

Australian Standard[®]

Planning for emergencies—Health care facilities



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The following are represented on Committee HE-026:

- Australasian College for Emergency Medicine
 - Australian Centre for Security Research
 - Australian College of Ambulance Professionals
 - Australian Nursing Federation
 - College of Emergency Nursing Australasia
 - Department of Health (Western Australia)
 - Department of Human Services (Victoria)
 - NSW Health
 - Queensland Health
 - Safety Institute of Australia
 - Southern Health
-

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Standards Australia wishes to acknowledge the participation of the expert individuals that contributed to the development of this Standard through their representation on the Committee and through the public comment period.

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Australian Standard[®]

Planning for emergencies—Health care facilities

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PREFACE

This Standard was prepared by the Standards Australia Committee HE-026, Hospital Emergency Procedures to supersede AS 4083—1997, *Planning for emergencies—Health care facilities*.

This Standard is based on AS 3745, *Emergency control organization and procedures for buildings, structures and workplaces*, but deals specifically with emergencies in health care facilities that are usually attended, in the first instance, by the facility's staff.

This Standard differs from AS 3745 as it describes the internal and external emergency procedures for health care facilities. Facilities need to consider the level of dependence placed on staff and the patient acuity when developing plans. The patient to staff ratio makes the initial response to an emergency even more critical. Facilities may also be requested and be prepared to supply resources to an event external to their site.

The information contained herein provides a framework for emergency planning management in health facilities, which includes residential care, to enhance the safety of occupants in these facilities and their visitors during an emergency. However, the size, function and location of the facility will impact upon how the Standard should be implemented.

The objective of this Standard, therefore, is to assist facilities in effectively planning for both internal and external emergencies.

Emergency management for facilities incorporates the elements of prevention (including mitigation), preparedness, response and recovery. Planning occurs at facility, local, State/Territory and national levels. An 'all hazard, all agency' comprehensive approach to emergency management requires facilities to plan in cooperation with other agencies and their community, and should recognize the scope of emergency management, including mass casualty, public health, mental health and recovery planning.

Emergencies relate to a large range of potential and actual situations of varying scales requiring immediate action. The term 'emergency' is utilized in this Standard in preference to the term 'disaster'. For the purposes of this Standard, disasters are regarded as a subset of emergencies.

The principal differences between this edition and the 1997 edition include—

- (a) re-location of 'illegal occupancy' into Clause 5.5 (Code 'Black'); and
- (b) the recommendation that State/Territory health departments introduce a nationally consistent and unique two- or three-digit number for notification of internal hospital emergencies.

During review of this Standard it was identified that future considerations should include integration of contemporary business continuity management principles. Also acknowledged, is the changing nomenclature surrounding emergency management and that the facility should be guided by local and State/Territory recommendations.

During the review of this Standard, account has also been taken of the following:

- (i) AS 3745, *Emergency control organization and procedures for buildings, structures and workplaces*.
NOTE: AS 3745 is being revised and will be retitled, *Planning for emergencies in facilities*.
- (ii) AS 4485.1, *Security for health care facilities, Part 1: General requirements*.
- (iii) AS 4485.2, *Security for health care facilities, Part 2: Procedures guide*.
- (iv) AS 2220.1—1989, *Emergency warning and intercommunication systems in buildings, Part 1: Equipment design and manufacture*.

- (v) AS/NZS/ISO 31000, *Risk management—Principles and guidelines*.
- (vi) CS-FP 001—1995, *Fire Emergency Response*, (published by the Fire Protection Industry Association of Australia).
- (vii) Relevant State/Territory legislation, including occupational health and safety legislation.

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The term 'informative' has been used in this Standard to define the application of the appendix to which it applies. An 'informative' appendix is only for information and guidance.

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FOREWORD

To ensure a continuum of optimum patient care, facilities require special planning to cope with emergencies that can arise internally, or as part of, or in response to, an external emergency.

The facility's staff are frequently outnumbered by patients with varying levels of disability. Clearly, the majority of patients would have little familiarity with building layout or the location of emergency equipment, and would not be aware of emergency procedures or would not have had training in such matters. Many patients are dependent upon others for assistance.

Further, in emergency situations, visitors to the facility are also a consideration. In some cases patients and their companions have levels of frustration and aggression that may manifest as an emergency for staff.

It follows that staff must communicate discreetly in the presence of patients and visitors during an emergency and avoid the use of words that may create anxiety and panic. To that end, various standardized colour codes may be used to assist staff in responding to various emergencies.

Unlike office buildings, health care facilities typically have special environmental problems, such as the presence of oxygen, either reticulated or stored in cylinders, flammable gases and liquids, and the conservation of medical records and supplies. The repercussions of isolating essential services such as power, suction and medical gases to assist with an emergency may be extremely serious for patients who are dependent on these services.

The following Standards may provide assistance in developing an understanding of the broader context in which emergency procedures may function.

AS

1319 Safety signs for the occupational environment

3806 Compliance programs

4421 Guards and patrols

4485 Security for health care facilities

4485.1 Part 1: General requirements

4485.2 Part 2: Procedures guide

HB 167 Security risk management

AS/NZS ISO

31000 Risk management—Principles and guidelines

ISO

3864 Graphical symbols—Safety colours and safety signs

3864-1 Part 1: Design principles for safety signs in workplaces and public areas

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Planning for emergencies—Health care facilities

SECTION 1 SCOPE AND GENERAL

1.1 SCOPE

This Standard sets out the procedures for health care facilities in the planning for, and responses to, internal and external emergencies. It also specifies response colour codes for use in a specific emergency.

NOTE: Interpretation of this Standard should take account of the size and functions of the health care facility.

1.2 APPLICATION

In the event of an emergency that requires or triggers the intervention of an external agency, the facility shall transfer control of the response to the hazard to the relevant external agency whilst maintaining command and coordination of other elements of the response.

1.3 REFERENCED DOCUMENTS

The following documents are referred to in this Standard:

AS

2700 Colour standards for general purposes

3745 Emergency control organization and procedures for buildings, structures and workplaces

NOTE: AS 3745 is being revised and will be retitled, *Planning for emergencies in facilities*.

1.4 DEFINITIONS

For the purpose of this Standard, the definitions below apply.

1.4.1 Armed person

A person who is in possession, or claims to be in possession of a weapon or dangerous article.

NOTE: Where it is strongly suspected that a person is carrying a weapon or dangerous article, he or she should be treated as an armed person.

1.4.2 Assembly area

A number of designated places where patients, visitors and staff may be taken/assembled in the event of an evacuation.

1.4.3 Confrontation

A situation involving high risk of injury by a person (or persons) who may or may not be armed.

1.4.4 Emergency

An event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which requires a significant and coordinated response.

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