disruption-related risk (Standards Australia, 2010)
- AS 3745 Planning for emergencies in facilities (Standards Australia, 2010)
- College of Intensive Care Medicine (CICM) and the Australia and New Zealand College of Anaesthetists and the Australasian College of Emergency Medicine joint policy paper: Minimum standards for transport of critically ill patients (ANZCA 2015).