AS 4083—2010

Australian Standard®

Planning for emergencies—Health care facilities

This Australian Standard® was prepared by Committee HE-026, Hospital Emergency Procedures. It was approved on behalf of the Council of Standards Australia on 13 July 2010. This Standard was published on 9 August 2010.

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

This Standard was issued in draft form for comment as DR AS 4083.

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

Originated as AS 4083—1992.
Second edition 1997.
Third edition 2010.

Published by SAI Global Limited under licence from Standards Australia Limited, GPO Box 476, Sydney, NSW 2001, Australia

ISBN 978 0 7337 9656 2

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.

The single-page form in Appendix A has been developed from Appendix A in the Australian Bomb Data Centre publication '*Bombs Defusing the Threat*'.

Appendix A may be reproduced for the purpose of recording telephone threats OR you can source a more detailed form from the Australian Bomb Data Centre, by contacting them by telephone +61 2 6203 6750 or www.afp.gov.au/services/operational/abdc

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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.

CONTENTS

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

STANDARDS AUSTRALIA

Australian Standard
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.

1.4.5 Emergency Operations Centre (EOC)

The area or centre from where the emergency is coordinated.

NOTE: Some facilities may wish to use terms other than 'Emergency Operations Centre'.

1.4.6 Emergency Coordinator

The person who is in charge of emergency management, planning and operations. This may or may not be the person in charge of the health care facility, depending upon local circumstances and timing.

NOTE: Some facilities may wish to use terms other than 'Emergency Coordinator'.

1.4.7 Emergency Officer

A person available on-site, with clearly defined responsibilities and appropriate authority in relation to the facility's emergency plans.

NOTE: Some facilities may wish to use terms other than 'Emergency Officer'.

1.4.8 Emergency plan

A documented scheme of assigned responsibilities, actions, equipment and procedures, required in the event of an emergency.

1.4.9 External emergency

An event that arises external to the facility and may necessitate allocation of resources to an external site or preparation for reception of a significant number of victims (or both).

1.4.10 Health care facility [referred to as 'facility' in this document]

A hospital, nursing home, residential care or other facility that provides health care services.

1.4.11 Impaired person

A person with physical, intellectual, cognitive or sensory impairment, either temporary or permanent, who requires assistance during emergency evacuation.

1.4.12 Internal emergency

An event that impacts the facility and may be caused by an internal or external event and may adversely affect service delivery and/or safety of persons, requiring a response.

1.4.13 Medical emergency

Any event in which trained personnel are required to respond to a medical crisis.

1.4.14 Patient

Includes terms such as, but not limited to, patient, in-patient, out-patient, resident of the facility and client.

1.4.15 Supplementary plans

Plans that augment the specific responses described in the emergency plan, with information about patient dependency, the types of hazards prevalent in a particular work area/ward or specific responses necessary in relation to particular hazards or emergencies.

SECTION 2 EMERGENCY CODES

2.1 GENERAL

The facility shall develop standard notification, identification and activation systems to be used in the emergency. They should be appropriate to the facility's size and function, available technology and communications systems.

2.2 SPECIFIC EMERGENCY

Where a colour code is used for a specific emergency, the following colour codes shall apply:

Emergency	Colour	AS 2700 colour code	Colour settings for printing	
			RGB	CMYK
Fire/smoke	Red	R13	227, 66, 52	0, 71, 77, 11
Medical emergency	Blue	B22	0, 47, 167	98, 84, 0, 0
Bomb threat	Purple	P12	128, 0, 128	66, 87, 0, 0
Infrastructure and other internal emergencies	Yellow	Y26	255, 215, 0	0, 16, 100, 0
Personal threat	Black	N61	0, 0, 0	0, 0, 0, 100
External emergency	Brown	X54	150, 75, 0	0, 50, 100, 41
Evacuation	Orange	X13	255, 127, 0	0, 50, 100, 0

Colour codes for emergencies in a facility, other than those listed, shall not be used as they may lead to confusion.

WARNING: THE COLOUR GREEN SHALL NOT BE USED. IT IS RESERVED FOR USES RELATED TO SAFETY AND FIRST-AID ONLY.

A colour coded ready reference flip chart or booklet that reflects the above emergencies and colour codes shall be conveniently located proximal to all staff, e.g. telephones and work stations. They shall also include the Australian Bomb Data Centre form and the offender description form.

NOTE: These forms are set out in Appendices A and B respectively and may be reproduced.

Facilities shall utilize the above colour codes when producing printed matter pertaining to emergency planning.

NOTE: Facilities should utilize all forms of communication to disseminate this information.

SECTION 3 EMERGENCY PREPAREDNESS

3.1 GENERAL

The facility shall have plans to respond to emergencies. The facility should have an emergency planning committee to oversee emergency prevention, preparedness, response, and recovery, relevant to its size and function.

Consideration should be given to the following phases:

(a) Alert: Emergency **possible**—increase level of preparedness.

(b) Standby: Emergency **imminent**—prepare for implementation of response.

(c) Response: Emergency situation **exists**—implement response according to facility plans and in collaboration with other facilities as necessary.

(d) Stand down: Emergency **abated**—return to usual business.

Consideration should be given to the environmental consequences of any incident, plan or action pertaining to this Standard.

NOTE: AS 3745 contains detailed Sections on emergency response procedures.

3.2 EMERGENCY PLAN

3.2.1 General

The emergency plan shall include the following aspects:

(a) A statement of authority.

(b) Aims and objectives.

(c) Clearly detailed activation, notification and stand down procedures.

Facilities shall dedicate a unique telephone number comprising two- or three-digits for notification of emergencies.

(d) An outline of control and coordination functions, with the roles and functions of the emergency planning committee being stated, where appropriate. The Emergency Coordinator and nominated Emergency Officers shall be listed with contact methods for all hours.

NOTES:

1 This may be facilitated by the use of action cards.

2 All staff should know whom to contact to initiate the appropriate action.

(e) A process to ensure that a progressive record of events, actions and decisions is kept; including budgetary implications.

(f) Development of a logistics inventory, which lists personnel, physical facilities, equipment, services and supplies.

(g) Provisions for dealing effectively with all elements of emergency management, including prevention, preparedness, response and recovery.

(h) Activation methods for external services and agencies, such as police, ambulance, fire, state emergency services and other facilities, and escalation processes to relevant State/Territory health departments.

(i) Planning for the establishment and staffing of centres to carry out the additional administration, coordination and communication functions required during an emergency. The plan shall include an alternative site for the centre.

The centre and the alternate centre shall be equipped or capable of being equipped at short notice with multimodal internal and external communications facilities.

(j) Provision of a public information management system.

(k) Provision of a dedicated telephone number(s) reserved for use during the management of the emergency.

(l) A policy for release of information, including the title of the position authorized to release the information and the nature of that information.

(m) Appropriate operational debriefing to be carried out following the event.

(n) Appropriate assessment measures, incorporating performance outcomes, by which the actual or exercised performance of the plan can be appraised.

(o) Provision of alerting systems, to ensure that all required personnel are easily and rapidly alerted. For this purpose, the utilization of existing facilities and systems need to be adopted wherever possible. The staff need to be alerted without undue alarm to patients and visitors.

(p) Provision of support to cope with a potential increase in workload during and following the event. Monitoring staff fatigue and having staff changeover strategies.

(q) Provision to ensure the security of the facility.

NOTE: It is desirable that consideration is given to the ability to secure, lockdown or restrict access to the facility where appropriate during an emergency.

(r) Arrangements to replace used or damaged equipment.

(s) Development of supplementary plans as appropriate.

3.2.2 Supplementary plans

Hazard analyses/risk assessment shall be undertaken for each facility. The outcomes of these analyses will depend on the facility's function, location and environment. Following these analyses, the facility should identify those hazards that warrant specific planning within the facility's emergency plans.

In some instances, particular hazards may warrant the development of specific plans. Examples of hazards that may require the development of supplementary plans are:

(a) Severe weather (e.g. cyclones, storms, extremes in temperature).

(b) Bushfires.

(c) Floods.

(d) Hazardous materials.

(e) Transport incidents.

(f) Industrial incidents.

(g) Pandemics.

(h) Storage, handling or transport of chemical, biological and radiological substances.

(i) Earthquakes.

(j) Storm surges.

(k) Tsunamis.

3.2.3 Coordination with other agency plans

The facility shall ensure that, for consistency, all emergency plans are developed and registered in conjunction with other relevant agencies, e.g. State/Territory health departments, police, fire and ambulance services, disaster management units and local governments.

3.3 COMMUNICATION

As technology advances, State/Territory health departments should, where possible, introduce a nationally consistent unique telephone number comprising two- or three-digits for notification of facility emergencies.

3.4 MEDIA MANAGEMENT PLAN

A media management plan shall be developed to support emergency plans.

The media management plan should deal with—

(a) contact with the media during the emergency;

(b) preparing and releasing media statements by authorized persons; and

(c) providing a media briefing area.

3.5 PHARMACEUTICALS, SUPPLIES AND EQUIPMENT

The facility shall—

(a) have appropriate pharmaceuticals, supplies and equipment for the various emergencies to ensure a rapid and effective response;

(b) ensure that pharmaceuticals, supplies and equipment are located at suitable places within the facility to ensure a rapid effective response;

(c) ensure that there is an appropriate means of storing and transporting the pharmaceuticals, supplies and equipment to the site of the emergency; and

(d) have protocols for the cleaning, re-stocking and maintenance of all pharmaceuticals, supplies and equipment.

SECTION 4 EMERGENCY MANAGEMENT

4.1 GENERAL

The facility shall have a designated Emergency Coordinator responsible for overall emergency management, including planning and operations. Where appropriate, the facility shall also have Emergency Officers. The facility shall ensure that, at all times, there is a position nominated to fulfil the duties and responsibilities of the Emergency Coordinator.

4.2 EMERGENCY COORDINATOR

The Emergency Coordinator shall ensure implementation of the following preparedness and response activities:

(a) To ensure that suitable documentation is prepared and existing documentation revised for the particular facility to comply with this Standard.

(b) To disseminate emergency plans. Where appropriate, to communicate plans to respective State/Territory health departments.

(c) To ensure that, where appropriate, Emergency Officers are designated and appropriate delegations are in place to manage specific emergencies at all times.

(d) To determine the location of the Emergency Operations Centre.

(e) To exercise emergency plans at least annually.

(f) To ensure that all emergency equipment is serviced and tested regularly in accordance with relevant Standards and manufacturers' recommendations.

(g) To review and update, at least annually, the emergency and supplementary plans and to ensure that such review includes meetings of all Emergency Officers.

(h) To identify areas that require supplementary plans and prepare them in conjunction with appropriate Emergency Officers and specialists.

(i) To ensure that all physical areas, e.g. car parks, roofs, corridors, stairwells, plant rooms, gardens, roadways and toilets, are the responsibility of a nominated officer.

(j) To ensure that all new, temporary and casual staff or contract labour are familiarized with relevant aspects of the emergency plan at the time of appointment.

(k) To ensure appropriate advice is provided to management regarding the provision of new equipment or upgrading of existing safety equipment to required standards, so that staff responses to an emergency are maximized.

(l) Maintain communication with relevant Emergency Officers and facilitate necessary action, until the appropriate emergency service arrives, then work in conjunction with that service.

(m) In the event that an emergency is declared, to proceed to the Emergency Operations Centre, see (d) above, where appropriate, and supervise the management of the emergency.

(n) To activate the Emergency Operations Centre where appropriate, and supervise the management of the emergency.

(o) If necessary, alert the facility to an evacuation, or the possibility thereof.

(p) To ensure operational debriefs occur after activation or exercising of plans.

NOTE: Depending on circumstances, the Emergency Coordinator may need to carry out the duties of the Emergency Officer, or vice versa.

4.3 EMERGENCY OFFICERS

Emergency Officers shall have clearly defined responsibilities depending on the size, function and layout of the facility, and shall be under the control of the Emergency Coordinator.

Where appropriate the Emergency Officer shall take responsibility for a defined physical area or functional unit (or both).

The Emergency Officer shall—

(a) ensure that the emergency plan for the facility and any supplementary plans are understood by all staff who are working in the area or unit;

(b) be vigilant against, and attend to, poor housekeeping practices;

(c) have an intimate knowledge of the area, including egress routes, the location of emergency equipment and the presence of hazardous substances;

(d) be available for briefing fire officers, police and other authorized persons during an emergency; and

(e) be aware of the implications of an emergency in an adjoining area or premises.

SECTION 5 RESPONDING TO SPECIFIC EMERGENCIES

5.1 GENERAL

This Section outlines emergency responses to specific emergency codes.

Where appropriate, facilities shall communicate the activation of these codes to the respective State/Territory health department.

5.2 FOR FIRE/SMOKE (RESPONSE COLOUR CODE 'RED')

NOTE: Appendix A of AS 3745 provides basic guidance and essential steps on planning and response for fire and/or smoke emergencies.

5.2.1 General

A staff member who discovers the emergency, or who is alerted to it, shall carry out the following:

(a) Ensure the immediate safety of anyone within the vicinity of the fire/smoke.

(b) Take measures to ensure that fire authorities are notified.

NOTE: The fire authorities should be informed of all incidents of fire or suspicion of fire (e.g. smell of smoke).

(c) Take measures to ensure that the appropriate Emergency Officer is notified.

5.2.2 Action plan

The appropriate Emergency Officer (or officers) shall be responsible for coordination of the following:

(a) Confirm with the fire authority that they have received an alarm.

(b) The facility's response to the emergency.

(c) Proceed to the fire indicator panel and identify the point-of-alarm condition.

(d) Fight the fire only where it is safe to do so, with the use of appropriate equipment.

NOTE: Firefighting equipment should only be used by persons trained in their operation.

(e) Initiate any supplementary plans, including evacuation plans, pertinent to the area, delegating action as necessary.

(f) Meet the fire authority at the fire panel or nominated location.

(g) Escort the fire authority to the source.

(h) Advise the fire authority of any particular hazards and special areas for consideration, e.g. critical care areas.

(i) When the 'stand down' is given, ensure that spent fire extinguishers and other used or damaged equipment are replaced.

NOTE: In the event of dense smoke or hazardous airborne pollution, consideration should be given to shutting down air handling systems to prevent intake or circulation of contaminants.

5.3 FOR MEDICAL EMERGENCY (RESPONSE COLOUR CODE 'BLUE')

5.3.1 General

The facility shall be able to respond effectively to a medical emergency on site, by having—

(a) an action plan;

(b) staff trained in basic life support (BLS), and with access to emergency advanced life support (ALS) trained staff; and

(c) appropriate pharmaceuticals and equipment.

5.3.2 Action plan

The action plan shall include the following:

(a) A method of raising an alarm.

(b) A method of alerting and notifying appropriate staff.

(c) Means of obtaining appropriate equipment if it is not at hand.

(d) Protocols for BLS involving one person, two persons and a team of people providing the resuscitation.

(e) An agreed protocol for deciding when to discontinue BLS.

(f) An agreed protocol for determining continuing care.

5.3.3 Trained staff

Clinical staff shall have training in BLS and, as appropriate, advanced life support (ALS). Ongoing training for skills maintenance shall be in place.

NOTE: Consideration should also be given to training of staff, other than clinical staff in BLS.

5.4 FOR BOMB THREAT (RESPONSE COLOUR CODE 'PURPLE')

5.4.1 General

This Clause provides basic guidance on planning and response in case of a bomb threat. The information contained in this Clause is not sufficient, in itself, to adequately plan for a bomb threat.

Bomb threat is a serious public nuisance of modern times. Each bomb threat could be a prank or a warning of an impending bomb attack. Usually, they are committed by individuals seeking to create a state of alarm and confusion. The problem may be minimized by proper site-specific planning and nomination of appropriate decision-making authorities.

5.4.2 Threats

Bomb threats may include but are not limited to the following forms:

(a) *Written threat* If a bomb threat is received in writing, it should be kept, including any envelope or container. Once a message is recognized as a bomb threat, further unnecessary handling should be avoided. Every possible effort has to be made to retain all evidence. Such evidence should be protected to be evaluated by relevant authorities. Evidence that may be available includes fingerprints, handwriting, printed, electronic or typed material, DNA and postmarks.

(b) *Telephone threat* An accurate analysis of the telephone threat can provide valuable information on which to base recommendations, action and subsequent investigation. The person receiving the bomb threat by telephone should not disconnect the call, and as soon as possible, should complete the information required on a bomb threat checklist. The bomb threat checklist should be available to telephonists and other persons who regularly accept incoming telephone calls.

NOTE: Appendix A provides an example of a typical phone/bomb threat checklist.

(c) *Suspect object* A suspect object is any object found in the facility and deemed a possible threat by virtue of its characteristics, location and circumstances.

(d) *Suspect mail* All staff responsible for handling mail and incoming goods should be trained in the identification and subsequent safe handling of suspect mail items and incoming goods.

5.4.3 Suspect objects

5.4.3.1 *Identifying an object as suspect*

Suspect objects may be encountered by any facility. It is not possible to provide a definitive list of indicators that would cause an object to be considered suspect. The following questions provide a means of assessing if an object should be considered suspect:

(a) Is the object unidentified?

(b) Is the object unusual or foreign to its environment?

(c) Is the object obviously a bomb?

(d) Is the object hidden or concealed in any way?

(e) Has there been any unauthorized access to the area?

(f) Has there been a perimeter breach?

This series of questions may be remembered using the mnemonic, 'HOT-UP' as shown in Figure 5.1.

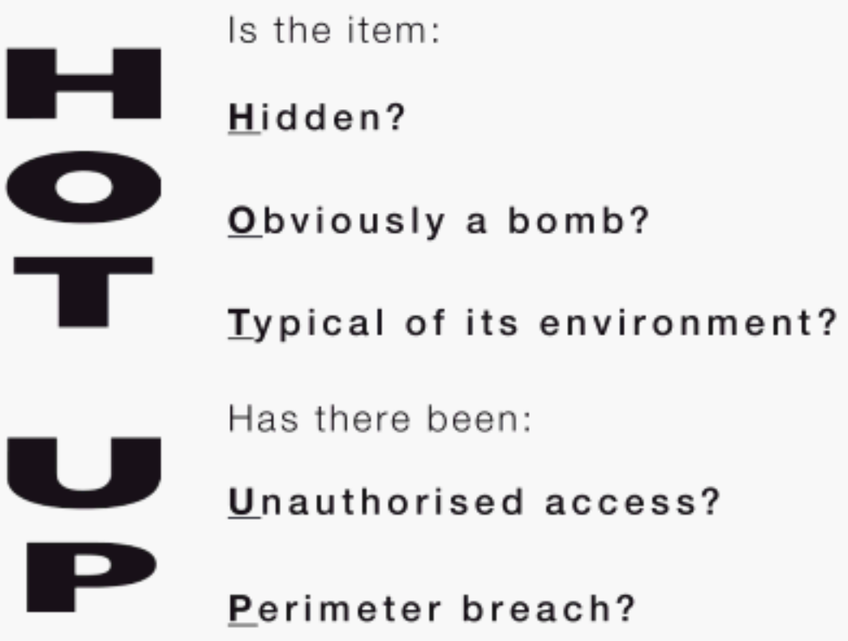

FIGURE 5.1 'HOT-UP'

5.4.3.2 *Actions to be taken*

The following actions should be considered when dealing with a suspect object:

(a) The Emergency Coordinator is to be informed.

(b) Cordon-off immediate area.

(c) Advise Emergency Officer who will assess the need to alert Emergency Services.

(d) Respond to the directions of Emergency Services if they are contacted.

(e) A suspect object should not be moved or touched.

NOTE: Care should be exercised, with for example, mobile phones, radio sets, wireless technology transmission and the like, in situations where improvised explosive devices (IEDs) are suspected. Such equipment should not be used until clearance is given by the attending bomb technicians.

5.4.4 Suspect mail articles

Suspect mail articles have many similarities in common with other 'suspect objects', which may be encountered by any facility. The philosophy of handling these objects varies and is outside the scope of this document.

All occupants responsible for handling mail should be trained in the identification and subsequent handling of suspect mail articles. Where large quantities of mail are received, or where the organization is considered at high risk, then consideration for the installation of specialized equipment has to be a management priority. Where necessary, further information can be obtained through the Australian Bomb Data Centre (ABDC).

NOTE: The ABDC has produced a handbook for managers, which provides detailed guidelines for planning for bomb threats and identifying/handling suspect mail articles titled, *Bombs Defusing the Threat, Incorporating Mail Bomb Countermeasures*. Organizations may obtain the publication by writing to the Australian Bomb Data Centre, Australian Federal Police Headquarters, Canberra.

5.4.5 Evaluation

5.4.5.1 *General*

Following an analysis of information received, the Emergency Coordinator should categorize the bomb threat, which may be either specific or non-specific as follows:

(a) *Specific threat* The caller will provide more detailed information, which could include statements describing the device, why it was placed, its location, the time of activation and other details. Although less common, the specific threat is the more credible.

(b) *Non-specific threats* An individual may make a simple statement to the effect that a device has been placed. Generally very little, if any, additional detail is conveyed before the caller terminates the conversation.

The non-specific threat is the more common, but neither threat can be immediately discredited without investigation. In other words, every threat has to be treated as genuine until proven otherwise.

5.4.5.2 *Actions*

The following four options are a guide to action following the evaluation of the threat:

(a) Take no further action.

or

(b) Search without evacuation.

or

(c) Search and evacuate.

or

(d) Evacuate (without search).

Each of these options will have advantages and disadvantages related to safety, speed of search, thoroughness, productivity and morale, and has to be assessed against the potential risk.

5.4.6 Notification

Upon receipt of a threat, discovery of a suspect object or detonation of a bomb, the Emergency Coordinator is to be notified who in turn will immediately notify police and other emergency services for assistance, e.g. fire, ambulance and other agencies. It should not be assumed that the police will conduct bomb searches. An advantage to having developed a bomb incident plan is that coordination with public safety organizations will have been arranged with a clear understanding of exactly what services can be provided, by whom and when.

An analysis of a threat or the discovery of a suspect object should determine the requirements to evacuate the facility, structure or workplace. The Emergency Coordinator in consultation with other agencies, will determine whether an evacuation should be undertaken.

5.4.7 Search

The most appropriate personnel to carry out a search, in any given area, are the staff working in the area identified because they have the knowledge of 'what belongs' or 'what does not belong' in a location at any given time.

The aim of the search is to identify any object that is not normally found in an area or location, or for which an owner is not readily identifiable or becomes suspect.

The search may be made without evacuation or made after evacuation as follows:

(a) *Search without evacuation* Emergency Officers shall ask persons who work in the area to identify personal property and equipment, after returning to their normal workplace. Continually review any assessment about evacuation, in the light of updated information. Unidentified and unattended suspicious objects shall be checked by experts, e.g. police, and no attempt to handle such objects shall be made.

(b) *Search after evacuation* If the decision is made to evacuate and search, the Emergency Coordinator shall ensure that personal belongings are removed. Unidentified and unattended suspicious objects shall be checked by experts, e.g. police, and no attempt to handle such objects shall be made.

When searching the following areas, they shall be searched in the order stated below:

(i) Outside areas including evacuation assembly areas, where feasible.

(ii) Building entrances and exits, and in particular, paths of travel people will use to evacuate.

(iii) Public areas within buildings.

NOTE: These are areas in most buildings that are most accessible for placing an 'object'. Also, they usually provide a means of exit through which evacuees have to pass, or be in proximity to, during an evacuation.

(iv) Other areas. After external and public areas have been cleared, commence search at the lowest levels and continue upwards until every floor, including the roof, has been searched. After a floor or room has been searched, mark distinctively to avoid duplication of effort.

On locating a suspect object, the Emergency Officer shall ensure that it is not touched or moved, and that the area is cordoned off to prevent access. The Emergency Officer shall notify the Emergency Coordinator immediately by land line or runner. Facilities should have in place a means to distinctly identify areas that have been previously searched, e.g. close and lock doors of areas searched. After ensuring there are no other suspect objects in the vicinity, the area should be evacuated and isolated.

Searching of other areas should continue, to ensure that there are no other suspect objects.

NOTES:

1 It should not be assumed that police will conduct bomb searches.

2 Care should be exercised, with for example, mobile phones, radio sets, wireless technology transmission and the like, in situations where improvised explosive devices (IEDs) are suspected. Such equipment should not be used until clearance is given by the attending bomb technicians.

5.4.8 Evacuation options

5.4.8.1 *General*

Prior to any evacuation, the Emergency Coordinator shall ensure that all relevant egress routes and assembly areas are searched for suspicious objects.

5.4.8.2 *Limitations of total evacuation*

Immediate and total evacuation would seem to be the most appropriate response to any bomb threat. However, the evacuation procedures in response to a bomb threat do not necessarily follow those for a fire. For example, in a bomb threat doors and windows should be opened to lessen blast effect. Additionally, there are significant safety and service delivery factors associated with a bomb threat, which may weigh against an immediate evacuation, as follows:

(a) *Risk of injury* As a general rule, the easiest area in which to plant an object is in the shrubbery sometimes found outside a building, an adjoining car park or in an area to which the public has the easiest access. Immediate evacuation through these areas might increase the risk of injury and car parks should not normally be used as assembly areas.

(b) *Response limitation* Total and prompt evacuation will remove personnel who may be required to make a search.

(c) *Panic* A sudden bomb threat evacuation may cause panic and unpredictable behaviour, leading to unnecessary risk of injury.

(d) *Patient dependency* At least some patients in an area under bomb threat may be dependent upon building services for survival.

(e) *Reduction in patient care* Although the evacuation of patients to an assembly area may ensure their safety, repeated threats and evacuations would compromise patient care.

The above factors may make immediate total evacuation an undesirable response to the bomb threat.

5.4.8.3 *Partial evacuation*

This response is particularly effective when the threat includes the specific or general location of the placed object or in those instances where a suspicious object has been located without prior warning.

Partial evacuation may reduce the risk of injury by removing non-essential personnel. Personnel essential to a search may remain, critical services may be continued and, in cases of repeated threat, loss of output will be minimized. Partial evacuation requires a high degree of planning, training, supervision, coordination and rehearsal.

Specific procedures for evacuation are specified in Clause 5.8.

5.5 FOR INFRASTRUCTURE AND OTHER INTERNAL EMERGENCIES (RESPONSE COLOUR CODE 'YELLOW')

5.5.1 General

This Clause describes an event that impacts the facility and may be caused by an internal or external event which may adversely affect service delivery and/or safety of persons requiring a response.

Examples include but are not limited to failure of, or disruption to, electricity, medical gases, water, information communication and technology (ICT) systems, damage to structure, or incidents involving hazardous substances.

5.5.2 Electricity

In the event of electrical failure, the emergency plan may involve the relocation of patients to an area supplied with electricity from an alternative source.

5.5.3 Medical gases (oxygen, air, other gases and suction)

This failure may involve reticulated systems, and the emergency plan shall document the location of cylinders and regulators and portable suction pumps and the quickest method of transporting this equipment to patients in need.

5.5.4 Water

In the event of a water supply failure all efforts should be made to conserve water until an alternate supply can be sourced. The emergency plan should include provisions for notification to high water volume users.

5.5.5 Information Communication and Technology (ICT)

ICT systems are an essential component of any emergency response, both within the facility and with external agencies. Emergency planning, should include the provision of alternative ICT systems in the event of a failure of the primary systems.

5.5.6 Hazardous substances incidents

The emergency plan should refer to relevant State/Territory legislation. Such incidents include the leakage or spillage of hazardous substances, including flammable liquids and gases, and corrosive, toxic, biological and radioactive substances. Safe work practices shall be implemented to ensure that—

(a) appropriate staff are trained in the safe handling of hazardous substances;

(b) excess stocks are not held;

(c) stocks are properly stored and appropriately labelled;

(d) substances are properly handled;

(e) material safety data sheets are readily available;

(f) appropriate equipment or a plan to manage victims of any hazardous materials incident is available; and

(g) appropriate equipment for containment is accessible and that methods for such containment are known and understood.

NOTE: In the event of dense smoke or hazardous airborne pollution, consideration should be given to shutting down air handling systems to prevent intake or circulation of contaminants.

5.5.7 Structural damage

The emergency plan should consider the following:

(a) Response arrangements for the rapid assessment of disruption to physical surroundings. This includes assessment of impacts on reticulated systems, and the introduction of hazards as a result of those impacts (e.g. electrical hazards, gas leaks).

(b) Relocation of services.

(c) Security of the area.

5.6 FOR PERSONAL THREAT (ARMED OR UNARMED PERSONS THREATENING INJURY TO OTHERS OR THEMSELVES, OR ILLEGAL OCCUPANCY) (RESPONSE COLOUR CODE 'BLACK')

5.6.1 General

Appendix C of AS 3745 provides basic guidance on planning and response for civil disorder and illegal occupancy.

Planning for these emergencies may be done in consultation with the police or other specialist advisers and should be specific to the facility. The planning should be consistent with the facility's security standard operating procedure.

Managers and supervisors are responsible for co-ordinating the response to such incidents. Where police are involved, staff should provide such assistance as may be required.

Managers and supervisors can contribute in a practical way to the satisfactory resolution of these emergencies by ensuring withdrawal of their staff where necessary, supervising the locking up of offices, securing records, files, cash and other valuable property while at the same time promoting an air of confidence and calm.

5.6.2 Unarmed confrontation

Unarmed confrontations may arise where there is a threat to others by an unarmed person confronting them in a violent or threatening manner, or where a person threatens to commit suicide. The facility shall have plans to deal with such emergency situations. The proper evaluation and management of the aggressive, agitated, violent or threatening patient can decrease assaults.

The planning process should involve appropriate medical, nursing, administrative and security staff. Staff specialized in mental health are important in such planning, with the aim of minimizing the risk of injury to staff, patients and others.

5.6.3 Armed confrontation

Appropriate advice, warning of the danger of exacerbating an armed confrontation, shall be included in documentation produced by the facility. The following warning is suggested 'UNDER NO CIRCUMSTANCES SHOULD STAFF, PATIENTS OR VISITORS PLACE THEMSELVES IN FURTHER JEOPARDY'.

The emergency plans shall direct staff to undertake the following procedures:

(a) To obey the offender's instructions, but to do only what they are told and nothing more, and not to volunteer any information.

(b) To stay out of danger if not directly involved and to leave the building if it is safe to do so, then raise the alarm.

(c) To follow internal notification and escalation procedures if able to do so without danger.

(d) To carefully observe any vehicle used by the offender(s), taking particular note of its registration number, type and colour, and number of occupants and their description.

(e) To preserve the crime scene until the police have checked the area for evidence.

(f) If safe to do so, observe the offender(s) and note the speech, mannerisms, clothing, scars or any other distinguishing features such as tattoos. Record these observations and personal account of events in writing, as quickly as possible, after the armed confrontation.

NOTE: Appendix B provides an example of a typical form to record this information.

(g) To ask all witnesses to remain until the police arrive, and to explain to the witnesses that their view of what happened, however fleeting, could provide vital information. Witnesses are not to discuss the incident until statements have been provided to police.

(h) To manage all members of the media, and allow only the delegated person for the facility to make statements.

5.6.4 Illegal occupancy

The facility shall have in place, where appropriate, emergency plans, developed in consultation with police, addressing responses in the event of an area/department being subjected to illegal occupancy. In accordance with such plans, as soon as it is realized a problem is imminent or occurring, the Emergency Coordinator shall take the following action:

(a) Notify the police and request assistance.

(b) Ensure appropriate Emergency Officers have been alerted.

(c) Initiate action to—

(i) restrict illegal occupants to affected area;

(ii) restrict facility occupant's and visitor's access to affected area;

(iii) request occupants and visitors of unaffected areas to remain at their location unless otherwise advised; and

(iv) implement specific facility security protocols.

5.7 FOR AN EXTERNAL EMERGENCY (RESPONSE COLOUR CODE 'BROWN')

5.7.1 General

Facilities identified by the State/Territory health departments as being responsible for the provision of a response team shall comply with the relevant operational guidelines.

An external emergency is declared when the resources of the facility are required as part of a health response to an emergency that has taken place external to the facility.

The response may include: reception of multiple casualties, reception of patients decanted from other facilities, deployment of teams, as directed by the relevant State/Territory health department.

Examples include but are not limited to aircraft crash, train crash, bus crash, structural collapse, explosions, natural disaster, and emergency at another facility.

Facilities shall develop external emergency plans, the scope and form of which is to be determined in liaison with their relevant State/Territory health department.

Facilities shall declare an external emergency—

(a) on the request of the relevant State/Territory health department;

(b) when a large number of casualties present at the facility unannounced; or

(c) on receipt of information from a credible source.

In the event of (b) or (c), the declaration shall be communicated to the relevant State/Territory health department.

On declaration of the external emergency, the Emergency Coordinator shall activate and implement the facility's external emergency plan.

Exact location, type of incident, hazards present, access to site/area, number of casualties, emergency services on scene are required.

5.7.2 Emergency plan

The emergency plan should address the following aspects:

(a) External response (if applicable)—

  (i) provide one or more teams;

  (ii) maintain portable medical equipment and supplies in kit form; and

  (iii) install and maintain communication equipment such as multiple phone links.

(b) Internal response (if casualty reception is anticipated)—

  (i) carry out a plan for clearing the emergency department of non-urgent cases;

  (ii) carry out a plan for rapid discharge of non-urgent cases from hospital beds;

  (iii) carry out special procedures for labelling casualties, and medical record keeping; and

  (iv) adopt security measures as follows:

    (A) Supply information to the police for release to relatives and the media.

      NOTE: Police will normally have the sole authority to release information on fatalities.

    (B) Restrict the entry of unauthorized persons.

    (C) Provide facilities for relatives of victims.

    (D) Instigate procedures for handling personal effects enabling receipt and protection of patients' valuables when many casualties arrive simultaneously.

(c) Prepare for mass casualty reception—

  (i) recall and on-going staff management strategies;

  (ii) emergency department reception area expansion capability; and

  (iii) medical equipment resupply system.

All facility staff who may be required to perform duties during a mass casualty situation shall be made fully aware of what is required of them during the various stages of an alert. To assist in this awareness, the emergency plan should include details of staff duties, to whom they report, the area of responsibility, and a clear assembly point or location to which they should report.

5.8 FOR EVACUATION (RESPONSE COLOUR CODE 'ORANGE')

5.8.1 General

Evacuation involves the movement of patients, staff and other personnel within or from the facility in as rapid and safe a manner as possible (see also Clauses 5.4.8.2 and 5.4.8.3).

5.8.2 Assessing the situation

The situation should be assessed by a senior staff member, present in the area at the time, before the decision to evacuate is made, having regard to the—

(a) seriousness and relevance of the threat to human safety;

(b) proximity of hazards which may be relevant to the situation; and

(c) nature and type of patient in the involved area.

5.8.3 Authority to evacuate

The authority to order evacuation of an immediate area shall rest with the senior staff member present in that area at the time. The overall facility evacuation should be vested in the Emergency Coordinator who would act on their own initiative. Advice may be provided by staff such as medical officers, nursing staff, engineering, department heads, or the senior representative, if present, or from the firefighting authority or police.

Designation of specific patients for immediate evacuation should be made by the nurse-in-charge at the time or medical officer (or both).

5.8.4 Stages in evacuation

Evacuation should be conducted in three distinct stages according to the severity of the emergency, as follows:

(a) *Stage 1* Removal of people from the immediate danger area, e.g. removing people from a room that is on fire or is alleged to have a bomb in it.

(b) *Stage 2* Removal to a safer area. This may be to an adjoining compartment protected by fire and smoke doors on the same level, or to another, preferably, lower level.

(c) *Stage 3* Complete evacuation of a building. Should the emergency necessitate evacuation of the entire building, the resources of all available staff will be required to assist in the movement of patients and visitors to a safe place. Ambulant patients and visitors should be evacuated first.

5.8.5 Egress routes

The presence of fire or smoke (or both) in an emergency may govern the choice of evacuation routes and prohibit the use of nearby exits, in which case the nearest accessible exit should be used. For this purpose, prior staff knowledge of the building layout is of paramount importance, since emergency officers play a vital role in education of staff and in controlling any necessary evacuations.

Lifts shall not be used in a fire emergency unless authorized by the fire authority. Electric power may fail or be switched off, causing people to be trapped in a lift. The lift shaft could act as a chimney and thus contribute to the spread of fire, heat and smoke to other parts of the building.

Fire-isolated stairs, fire escapes and other safe routes shall be used.

5.8.6 Other considerations

The special needs of mobility impaired staff should be assessed to make plans appropriate to their level of incapacity should an emergency evacuation be necessary.

Saving records pertinent to immediate patient care is important, but time should not be spent doing this at the expense of evacuating people.

Turnaround of equipment used for evacuation, such as wheelchairs, evacuation devices and blankets may be necessary.

Good communication is essential during the evacuation process with rapidly changing staff/patient locations, as well as dealing with the emergency that led to evacuation.

A head count shall be conducted once the evacuation is complete.

5.8.7 Patient care following evacuation

Patient care will probably require an extraordinary effort by staff until such time as the patients can be returned to their ward, found alternative accommodation within the facility, or transported to another facility.

5.9 CLEARING AN EMERGENCY CODE

After consultation with appropriate services, the Emergency Coordinator shall indicate 'stand down' and advise of subsequent action.

For the stand down notification, the relevant colour code shall be followed by the words 'Stand down' (e.g. CODE BLUE, STAND DOWN).

Staff called upon to assist in the emergency, but not involved in recovery operations shall resume normal duties.

SECTION 6 DEBRIEFING AND EMERGENCY PLAN REVIEW

6.1 DEBRIEFING

6.1.1 Operational debriefing

Operational debriefing shall be conducted as soon as practicable after every emergency or training exercise. The intention to hold a debriefing should be communicated when clearing the emergency code.

Debriefing has two purposes as follows:

(a) To review emergency management response and identify lessons learned.

(b) To identify and initiate any necessary changes to the emergency plan.

6.1.2 Post-incident support

Emergencies may have adverse short- and long-term effects on personnel directly and indirectly involved. Provision for identification and management of adverse effects should be an integral part of emergency planning.

6.2 EMERGENCY PLAN IN REVIEW

Plans should be reviewed regularly and after exercise or actual emergencies. When such reviews are undertaken, reference to any established performance outcomes, e.g. ward evacuation time, will be beneficial.

SECTION 7 TRAINING

7.1 GENERAL

To produce a desired level of efficiency when responding to emergencies, facilities should institute training programs. In order to be trained effectively, staff members have to be convinced of the need for training and its relevance. They need to see that the training is relevant to their place of work and the job that they do. The motivation for training for emergencies should be enhanced by demonstrating a facility commitment to overall safety, ensuring that all levels of staff are involved. Those responsible for emergency management roles shall undertake advanced training.

7.2 TRAINING PROGRAM

Training programs should be designed to suit the particular needs of the facility. The frequency of training should be such as to ensure appropriate levels of preparedness and response are maintained. The training program should aim to provide the following:

(a) A thorough knowledge of the emergency plan for key facility staff.

(b) Induction training for all new, temporary and casual staff in the basic procedures, use of equipment and evacuation methods.

(c) Annual training for all staff to ensure that appropriate knowledge and skills are maintained.

(d) Collective training such as exercises and practice responses to review emergency management systems.

(e) Advanced training for staff likely to fulfil the role of—

  (i) Emergency Coordinator;

  (ii) Emergency Officers;

  (iii) supervisors;

  (iv) those working with hazardous materials and processes; and

  (v) those who will have additional duties in the event of particular emergencies, e.g. fire.

Facilities may find it useful to utilize competency-based training programs.

In order to ensure that all personnel are exposed to the training program, a record shall be maintained showing the name of the individual concerned, the sessions and the dates attended.

APPENDIX A

BOMB THREAT CHECK LIST FOR TELEPHONE OPERATORS

(Informative)

Place this card under your telephone

REMEMBER DON'T HANG UP AFTER CALL

BOMB THREAT CHECK LIST QUESTIONS TO ASK

1 When is the bomb going to explode? _____

2 Where did you put the bomb? _____

3 When did you put it there? _____

4 What does the bomb look like? _____

5 What kind of bomb is it? _____

6 What will make the bomb explode? _____

7 Did you place the bomb? _____

8 Why did you place the bomb? _____

9 What is your name? _____

10 Where are you? _____

11 What is your address? _____

REMEMBER KEEP CALM DON'T HANG UP

EXACT WORDING OF THREAT: _____

_____

_____

ACTION

Report call immediately to: _____

_____

Phone number: _____

CALLER'S VOICE

Accent (specify): _____

Any impediment (specify): _____

Voice (e.g. loud, soft): _____

Speech (e.g. fast, slow): _____

Diction (clear, muffled): _____

Manner (e.g. calm, emotional): _____

Did you recognise the voice? _____

If so, who do you think it was? _____

Was the caller familiar with the area? _____

THREAT LANGUAGE

Well spoken: _____

Incoherent: _____

Irrational: _____

Taped: _____

Message read by caller: _____

Abusive: _____

Other: _____

BACKGROUND NOISES

Street noises: _____ House noises: _____

Aircraft: _____

Voices: _____ Local call: _____

Music: _____ Long distance: _____

Machinery: _____ STD: _____

Other: _____

OTHER

Sex of caller: _____

Estimated age: _____

CALL TAKEN

Date: . . . / . . . . / . . . . Time: _____

Duration of call: _____

Number called: _____

RECIPIENT

Name (print): _____

Telephone number: _____

Signature: _____

REMEMBER KEEP CALM DON'T HANG UP

BOMB THREAT

APPENDIX B

FORM FOR DESCRIPTION OF OFFENDER

(Informative)

PERSONAL DESCRIPTION FORM OF OFFENDER

NOTES FOR COMPILATION:

A separate form required for each person. To be compiled immediately after incident by each staff member, also bystanders if possible.

Place tick as applicable.

If answer is unknown write 'UK' against heading.

Do not consult others during compilation.

Senior officer to collect forms and hand to police.

NAME OR NICKNAMES USED . . . . . .

APPROXIMATE AGE . . . . . .

HEIGHT . . . . . .

COMPLEXION fair dark pale
fresh ruddy suntanned
pimply

ACCENT . . . . . .

POSTURE erect stooped slouched

WALK quick springy slow
limp pigeon-toed

HAIR colour . . . . . .
straight wavy bald
curly thick long crewcut

EYES colour . . . . . .
size S , M , L , Other:. . . . . .
intense stare squint

EARS size S , M , L , Other:. . . . . .
shape . . . . . .

NOSE size S , M , L , Other:. . . . . .
shape . . . . . .

LIPS size S , M , L , Other:. . . . . .
shape . . . . . .

TEETH good uneven spaced missing
bad protruding

SEX male female

ETHNIC ORIGIN . . . . . .

WEIGHT . . . . . .

BUILD thin stout
medium nuggety

VOICE clear loud
thick slangy

SPECTACLES colour . . . . . .
shape . . . . . .
thick glass tinted

MOUSTACHE-BEARD type . . . . . .

DISGUISE . . . . . .

. . . . . .

HANDS size S , M , L , Other:. . . . .
calloused soft
hairy
nails/missing or deformed
fingers

GLOVES type . . . . . .
colour . . . . . .

JEWELLERY describe . . . . . .

SCARS OR MARKS tattoos, scars, discolourations, describe location fully

. . . . . .

. . . . . .

CLOTHING including hat, tie, shirt, coat, trousers, dress, skirt, sweater and shoes.

. . . . . .

. . . . . .

METHOD OF OPERATION: What did offender do, say, touch, carry, etc.

. . . . . .

. . . . . .

SIGNATURE . . . . . .

ADDRESS . . . . . .

. . . . . .

WEAPON TYPE . . . . . .

METHOD AND DIRECTION OF ESCAPE . . . . . .

. . . . . .

. . . . . .

Make of car . . . . . .

Model of car . . . . . .

Registration . . . . . .

Colour . . . . . .

Number of vehicles used . . . . . .

. . . . . .

NOTES

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ISBN 978 0 7337 9656 2

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