



Australian Government

HLTAEDR003 Develop medical emergency plan

Release: 1

HLTAEDR003 Develop medical emergency plan

Modification History

Not applicable.

Application

This unit describes the performance outcomes, skills and knowledge required to develop an overarching plan to deal with future medical emergencies through consultation with the local community and other stakeholders. It requires the ability to ascertain the scope of emergency services and treatments that the health service or centre can provide, determine clinical response options, and to develop and document clear plans, procedures and reporting requirements.

This unit applies to senior roles in Aboriginal and/or Torres Strait Islander organisations that provide primary health care services to Aboriginal and/or Torres Strait Islander clients and communities. It is specific to Aboriginal and/or Torres Strait Islander people working as health workers or health practitioners.

The skills in this unit must be applied in accordance with Commonwealth and State or Territory legislation, Australian standards and industry codes of practice.

No regulatory requirement for certification, occupational or business licensing is linked to this unit at the time of publication. For information about practitioner registration and accredited courses of study, contact the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).

Pre-requisite Unit

Nil

Competency Field

Emergency and Disaster Response

Unit Sector

Aboriginal and/or Torres Strait Islander Health

Elements and Performance Criteria

ELEMENTS

Elements describe the essential outcomes

PERFORMANCE CRITERIA

Performance criteria describe the performance needed to demonstrate achievement of the element.

1. Determine scope of emergency service provision.
 - 1.1. Complete a risk assessment to determine organisation's capacity to provide known and potential client and community emergency care needs.
 - 1.2. Identify potential medical emergencies to be considered and their scope.
 - 1.3. Identify available organisational facilities, equipment, standard treatment protocols, and other resources and assess suitability for emergency treatments.
 - 1.4. Identify boundaries of legal authority for health workers and practitioners and assess organisation's human resource capacity to provide emergency treatments.
 - 1.5. Source information from emergency service agencies and other health service providers and investigate options for responding to medical emergencies.
2. Create medical emergency plan.
 - 2.1. Determine emergency clinical response options from information gathered.
 - 2.2. Determine evacuation or referral requirements for circumstances beyond the organisation's capacity.
 - 2.3. Consult with community to confirm preferred response options for key types of medical emergencies.
 - 2.4. Confirm response options meet organisation's legal requirements, boundaries of authority and capacity to provide emergency treatments.
 - 2.5. Confirm resource availability and take action to address any shortfalls.
 - 2.6. Determine and document resource, service and budgetary implications of proposed plan and obtain approval.
 - 2.7. Document agreed medical emergency plan with clear actions, procedures and responsibilities for all parties.
 - 2.8. Document risk assessment and reporting requirements for emergency medical care.
 - 2.9. Include evaluation and feedback mechanisms in the plan.
3. Communicate medical emergency plan.
 - 3.1. Identify information needs of different stakeholders.
 - 3.2. Communicate plan, policies, procedures and reporting requirements to organisation's primary health care team and ensure understanding of roles and responsibilities.
 - 3.3. Distribute the plan to external agencies and health service providers involved in providing emergency care.
 - 3.4. Liaise with external stakeholders to ensure joint understanding of specific roles and responsibilities of all parties.
4. Review medical emergency action
 - 4.1. Analyse registers of emergencies to identify types of emergencies managed, associated risks and lessons learned.

plan.

- 4.2. Consult stakeholders about effectiveness of medical emergency plan after implementation and experience with emergencies.
- 4.3. Amend emergency plan to address feedback, analysis and any other changed requirements.
- 4.4. Communicate amended plan to all stakeholders.

Foundation Skills

Foundation skills essential to performance in this unit, but not explicit in the performance criteria are listed here, along with a brief context statement.

DESCRIPTION

SKILLS

- | | |
|-------------------------------|---|
| Reading skills to: | <ul style="list-style-type: none">• interpret varied, unfamiliar and complex organisational, external agency and health care provider information. |
| Writing skills to: | <ul style="list-style-type: none">• structure and draft a formal action planning document• produce detailed plans and procedures for emergency response using language and format easily understood by a diverse audience. |
| Oral communication skills to: | <ul style="list-style-type: none">• ask open and closed probe questions and actively listen during community and stakeholder interactions. |
| Numeracy skills to: | <ul style="list-style-type: none">• develop financial estimates and scenarios using complex calculations. |
| Technology skills to: | <ul style="list-style-type: none">• use a computer and features of software packages to create a planning document. |

Unit Mapping Information

This unit supersedes and is not equivalent to HLTAHW060 Plan for medical emergencies.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>

Assessment Requirements for HLTAEDR003 Develop medical emergency plan

Modification History

Not applicable.

Performance Evidence

Evidence of the ability to complete tasks outlined in elements and performance criteria of this unit in the context of the job role, and:

- develop and document one overarching plan designed to deal with future medical emergencies for an Aboriginal and/or Torres Strait Islander health service or centre
- within the plan include clear information on:
 - scope of emergency services and treatments provided, and who is authorised to provide
 - emergency services and treatments beyond the organisation's capacity
 - circumstances requiring evacuation or referral and procedures for coordinating
 - specific roles and responsibilities for emergency situations, including lines of authority and supervision, and chain of command
 - procedures for three specific situations and responses
 - overarching risk assessment requirements and protocols for emergency care
 - reporting requirements for emergency care
 - plan evaluation processes
- as part of the development of the plan:
 - source information from three external agencies or other health care service providers
 - consult with three different stakeholders to include at least one community representative.

Knowledge Evidence

Demonstrated knowledge required to complete the tasks outlined in elements and performance criteria of this unit:

- how to complete a systemic organisational risk assessment to determine capacity to provide emergency medical care, and types of risks assessed
- legal boundaries of clinical treatments authority for the organisation's Aboriginal and/or Torres Strait Islander health workers and practitioners and:
 - how scope of practice will vary across the workforce
 - how scope of practice may vary in isolated practice areas
 - special considerations for providing emergency treatments under the direction of a medical or other authorised practitioner

- legal requirements and boundaries for the health service or centre in providing emergency treatments
- potential medical emergencies in the local community and how these impact on emergency and clinical responses:
 - accidents
 - attempted suicide
 - epidemic and pandemic disease
 - pre-term labour or births
 - drug overdose
 - adverse reaction to medications
 - worsening chronic illness
 - acute life threatening illness
- local, state or territory government and private agencies, and health services involved in different types of emergencies and their key roles:
 - fire and rescue
 - police and police rescue
 - ambulance
 - Royal Flying Doctor Service
 - hospitals
- how agencies and other health service providers:
 - contribute to the development of medical emergency plans
 - interact with the health service or centre to provide a joint response to medical emergencies
- community protocols for consulting on medical emergency plans
- community cultural values or beliefs that may influence clinical response options to different types of emergencies
- types of resources needed for emergency and clinical response:
 - medical equipment and supplies
 - infrastructure and facilities
 - people and skills to coordinate and implement emergency response:
 - clinical
 - non-clinical
 - standard treatment protocols for emergency care including standard treatment manuals (STM)
 - support for care provision off site
 - transport for patients and others
- sources of information for costing of proposed plan
- actions needed in the event of resource shortfalls:
 - follow-up to obtain more resources
 - adjusting actions to match resources
 - completing a risk assessment on the shortfall and its potential impact

- format for medical emergency plans and details of common inclusions:
 - scope of emergency services and treatments provided, and who is authorised to provide
 - emergency services and treatments beyond the organisation's capacity
 - circumstances requiring evacuation or referral and procedures for coordinating
 - specific roles and responsibilities for emergency situations, including lines of authority and supervision, and chain of command
 - procedures for specific situations and responses
 - overarching risk assessment requirements and protocols for emergency care
 - reporting requirements and registers for emergency care including lessons learned registers
 - plan evaluation processes.

Assessment Conditions

Skills can be demonstrated through:

- work activities completed within an Aboriginal and/or Torres Strait Islander health service, or
- project activities and case studies completed within a training organisation, based on comprehensive information about the community and the operation of an actual or simulated health service.

Assessment must ensure the use of:

- interaction with Aboriginal and/or Torres Strait Islander community members and other stakeholders either through actual work activities or simulations
- computer and software programs used to collate information and produce text documents.

Assessors must satisfy the Standards for Registered Training Organisations requirements for assessors, and:

- be an Aboriginal and/or Torres Strait Islander person who has applied the skills and knowledge covered in this unit of competency through experience working as an Aboriginal and/or Torres Strait Islander health worker or practitioner, or
- be a registered health practitioner or a health services administrator with experience relevant to this unit of competency and be accompanied by, or have assessments validated by, an Aboriginal and/or Torres Strait Islander person.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>