# Job Descriptions

#### **EMU Control Officer**

The EMU Control Officer is responsible for the overall efficiency of the EMU. He/she is to ensure:

- (a) The completion of an EMU Status Report on a two hourly basis. Report to be sent to the nearest Hospital Control Centre.
- (b) Adequate EMU staff are available, if not, the Major Incident Health Incident Controller is to be contacted and advised.
- (c) In consultation with the Medical Supervisor, implement workable duty rosters for the EMU staff.
- (d) Liaison with the Local Civil Defence Headquarters is effected to ensure adequate rationing, accommodation, communications, transport etc requirements are established and available.

### **Medical Supervisor**

The Medical Supervisor is responsible for supervising the overall medical and nursing activities of the EMU. He/she is to:

- (a) Liaise with the EMU Control Officer for the acquisition of medical supplies and equipment which are required.
- (b) Assess the medical staffs' capabilities and, with the EMU Control Officer compile a suitable duty roster, initially for 48 hours.
- (c) Adjust resources to cover any shortfalls or bottlenecks.
- (d) Be prepared to act in any medical capacity in the EMU should the need arise.

#### **Triage Assessor**

It is preferable that the Triage Assessor has had some experience in this field, but not mandatory, provided adequate guidelines are available. Casualties arriving at the EMU may have already been assessed but the Triage Assessor must be prepared to re-evaluate all casualties on arrival at the EMU. The Triage Assessor's main tasks are:

(a) To assess and evaluate each casualty as he/she arrives at the EMU and to code as follows:

(1)	Status 1	Critically injured casualty, possibly under full resuscitation, needing assessment as to viability and possible transfer to hospital.
(2)	Status 2	Seriously injured casualty needing life sustaining treatment, needs evacuating to hospital.
(3)	Status 3	Moderately injured casualty who requires treatment and observation at the EMU and possible transfer to hospital.
(4)	Status 4	Casualties with minor injuries which can be treated at the EMU and discharged.
(5)	Status 0	Casualties with severe injuries with little or no hope of survival. Non Survivable or Not For Resuscitation casualties.

(b) To ensure assessed casualties do not remain in the Triage Area but are moved to treatment as rapidly as possible.

Note: The Triage Assessor must not become overinvolved in casualty treatment.

#### **Doctor In Charge Major Injury Resuscitation Team**

The Medical Supervisor will determine the number of staff required for this function based upon advice from the Doctor I/C. The function of the Major Injury Resuscitation Team is to:

- (a) Assess the casualty and either:
  - (1) Treat if within capacity of the EMU.
  - (2) Refer to specialist if practicable. If no specialist is available to the EMU the Doctor I/C must make a stand alone decision as to treatment.
  - (3) Classify NFR.
- (b) Ensure any documentation is completed and passed to the Medical Supervisor at the conclusion of each shift.
- (c) Ensure team staff members are adequate and personnel are properly supervised.

#### **Doctor In Charge Casualty Holding Area**

This is the area in which all casualties, both before and after treatment, are housed. The main function within this ward is to monitor the casualties at all times to determine:

- (a) If further treatment is required and from where.
- (b) If a casualty should be reclassified, i.e. NFR or discharged.

(c) When and if movement elsewhere is required.

Note: A higher level of casualty documentation is required in this area than in any other section of the EMU. Should the need arise, extra clerical staff may be requested through the Medical Supervisor.

## **Minor Treatment - NFR - Mortuary**

The activities in these areas require little or no expansion upon information already covered in this document. However, major points are:

- (a) Careful monitoring of all casualties must be ongoing to avoid incorrect category assessments.
- (b) Although casualties have been moved to the NFR area this does not mean that they are already dead.
- (c) The NZ Police are responsible for the dead housed within the temporary mortuary.