



Australasian College
for Emergency Medicine

Policy on Standard Terminology

P02 (V9)

August 2025

acem.org.au

Document Review

Timeframe for review:	This is a living document which is subject to regular update
Next major review to be completed by:	This is a living document which is subject to regular update
Content owner:	Emergency Medicine Standards Advisory Committee
Approval authority:	Council of Advocacy, Practice and Partnerships
Accessibility:	Public [website]

1. Introduction

Terminology relating to emergency medicine, as defined in this document, is applicable to Australia and Aotearoa New Zealand, and to the verbal and written communications of all Fellows, trainees and ACEM staff when undertaking work for the College.

It is important for clarity and patient safety that terms related to emergency medicine (including those concerning providers of emergency medicine, facilities delivering emergency medicine and common processes in emergency medicine) are standardised.

2. Glossary of Terms

Term	Definition	Reference/date
Access block	Access block refers to the situation where patients requiring admission to hospital from the emergency department (ED) have an ED length of stay greater than eight hours. This includes patients who were referred for admission but were discharged from the ED without reaching an inpatient bed, or transferred to another hospital, or who died in the ED.	CAPP approved definition, Nov 2024 S127 Access Block, v5 Oct 2022 S57 Emergency department overcrowding, v5 March 2021 S347 Ambulance ramping and diversion, v3 Nov 2020
Accessibility (see interviewability also)	The terms accessibility and/or interviewability may be used to denote that a patient is fit and ready for assessment and interview. This determination is made by the interviewing clinician.	P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022
ACEM /the College	ACEM is the acronym for the Australasian College for Emergency Medicine	
ACEM governing body	An ACEM governing body includes the ACEM Board, the Council of Advocacy, Practice and Partnerships (CAPP), or the Council of Education (COE).	
ACEM member	An ACEM member is a person admitted as a member of the College pursuant to the provisions of the ACEM Constitution and associated regulations. This includes those defined in Regulation A: Governance as being 'members' of the College, trainees and any external person serving on any College entity.	S738 Gender equity, v1 May 2020
ACEM trainee	An ACEM trainee is an individual enrolled in an ACEM training program.	Board decision definition, August 2025

		G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024
Acute behavioural disturbance	Acute behavioural disturbance (ABD) has been defined as any manner in which a person conducts themselves that (i) does not respond to normal verbal intervention, (ii) interrupts the normal activities of the ED and (iii) has the potential to place the individual and/or others at risk.	P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022
Admission	An admission is determined by the need for interventions, investigations, monitoring or other management that would not be considered part of an ED attendance. An admission should only be determined and designated on clinical grounds. Admission occurs when a medical decision for the need for inpatient care is made by an appropriately qualified decision maker, a patient is accepted by a hospital inpatients specialty service for ongoing management, and the patient is administratively admitted to the hospital. The decision to admit a patient may be made by a referring specialist prior to the patient's arrival in ED, by the emergency physician, by an inpatient service, or mutually agreed by some or all these medical providers. Emergency departments play a key role in the admission of patients to hospital. The decision to notify an inpatient specialist medical practitioner or their delegate of the admission of a patient to hospital from the ED should be made by an emergency physician or their delegate. Arrangements for admitting rights, responsibilities, timeliness of referral and acceptance, responsibilities during handover of care, and dispute resolution, should be clearly delineated in hospital procedures documentation.	P18 Responsibility for care in emergency departments, v5 March 2024
Admission delay time	Admission delay time is the difference between the inpatient bed request time and the departure time from the ED to the hospital for patients who are admitted to hospital.	
Advance Care Directive (Australia) and Advance Directive (NZ)	An Advance Care Directive (Australia) or Advance Directives (NZ) is a legal document that states a persons' preferences for treatment and care when they are unable to express their wishes. An Advance Care Directive (ACD) or Advance Directive (AD) also enables a person to appoint a substitute decision maker. More than one substitute decision maker can be appointed under an ACD (depending on the jurisdiction). ACD and AD documentation differs between jurisdictions.	P51 Care of older persons in the emergency department, v6 April 2021 P455 End of life and palliative care in the emergency department, v3 August 2025

Advance care planning	Advance care planning involves planning for future health decisions in the event that a person may not be able to express their goals and wishes regarding their treatment and care. It is important that these preferences are discussed with family, carers or next of kin. Advanced care planning can involve preparing an Advanced Care Directive and appointing a substitute decision maker.	P51 Care of older persons in the emergency department, v6 April 2021 P455 End of life and palliative care in the emergency department, v3 August 2025
Aerosol	An aerosol is a collection of pathogen-laden airborne particles emanating from an infectious person. They are deposited onto or are inhaled by a susceptible person. Aerosol transmission is seen with diseases such as COVID, measles and tuberculosis.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Airborne infection isolation room	An airborne infection isolation rooms is a dedicated, self-contained room, such as a negative pressure or Type 5 (respiratory) isolation room, used to isolate a suspected or actual infectious patient from other patients. Ideally, patients that are suspected or confirmed to have an infection that requires airborne precautions should be isolated in such rooms.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
All-hazards approach	An all-hazards approach to disaster arrangement provides the foundation to manage any disaster that may eventuate, including catastrophic and unforeseen and unimagined disasters.	P33 Emergency department preparedness and response, v3 April 2025
Ambulance ramping	Ambulance ramping occurs when paramedics are unable to complete transfer of clinical care of their patient to the hospital ED within a clinically appropriate timeframe, specifically due to lack of an appropriate, staffed clinical space in the hospital or the ED. This is a direct consequence of access block. In some jurisdictions, patients remain within the ambulance, whereas in others, the patient remains on a stretcher within the ambulance arrival area inside the ED.	S347 Ambulance ramping and diversion, v3 Nov 2022 S57 Emergency department overcrowding, v5 March 2021
Ambulance diversion	Ambulance diversion, also known as hospital bypass, or load leveling, is the practice of redirecting an ambulance to another hospital because the closest or most appropriate hospital has exceeded capacity.	S347 Ambulance ramping and diversion, v3 Nov 2022
Analgesia	Analgesia is reduction or elimination of pain perception, usually induced by drugs that act locally (by interfering with nerve conduction) or generally (by suppressing pain perception in the central nervous system). This may be achieved by a wide range of drugs.	PS09 Guidelines on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures, 2014
Arrival time	Arrival time is the first recorded time of contact between the patient and the ED staff. Triage assessment should occur at this point.	G24 Guidelines for the implementation of the Australian Triage Scale in emergency departments, v6 Nov 2023
Assessment and treatment time	Assessment and treatment time is the difference between the time of medical assessment and treatment and ready for departure time. A	

	recording with accuracy to within the nearest minute is appropriate.	
Automated external defibrillator	An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses arrhythmias that can be defibrillated, potentially restoring the heart to a stable rhythm with return of spontaneous circulation (ROSC). These include ventricular fibrillation (VF) and pulseless ventricular tachycardia. AEDs are sophisticated, computerised devices that are reliable and simple to operate, enabling lay rescuers with minimal training to administer a lifesaving intervention.	P40 Early access to defibrillation for cardiac arrest, v3 July 2020
Behavioural assessment room (BAR)	A behavioural assessment room (BAR) is a designated area within or adjacent to the ED that provides a specifically designed space for the management of behaviourally disturbed, aggressive and/or violent patients that promotes the safety, privacy and dignity of patients, visitors and staff. Ideally, BARS should provide an appropriate low stimulus environment. ACEM acknowledges that some jurisdictions refer to BARs as safe assessment rooms (SARs).	P32 Violence in emergency departments, v5 Aug 2024 P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022
Behavioural disturbance	Behavioural disturbance is defined as the combined physical actions made by an individual which are in excess of those considered contextually appropriate and are judged to have the potential to result in significant harm to the individual themselves, other individuals or property. Acute behavioural disturbance is characterised by a rapid onset and severe intensity. The aetiology is commonly a mental disorder, physical illness or intoxication with alcohol and/or other substances. Often the behaviour is considered to be under the voluntary or legally competent control of the individual.	G637 Guideline for safe care for patients sedated in health care facilities for acute behavioural disturbances, Sept 2019
Carers	Carers are family members, friends, whānau and aiga who provide informal, unpaid personal care, assistance, and physical or psychological support to another person. This is different to people who provide care to a person as part of a contract or form of employment.	P51 Care of older persons in the emergency department, v6 April 2021
Casualty	A casualty refers to a person involved in an incident or accident who requires treatment.	P33 Emergency department preparedness and response, v3 April 2025
CBRN	The acronym CBRN stands for chemical, biological, radioactive or nuclear materials.	P33 Emergency department preparedness and response, v3 April 2025
Child / Tamariki	Child means any person under the age of eighteen (18) years old as defined by the Convention in the Rights of the Child. ¹ When a health service organisation applies legislative or regulatory requirements, the definition used in the relevant act or regulation must be applied.	P35 Child at Risk, v4 Nov 2024 P11 Hospital emergency department services for children and young people v3 April 2025

¹ Assembly UG. Convention on the Rights of the Child. United Nations, Treaty Series. 1989 Nov 20;1577(3):1-23.

Children at risk of abuse	Children at risk of abuse refers to children, Tamariki and young people who have suffered or are likely to suffer as a result of an act of violence or neglect, or a failure of protection by an adult responsible for their care.	P35 Child at Risk, v4 Nov 2024
Collaborative model of care	An ED collaborative model of care is an integrated, interprofessional approach to healthcare that emphasises a team-based approach that maximises the skillsets of the interprofessional team to provide high-quality, patient-centred care in the ED. Ongoing clinical governance, professional development and quality improvement are key tenets of the ED collaborative model of care.	P67 Non-medical practitioners working in emergency departments, v4 August 2025
Communicable infectious disease	Communicable infectious diseases are spread from one person to another. They are pathogens such as bacteria, viruses, fungi and parasites.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Conscious sedation	Conscious sedation is defined as a drug-induced suppression of consciousness during which patients are able to respond purposefully to verbal commands or light tactile stimulation. Interventions to maintain a patient's airway, spontaneous ventilation or cardiovascular function may, in exceptional situations, be required. Conscious sedation may be achieved by a variety of drugs.	G637 Guideline for safe care for patients sedated in health care facilities for acute behavioural disturbance, Sept 2019 PS09 Guidelines on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures, 2014
Clinical handover	Clinical handover is the transfer of professional responsibly and accountability for some or all aspect of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.	P36 Clinical handover in the emergency department, v4 Aug 2024
Clinical governance	A set of relationships and responsibilities established by a health service organisation between its department of health, governing body, executive, workforce, patients and consumers, and other stakeholders to deliver safe and high-quality care	P11 Hospital emergency department services for children and young people v3 April 2025
Clinical support time	The AMA defines clinical support time "... as a range of activities undertaken by clinicians that are not directly related to the diagnosis or management of individual patients but that are directed towards skills and knowledge development and/or teaching and training and that aim to enhance the quality of care."	S17 Clinical support time, v4 Nov 2024
Culture	Culture is a shared, learned system of beliefs, values and attitudes that shape and influence a person's perception and behaviour. It describes the ways in which members of a group interact with each other, often operating at an unconscious level, which is the result of shared understandings and commonality of experiences. A person's culture may be influenced by ethnicity, religion, sexual orientation, gender, socio-economic factors, (dis)ability or age. A person's beliefs and values may arise from any different aspects of their life, and patients and their families can belong	S63 Statement on culturally competent care and cultural safety in emergency medicine, v2 March 2015

	to multiple cultures simultaneously. Patients' cultures affect the way they understand health and illness, how they access health care, and how they respond to healthcare interventions. Each individual medical practitioner also has their own cultural heritage that informs the patient-practitioner relationship. Furthermore, the ED itself has a culture in which there are clearly demarcated patient and staff rights and responsibilities, and which may be unfamiliar or culturally foreign to many patients.	
Cultural competency	Cultural competency is a set of attitudes, skills and knowledge that allow an individual to interact effectively in cross-cultural situations. It requires a medical practitioner to continue to undertake a process of reflection on their own cultural identity and recognise the impact their culture has on their own medical practice. Cultural competence focuses on the capacity of doctors and other health staff to integrate culture into their clinical context and tailor care to meet patients' social, cultural and linguistic needs.	S63 Statement on culturally competent care and cultural safety in emergency medicine, v2 March 2015
Cultural safety (Australia)	ACEM Supports the Australian Health Practitioners Regulation Agency (Ahpra) definition of cultural safety: "Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Cultural safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviour and power differentials in delivering safe, accessible, and responsive healthcare free of racism."	S52 Health equity for Aboriginal and Torres Strait Islander Peoples, v4 March 2024
Cultural safety (Aotearoa New Zealand)	Culturally safe care involves: • Doctors examining the potential impact of their own culture on clinical practices, interactions and service delivery • Commitment from individual doctors to acknowledge and address their own biases, attitudes, assumption, stereotypes, prejudices, structures and characteristics that may affect the quality of care provides • Awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities • Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and	S913 Health equity for Māori, v1 March 2024

	working environment. Doctors in Aotearoa New Zealand are required to meet cultural safety standards outlined in the Medical Council of New Zealand's Standards on Cultural Safety.	
Deeper sedation	Deeper sedation is characterised by depression of consciousness that can readily progress to the point where consciousness is lost, and patients respond only to painful stimulation. It is associated with the loss of the ability to maintain a patent airway, inadequate spontaneous ventilation and/or impaired cardiovascular function, and has similar risks to general anaesthesia, requiring an equivalent level of care.	G637 Guideline for safe care for patients sedated in health care facilities for acute behavioural disturbance, Sept 2019
Department of Emergency Medicine	A Department of Emergency Medicine is the pyramidal structure for medical staff within a hospital that is responsible for the provision of medical care, management, teaching, and research in emergency medicine.	
Departure	Departure from the ED refers to the transfer of responsibility and accountability for a patient's care upon leaving the ED. A patient may be admitted to an inpatient ward, transferred to another facility, or discharged back into the community. Prior to departure for the ED, but after admission has occurred and while the patient waits transfer to an inpatient bed, there will be a period of shared responsibility for ongoing care of the patient between the ED and the inpatient team.	P18 Responsibility for care in emergency departments, v5 March 2024
Departure time	Departure time refers to the time the patient leaves the ED, representing the end of the episode of emergency treatment. This includes those who are discharged home, transferred to another hospital, die in the ED, are transferred to another part of the hospital for definitive care, or are admitted to a ward, including an observation ward adjacent to the ED. A patient may be waiting for transportation and not have physically left the building but still requiring care or oversight from clinical staff. It does not include patients sent to another area for treatment when return to the ED is expected, nor does it include patients statistically admitted to beds within the ED but still receiving care from the same staff. Accuracy to within the nearest minute is appropriate.	
Direct supervision	Direct supervision is when the supervising clinician is in the same physical location and is immediately available to provide advice and support to a non-medical practitioner and, if required, an immediate review of a patient. Given the acuity and complexity of patients presenting to EDs, this level of supervision is the most appropriate for non-medical practitioners in the ED environment.	P67 Non-medical practitioners working in emergency departments, V4 August 2025

Director of Emergency Medicine	The Director of Emergency Medicine (DEM) has overall clinical and administrative responsibility for all patients in the ED. All staff in the department are responsible to the DEM on operational and clinical matters. This does not preclude matters of policy and ethical responsibility which multidisciplinary team members have to others in the hospital.	P18 Responsibility for care in emergency departments, v5 March 2024 P67 Non-medical practitioners working in emergency departments, V4 August 2025
Disaster	A disaster is any event or series of events causing a serious disruption of a community's infrastructure and is often associated with widespread human, material, economic, or environmental loss and impact, the extent of which exceeds the ability of the affected community to mitigate using existing resources.	P33 Emergency department preparedness and response, v3 April 2025
Disaster health	Disaster health is the collaborative application of various health disciplines to the prevention, preparedness, response and recovery from the health problems arising from disasters.	P33 Emergency department preparedness and response, v3 April 2025
Droplet	Bacteria or viruses travel on relatively larger respiratory droplets, secreted from an infectious person's sneezes, coughs, or exhales. These droplets can travel up to 2.4 metres.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Early career doctors / medical officers	Early career doctors are doctors in the early phase of their career (usually PGY2-3) who work under supervision of more experienced medical practitioners. They usually rotate between clinical services, including EDs. Job titles vary across health services and include Junior Medical Officer (JMO), Resident Medical Officer (RMO), Senior Medical Resident Officer (SRMO) and Hospital Medical Officer (HMO).	G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024 P53 Supervision of early career doctors in the emergency department, v4 Nov 2024
ED length of stay	The ED length of stay is the time difference between the arrival time and departure time. A recording with accuracy to within the nearest minute is appropriate.	
Emergency	An emergency is a sudden and usually unforeseen event that calls for immediate measures to mitigate impact.	P33 Emergency department preparedness and response, v3 April 2025
Emergency care workforce	The emergency care workforce includes doctors, nurses, and other health professionals involved in the provision of emergency care.	
Emergency department	An Emergency department (ED) is a dedicated hospital-based facility specifically designed and staffed to provide 24-hour emergency care. An ED cannot operate in isolation and must be part of an integrated health delivery system within a hospital both operationally and structurally. The minimum standards for the different levels of the ED are defined in S12 Statement on the Role Delineation of EDs and Other Hospital-based Emergency Care Services.	P18 Responsibility for care in emergency departments, v5 March 2024

Emergency department overcrowding	Emergency department overcrowding refers to the situation where ED function is impeded because the number of patients exceeds either the physical and/or staffing capacity of the ED, whether they are waiting to be seen, undergoing assessment and treatment, or waiting for departure.	S57 Emergency department overcrowding, v5 March 2021 S127 Access Block, v5 Oct 2022
Emergency management	Emergency management is the organisation and management of resources and responsibilities for addressing all aspects of emergencies, in particulate preparedness, response and initial recovery steps.	P33 Emergency department preparedness and response, v3 April 2025
Emergency medicine	Emergency medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis, and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. Emergency medicine is recognised as a principal speciality. The speciality further encompasses pre-hospital and in-hospital emergency medical systems.	P18 Responsibility for care in emergency departments, v5 March 2024 P56 Public Health, v5 March 2021 S731 Consent for research, v1 July 2020 S961 Statement on later career FACEMs, v1 August 2025
Emergency Medicine Networks	An Emergency Medicine Network is comprised of a Level 1 (large, multifunctional tertiary or major referral) hospital or Level 2 (major regional, metropolitan, or urban) hospital providing outreach services to non-specialist providers of emergency care in smaller emergency care facilities.	
Emergency medicine trainee	An emergency medicine trainee is an individual enrolled in an ACEM training program and undertaking College requirements for the purpose of attaining eligibility for election to Fellowship of the College. Also known as an ACEM trainee.	Board decision definition, May 2024 G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024
Emergency Medicine Training Network	An Emergency Medicine Training Network is defined as a group of hospitals that have formally agreed to a coordinated education and training program for emergency medicine trainees. Each hospital within the network must individually satisfy the mandatory criteria for accreditation.	
Emergency physician / FACEM	An emergency physician is a registered medical practitioner trained and qualified in the specialty of emergency medicine (EM). The recognised qualification of an emergency physician in Australia and Aotearoa New Zealand is the Fellowship of the Australasian College for Emergency Medicine (FACEM). Emergency physician is the preferred term to describe a registered medical practitioner trained and qualified in the specialty of EM. Other acceptable terms include emergency medicine (or EM) specialist, emergency medicine (or EM) consultant, or FACEM. Emergency physician and emergency specialist are titles protected by law	G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024 P18 Responsibility for care in emergency departments, v5 March 2024 S961 Statement on later career FACEMs, v1 August 2025

	in Australia and Aotearoa New Zealand.	
End of life	End of life (EOL) refers to the stage when a patient is living with and significantly impaired by a terminal illness or a progressive chronic condition. This stage includes people where any of the following apply: • Death is imminent (expected within hours or days). • Advanced, progressive, incurable conditions. • Advanced frailty and co-existing conditions that mean that they are expected to die within 12 months. • Existing conditions, if they are at risk of dying from a sudden acute crisis in their condition. • Life-threatening acute conditions caused by sudden catastrophic events.	P455 End of life and palliative care in the emergency department, v3 August 2025
End of life care	End of life care includes physical, spiritual and psychological assessment and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the patient's body after their death.	P455 End of life and palliative care in the emergency department, v3 August 2025 ACEM Taxonomy of Emergency Medicine
Epidemic	An epidemic is an increase, often sudden, in the number of cases of a disease above the expected level.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Equality	Equality enables each individual or group of people to access and enjoy the same rewards, resources and opportunities.	
Equity	Equity is the fair treatment of each individual or group of people in the distribution of benefits and responsibilities. Achieving this fairness can involve ensuring that strategies and measures are available to compensate for the historical and social disadvantage that prevent people from otherwise operating on a level playing field. Equity leads to equality.	
Extended role nursing and allied health practitioners	A health practitioner with an extended role is one who receives additional training to undertake clinical tasks traditionally associated with another profession. In an ED setting, this may include investigation ordering, investigation interpretation, diagnosis, procedures, prescribing and patient discharge. Extended role nursing and allied health practitioners mainly include, but are not limited to, the following professions: nurse consultant, nurse practitioner, clinical nurse specialist, physiotherapist, and psychologist.	P67 Extended role of nursing and allied health practitioners working in emergency departments, v3 Nov 2022
Existential distress	A form of suffering that may be experienced at any stage of life but is often experienced by those approaching end of life. This may be characterised by feelings of hopelessness, loss of purpose or dignity, being a burden, or a desire for	P455 End of life and palliative care in the emergency department, v3 August 2025

	death. It relates to deeper questions about meaning, identity, and one's place in the world, significantly affecting emotional and psychological wellbeing during serious illness or impending death.	
FACEM / emergency physician	A FACEM is a registered medical practitioner trained and qualified in the specialty of emergency medicine (EM). The recognised qualification of an emergency physician in Australia and Aotearoa New Zealand is the Fellowship of the Australasian College for Emergency Medicine (FACEM). Emergency physician is the preferred term to describe a registered medical practitioner trained and qualified in the specialty of EM. Other acceptable terms include emergency physician, emergency medicine (or EM) specialist, or emergency medicine (or EM) consultant. Emergency physician and emergency specialist are titles protected by law in Australia and Aotearoa New Zealand.	G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024
Family and domestic violence and abuse	There is no definition of 'family violence' or 'domestic violence' that is consistent across all jurisdictions. These terms are used interchangeably across the relevant laws in Aotearoa New Zealand and Australian states and territories. The combined term 'family and domestic violence and abuse' (FDVA) refers to violence and abuse that occurs between people who have any family or domestic relationship. The term 'abuse' encompasses any form of coercion or control and extends the definition beyond physical and sexual violence. Exposure to family and domestic violence may put a child at risk.	P35 Child at Risk, v4 Nov 2024
Family and domestic violence and abuse	ACEM uses the combined term 'family and domestic violence and abuse' (FDVA) to refer to violence and abuse that occurs between people who have any family or domestic relationship. This includes physical, sexual, emotional or psychological abuse, which includes a range of controlling behaviours, such as the use of verbal threats, enforced isolation from family and friends, restrictions on finances and public or private humiliation. Family violence is the preferred term for family and domestic violence within Aboriginal and Torres Strait Islander communities due to its broader application that encompasses family, kinship networks and community relationships in which violence occurs.	P39 Identifying and responding to family and domestic violence and abuse in ED, v5 August 2025
Frailty	Frailty is a condition or syndrome that results from a multi-system reduction in reserve capacity to the extent that a number of physiological systems are close to, or past, the threshold of symptomatic clinical failure. As a consequence,	P51 Care of older persons in the emergency department, v6 April 2021 P455 End of life and palliative

	the frail person is at increased risk of disability and death from minor external stresses.	care in the emergency department, v3 August 2025
Gender	Gender is a system of cultural categories (identities, presentations, systems) that organise 'masculinity' and 'femininity' and can include women, men, trans, Hijra, sistergirl and many, many more across the globe.	Inclusion Committee definition S738 Gender equity, v1 May 2020
Gender bias	Gender bias is a preference or prejudice towards one gender over another. It encompasses actions and/or thoughts based on the perception that people are not equal in rights and dignity based on their gender. Gender bias is often unconscious or implicit and reflects associations acquired as we socialise into our respective cultures.	S738 Gender equity, v1 May 2020
Gender diverse	Gender diverse refers to the range of genders expressed in different ways. Gender diverse people may use terms to describe themselves including agender (having no gender), bigender (both a woman and a man) or as non-binary (neither woman nor man). A transgender person is someone whose gender does not exclusively align with the one they were assigned at birth and can also be used as an umbrella term for anyone whose gender characteristics differ from societal expectations.	S738 Gender equity, v1 May 2020
Gender discrimination	Gender and/or sex discrimination is when an individual is treated less favourably than an individual of the other sex or gender would be treated in the same or similar circumstances.	S738 Gender equity, v1 May 2020
Gender equality	Gender equality enables individuals to access and enjoy the same rewards, resources and opportunities regardless of gender.	S738 Gender equity, v1 May 2020
Gender equity	Gender equity is the fair treatment of people of any gender in the distribution of benefits and responsibilities. Achieving this fairness can involve ensuring that strategies and measures are available to compensate for the historical and social disadvantage that prevent people from otherwise operating on a level playing field. Gender equity leads to gender equality.	S738 Gender equity, v1 May 2020
General anaesthesia	General anaesthesia is a drug-induced state characterised by absence of purposeful response to any stimulus, loss of protective airway reflexes, depression of respiration and disturbance of cardiovascular reflexes. General anaesthesia is sometimes indicated during diagnostic or interventional medical or surgical procedures and requires the exclusive attention of an anaesthetist, or other trained and credentialed medical practitioner within their scope of practice.	G637 Guideline for safe care for patients sedated in health care facilities for acute behavioural disturbance, Sept 2019 PS09 Guidelines on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures, 2014

Global emergency care	Global emergency care (GEC) integrates emergency care within the field of global health incorporating clinical service provision, capacity building and health systems strengthening for time-sensitive healthcare. It includes development activities as well as aspects of disaster health, humanitarian assistance and surge response.	ACEM website ACEM Taxonomy of Emergency Medicine, v1 2020
Guideline	A guideline specifies recommendations regarding best practice courses of action in relation to particular emergency medicine issue or related subject matter. A guideline is non-mandatory, may be clinical or non-clinical, and relates to emergency medicine matters which ACEM has a professional interest or specialised knowledge. A guideline is based on the best available evidence and knowledge. An ACEM guideline may include recommended procedures.	SOP273 Development and review of CAPP standards, v2 April 2020
Harm	Harm means any detrimental effects on a person's physical, psychological, or emotional wellbeing. Harm may be caused by financial abuse, neglect and/or sexual abuse or exploitation whether intended or unintended.	P35 Child at Risk, v4 Nov 2024
Hazard	A hazard is a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.	P33 Emergency department preparedness and response, v3 April 2025
High acuity low occurrence medicine	Many EDs across Australia and Aotearoa New Zealand have developed models of care that allocate EPs to focus on one particular part of the spectrum of patient care for a particular shift. For the purpose of this statement, particular note is made of the high intensity, fast paced, complex resuscitation and emergent care (including decision making and procedures) that is required for higher acuity patients presenting to an ED. This type of clinical emergency medicine practice is increasingly being referred to in EM curricular as 'high acuity low occurrence' (HALO).	S961 Statement on later career FACEMs, v1 August 2025
Hospital access targets	Hospital access targets (HAT) are time-based measures focused on the length of time patients spend within the ED.	
Hospital Bypass	Hospital bypass, also known as ambulance diversion or load leveling, is the practice of redirecting an ambulance to another hospital because the closest or most appropriate hospital has exceeded capacity.	S347 Ambulance ramping and diversion, v3 Nov 2022
Hospital emergency codes	As part of the hospital system, many EDs in Australia and Aotearoa New Zealand utilise a recognised set of color codes to organisationally prepare, plan, respond and recover from internal	P32 Violence in emergency departments, v5 Aug 2024

	and external emergencies. While codes are based on standardised information to provide minimum standards for practice, they can differ across jurisdictions and health services. The Australian Standard 4083 (AS 4083-2010) deals specifically with emergencies usually attended by staff in health care facilities and specifies emergency response colour codes. Generally, Code Black denotes a hospital-wide coordinated clinical and internal security response to a serious threat to personal safety. Some Australian jurisdictions use Code Grey to distinguish between a violent emergency and an armed threat (Code Black).	
Informed consent	Informed consent is a person's or group's agreement, based on adequate knowledge and understanding of relevant material, to a treatment plan or to participate in research.	S731 Consent for research, v1 July 2020
Indirect supervision	Indirect supervision is when a supervising clinician is available to provide advice to a non-medical practitioner but may not be in the same physical location. If required, the supervisor must be able to provide an in-person review of a patient within a reasonable timeframe. This level of supervision for non-medical practitioners is not ideal in the ED setting, however in some case, may be a pragmatic solution (for example, telehealth supervision in small, remote centres).	P67 Non-medical practitioners working in emergency departments, V4 August 2025
Inpatient bed request time	Inpatient bed request time refers to the time when a formal request is made to obtain an inpatient bed for a patient requiring admission to hospital. This time may be prior to a patient's arrival at the ED, or at any time when the need for an inpatient bed has been identified by the responsible clinician. Different hospital systems collect this time in different ways.	
Intern	An intern is a doctor in their first year of clinical practice who has provisional medical registration and must always work under direct supervision from more experienced medical practitioners. In EDs, they are considered supernumerary for staffing purposes. They are called House Officers in some health services.	G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024 P53 Supervision of early career doctors in the emergency department, v4 Nov 2024
Interpersonal violence	Interpersonal violence is the intentional use of physical force, or sexual, physical, family and domestic violence and abuse against another person. Interpersonal violence may be threatened or actual and include emotional, economic and social abuse.	P37 Forensic testing and examination in emergency departments, v3 Dec 2024
Interprofessional team	An interprofessional team consists of healthcare practitioners from different professions working collaboratively to provide patient-centred care.	P67 Non-medical practitioners working in emergency departments, V4 August 2025
Intersectionality	Intersectionality refers to the interconnected nature of social categorisations such as race, class, gender identity, sexual identity as they apply to an individual or group. Intersectionality is regarded as creating	

	overlapping and interdependent systems of discrimination/privilege and disadvantage /advantage.	
Interviewability (see also accessibility)	The terms accessibility and/or interviewability may be used to denote that a patient is fit and ready for assessment and interview. This determination is made by the interviewing clinician.	P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022
Intimate partner violence	Intimate partner violence (IPV) refers to abusive behaviours within an intimate relationship that cause psychological, physical, sexual and financial harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.	P39 Identifying and responding to family and domestic violence and abuse in ED, v5 August 2025
Justice	Justice is the regard for the human sameness shared by all human beings, expressed in a concern for fairness or equity.	S731 Consent for research, v1 July 2020
Later career emergency physician	The age at which this transition begins is unique to each person. However the consensus among FACEMs is that an emergency physician over the age of 55 years who is still actively engaged in emergency medicine is classified as a Later Careers Emergency Physician (LCEP).	S961 Statement on later career FACEMs, v1 August 2025
Load levelling	Load levelling, also known as ambulance diversion or hospital bypass, is the practice of redirecting an ambulance to another hospital because the closest or most appropriate hospital has exceeded capacity.	S347 Ambulance ramping and diversion, v3 Nov 2022
Mass casualty incident	A mass casualty incident is an event, typically occurring with little or no warning, that generates a demand for medical care that exceeds the capacity of the receiving health service or system to provide conventional standards of care to the affected population. Examples include a plane crash or bus crash.	P33 Emergency department preparedness and response, v3 April 2025
Medical assessment (for patients presenting for mental health care)	The term completed medical assessment indicates the point in time that a patient has been assessed as not having an acute medical need that requires an emergency intervention and that they are appropriate for admission and transfer to psychiatric services, if required, or safe for discharge. The term 'medical clearance' should not be used.	P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022
Medicare Urgent Care Centres	Medicare Urgent Care Centres (MUCCs) are a network of federally funded health services in Australia. The services are based out of GP clinics or community health centres and provide bulk-billed service. An Urgent Care Centre provides a broad range of services and typically seek to treat patients who require urgent attention for conditions that are low-acuity, not life threatening, nor are likely to lead to severe morbidity. They are usually conceived to be a step between primary care	S880 Impact of Urgent Care Centres on Emergency departments in Australia, v1 July 2023

	(typically general practice) and hospital-based ED.	
Mental and behavioural disorders	Mental and behavioural disorders is a term used by the World Health Organization (WHO) in its classification system to describe the clinical features of a wide range of groups of psychiatric conditions measured using International Classification of Diseases and Related Health Problems (ICD-10) criteria. Mental and behavioural disorders are classified in the ICD-10 codes F01 to F79.	P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022
Mob	A mob is a term used to connect and identify who an Aboriginal person is and where they are from (place or country). It can represent a family group, clan group or wider Aboriginal community group.	
Neglect of a child	Neglect means the failure by a parent or caregiver to provide a child (where they are in a position to do so) with the conditions that are culturally essential for their physical and emotional development and wellbeing.	P35 Child at Risk, v4 Nov 2024
Negligible risk	In a research context negligible risk is research in which there is no foreseeable risk of harm or discomfort, and any foreseeable risk is of inconvenience only.	S731 Consent for research, v1 July 2020
Non-beneficial treatment	Non-beneficial treatment are interventions that will not be effective in treating a patient's medical condition or improving their quality of life. Non-beneficial treatments may include interventions such as diagnostic tests, medications, artificial hydration and nutrition, intensive care, and medical or surgical procedures. Non-beneficial treatment is sometimes referred to as futile treatment, but this is not the preferred term.	P455 End of life and palliative care in the emergency department, v3 August 2025
Non-specialist medical practitioners	Non-specialist medical practitioners who do not have specialist qualifications, and who do not intend to undertake specialist training, are important members of the ED workforce. Job titles vary across health services and include Career Medical Officer (CMO) and Medical Officer of Specialist Standard (MOSS). They have a broad range of expertise in emergency medicine. Doctors working in registrar-level positions that are not accredited by ACEM or other medical colleges for specialist training also contribute to the ED workforce.	G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024
Off loading	Ambulance off loading refers to an agreed process between ambulance services and ED staff which includes the transfer of the care of patients from the ambulance stretcher into an appropriate area within the ED..	S347 Ambulance ramping and diversion, v3 Nov 2022
Off-stretcher delays	Off-stretcher delays occur when paramedics are unable to complete transfer of clinical care of their patient to the hospital ED within a clinically appropriate timeframe, specifically due to lack of an appropriate, staffed clinical space in the hospital or the ED. This is a direct consequence of access block.	S347 Ambulance ramping and diversion, v3 Nov 2022 S57 Emergency department overcrowding, v5 March 2021

	In some jurisdictions, patients remain within the ambulance, whereas in others, the patient remains on a stretcher within the ambulance arrival area inside the ED.	
Other specialist medical practitioners	Other specialist medical practitioners including General Practitioners (GPs), Rural Generalists, Rural Hospitalists and Urgent Care Specialists are important members of the ED workforce, especially in regional, rural and remote locations. They often hold high-level clinical and management roles in smaller EDs. Other medical specialists might also work in EDs when their specific expertise is required, depending on locally implemented interdisciplinary models of care.	G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024
Paediatric emergency medicine (PEM)	Paediatric Emergency Medicine (PEM) is concerned with the short-term and emergency treatment of children.	P11 Hospital emergency department services for children and young people v3 April 2025
Paediatric emergency physician	A paediatric emergency physician is a medical practitioner trained and qualified under the sub-specialty of paediatric emergency medicine (PEM). Recognised qualifications of a paediatric emergency physician in Australia and Aotearoa New Zealand who is a Fellow of the Australian College of Emergency Medicine (FACEM) or the Royal Australian College of Physicians (FRACP).	G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024 P11 Hospital emergency department services for children and young people v3 April 2025
Pandemic illnesses	A pandemic illness is the global outbreak of an infectious disease, with viral respiratory disease like coronavirus COVID-9 and influenza being the most likely to turn into a pandemic.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Palliative care	Palliative care is an approach that improves the quality of life of patients and their families/whānau at end of life. It seeks to prevent suffering through the early identification, correct assessment and treatment of distressing symptoms, other issues, whether physical, psychological or spiritual.	P455 End of life and palliative care in the emergency department, v3 August 2025
Parent/guardian	Parent/guardian means the person that holds legal responsibility for a child or young person. ACEM acknowledges that caregivers, whānau, and extended family members who do not hold the legal responsibility for a child may accompany a child or young person to the ED.	P35 Child at Risk, v4 Nov 2024
Patient	A patient refers to all people seeking treatment.	P33 Emergency department preparedness and response, v3 April 2025
Patient care time	Patient care time is the difference between the time of medical assessment and treatment and the departure time. It represents the time for which the patient receives clinical care from ED staff. A recording with accuracy to within the nearest minute is appropriate.	
Patient transfer	Patient transfer refers to the transition of care of	P36 Clinical handover in the

	a patient from one area of a health facility to another area within that facility, or from and between health care facilities. For example, from an ED to an inpatient bed within the same hospital, or from an ED to an inpatient bed in another hospital.	emergency department, v4 Aug 2024
Perpetrator	A perpetrator refers to an individual who used behaviour that meets common definitions of family violence, domestic violence and/or sexual violence.	P39 Identifying and responding to family and domestic violence and abuse in ED, v5 August 2025
Personal Protection Equipment (PPE)	Personal Protection Equipment is the general term given to equipment that protects the wearer from an infection or injury. Examples of PPE in the ED include gloves, face masks, impervious gowns, and powdered air purifying respirator (PAPR) devices.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Physical abuse P35 definition Nov 2024	Physical abuse means the use of physical force against another person that results in harm to the person.	P35 Child at Risk, v4 Nov 2024
Policy	A policy is a high-level document outlining a direction that ACEM is committed to pursuing, with respect to a key emergency medicine issue and/or the practice of emergency medicine. A policy describes the expected overall effect or outcome of the policy, identifies any controls that should be put in place to deal with the policy issue, and outlines the appropriate use of the related standards (and occasionally guidelines). Policies hold the highest level of authority among standards. Compliance with policy is expected and required.	SOP273 Development and review of CAPP standards, v2 April 2020
Position Statement	A position statement is a communication that sets out the opinion of ACEM on a particular issue that has some effect on emergency medicine. ACEM may not be the primary subject matter expert on the issue or have jurisdiction relating to the issue. However, ACEM may have a professional interest or be concerned regarding the impact of the matter on its members and/or the community. A position statement is a long-term document, developed in a reactive or proactive manner and updated as required. Position statements are distinct from media releases, that are typically reactive documents in response to an immediate issue.	SOP273 Development and review of CAPP standards, v2 April 2020
Practice of medicine	The Australian Health Practitioner Regulation Agency (AHPRA) defines the practice of medicine as: Any role in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship	S961 Statement on later career FACEMs, v1 August 2025

	with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.² The Medical Council of New Zealand defines the practice of medicine as: Assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree (or equivalent). Prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners or designated prescribers. Signing any medical certificate required for statutory purposes, such as death and cremation certificates, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand.	
Psychological safety	Psychological safety refers to feeling able to speak up with ideas, questions, concerns, or mistakes without fear of being punished, humiliated, or sustaining negative consequences to one's self-image, status or career.	G832 Guidelines on case review meetings, v1 Nov 2022
Public access defibrillation (PAD)	Public access defibrillation (PAD) involves a bystander, trained first responder (e.g. firefighters, police officers) or recruited trained volunteer initiating cardiopulmonary resuscitation (CPR) and external defibrillation via an automated external defibrillator (AED) before arrival of emergency medical services (EMS).	P40 Early access to defibrillation for cardiac arrest, v3 July 2020
Public Health	Public health is the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society (WHO).	P56 Public Health, v5 March 2021 ACEM Taxonomy of Emergency Medicine
Ready for departure time	Ready for departure time is the time when, in the opinion of the treating doctor, no further emergency medicine care is necessary. This time is significantly more subjective than arrival time or departure time but may be useful in a single hospital setting for comparative purposes.	
Referral	Referral occurs when an emergency physician consults another non-EM specialty service for either an opinion on patient management or asks the non-EM clinician to take over a patient's clinical management, on an inpatient ward (as an admission) or as an outpatient. When required, referral of ED patients will occur as soon as possible. The reason for referral will be communicated to the consulting service, including whether admission to hospital is required, and the	P18 Responsibility for care in emergency departments, v5 March 2024

² Australian Health Practitioner Regulation Agency [internet]. Glossary. Melbourne Victoria: 2019.

	outcome of this referral will be documented in the medical record, including the time of referral and to whom the referral was made.	
Regional, rural and remote	Rural and remote EM practice recognises that context, especially the reduced local availability of physical and human resources, mandates important adaptations in practice. Care is provided by smaller teams and in tight-knit communities. Distance to specialist centres and reduced inpatient services increase the time that emergency physicians at smaller hospitals are responsible for complex patients. There are also specific epidemiologic factors and environmental hazards that are associated with rural settings. There are multiple classification systems for defining hospitals and emergency departments by remoteness, both within ACEM and as used by Australian and Aotearoa New Zealand governments. <i>Australian Government Classifications</i> - For programs funded under the Commonwealth Government's Specialist Training Program, the Australian Statistical Geography Standard – Remoteness Area (ASGS-RA) is used to determine rurality. - The Modified Monash Model (MMM) categorises metropolitan, regional, rural, and remote areas according to both geographical remoteness and town size and was developed to recognise the challenges in attracting health workers to more remote and smaller communities. The Modified Monash Model uses the ASGS-RA as a base and further differentiates areas in Inner and Outer Regional Australia based on local town size. <i>Aotearoa New Zealand Government Classifications</i> - In New Zealand, classification of rural and regional areas is based on population size. <i>Application of Regional, Rural and Remote Classifications within ACEM</i> - As a minimum requirement, a hospital must meet one of the delineation levels specified in the ACEM Statement on Delineation of Emergency Departments (S12) in order to be considered for accreditation. For the purposes of accreditation, ACEM utilizes three levels for classifying an emergency department: Major referral; Urban district; and Rural/regional base.	ACEM Taxonomy of Emergency Medicine
Research	Research includes, at least, investigation undertaken to gain knowledge and understanding, or to train researchers.	S731 Consent for research, v1 July 2020 ACEM Taxonomy of Emergency Medicine, v1 2020
Restrictive practices	Restrictive practices are by their very nature involuntary. The involuntary treatment of patients can involve complex medical and ethical decision-making and has a different legal framework across jurisdictions. Restrictive practices can include:	S817 Statement on the use of restrictive practices in emergency departments, v1 March 2022

	a) Restraint: the restriction of an individual's movement both physical/manual (hands-on immobilisation techniques) or mechanical (using devices such as belt or straps). Restraint may also involve the use of medication when administered to a person without their explicit, free, informed consent with the purpose of reducing the movement of a patient or activity that is otherwise preventing their safe care. The choice of agent may also have a role in providing treatment for the distressing symptoms of the underlying illness. b) Seclusion: the involuntary confinement of a patient at any time alone in an enclosed environment which free exit is prevented. The term clinical restraint refers to the administration of medication for the primary aim of controlling behaviour, rather than providing safe care. Chemical restraint should not be occurring in the ED. The use of medication to allow safe assessment and treatment of the patient in the ED is not considered chemical restraint.	
Scope creep	Scope creep refers to the gradual expansion of roles and responsibilities beyond originally defined boundaries.	
Self-harm	Self-harm includes self-injury (an intentional act to cause self-harm without intending death), suicide attempt and self-poisoning or self-injury, irrespective of the apparent purpose of the act. Self-harm is classified in the ICD-10 codes X60 to X84.	P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022
Sex	Sex refers to chromosomal, genetic, hormonal and cellular traits leading to bodies that present as male, female or intersex.	Inclusion Committee definition
Sexuality	Sexuality is the complex sexual, emotional and/or physical feelings, attractions, thoughts and/or behaviours people have towards others.	Inclusion Committee definition
Shared care	Shared care within the ED refers to the joint responsibility for clinical care of a patient by EM and one (or more) other specialty services/s. Most often, shared care will occur in circumstances where: • a patient has been admitted and is awaiting transfer to an inpatient bed; • the ED is providing acute medical management of patients who present with behavioural health concerns simultaneously with an acute medical condition; • a patient is waiting for retrieval or inter-hospital transfer, and consultation has occurred or is ongoing with a specialty service at the accepting hospital, or state-	P18 Responsibility for care in emergency departments, v5 March 2024

	based critical care, trauma, burns, spinal, toxicology or other quaternary services; or • a patient has been referred to the ED in lieu of any other available space for an urgent clinical review by their clinical service who will also undertake clinical management in the ED.	
Short stay unit	An ED short stay unit (SSU) is designed and designated for the short-term treatment, observation, assessment, and reassessment of patients following triage and assessment in the ED. SSUs have specific admission and discharge criteria and policies. They are physically separated areas from the ED acute assessment area and are designed for lengths of stay of up to 24 hours. A SSU should provide a 24-hour seven days per week service to provide a consistent standard of patient care.	G554 Guidelines on emergency department short stay units, v2 March 2024
Social determinants of health	Social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.	P35 Child at Risk, v4 Nov 2024
Standard precautions	Standard precautions are work practices required to achieve a basic level of infection prevention and control, which should be performed universally for all patients, regardless of perceived infectious status. Such practices include hand hygiene, use of PPE, safe disposal of sharps, aseptic 'non-touch' techniques for invasive procedures, appropriate reprocessing of reusable instruments/equipment, environmental cleaning, waste management, respiratory hygiene and cough etiquette, and the appropriate handling of linen.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Substitute decision maker	A substitute decision maker is a person appointed or identified by law (in some but not all jurisdictions) to make substitute decisions on behalf of a person whose decision-making capacity is impaired. Substitute decision makers have legal authority to make decisions; however the relevant legislation varied between jurisdictions (countries, states and territories). An Advanced Care Directive or an Advance Directive can appoint a substitute decision maker, and more than one substitute decision maker may be appointed.	P51 Care of older persons in the emergency department, v6 April 2021 P455 End of life and palliative care in the emergency department, v3 August 2025
Sudden onset disaster	A sudden onset disaster is defined as occurring with little or no warning, meaning there is insufficient time for the complete evacuation of the at-risk population. Examples of these include flood, cyclones, earthquakes.	P33 Emergency department preparedness and response, v3 April 2025
Supervising clinician	A supervising clinician is a qualified senior medical practitioner who is responsible for supervising a non-medical practitioner. This clinician retains clinical and professional	P67 Non-medical practitioners working in emergency departments, V4 August 2025

	responsibility for patients treated under their care. A SC must: • be a fully qualified, registered medical practitioner • be a senior emergency medicine practitioner (Intermediate and above expertise level as outlined in ACEM G23 Guidelines), preferably a FACEM.	
Supports decision making	An approach where individuals are assisted and empowered to contribute to their own healthcare decisions. It recognises each person's right to express their preferences, exercise autonomy, and actively contribute to decisions affecting their medical care, ensuring that appropriate support is provided to help them understand options and outcomes relevant to their emergency care.	P455 End of life and palliative care in the emergency department, v3 August 2025
Surge capacity	Surge capacity is the measurable ability of a health system to manage a sudden influx in the number of patients. There are four main components: space, supplies, staff and systems. Surge capacity includes both the adaptive use or augmentation of existing resources and the creation of additional capacity.	P33 Emergency department preparedness and response, v2 Oct 2020
Tele-coordination	Tele-coordination refers to clinician to clinician support through a digital platform or communication technology.	S843 Telehealth in emergency medicine, v1 May 2022
Telehealth	Telehealth is the use of digital information or communication technology to deliver health or medical care when the provider and receiver are not in the same physical location. Telehealth includes store and forward technologies (such as tele-radiology), mHealth (using mobile communication devices) and telemedicine (the practice of medicine using technology where the patient and clinician are at a different site). Common uses for telehealth in emergency medicine are video-based support for rural and remote emergency departments, communication with family and whanau (extended family), and networks for collegial support and education.	S843 Telehealth in emergency medicine, v1 May 2022 ACEM Taxonomy of Emergency Medicine
Telemedicine	Telemedicine refers to the practice of medicine via a telehealth platform.	S843 Telehealth in emergency medicine, v1 May 2022 ACEM Taxonomy of Emergency Medicine
Terrorism	There is no universally accepted definition of terrorism. The Australian Government defines an act of terror as 'an act or threat to commit an act, that is done with the intent to coerce or influence the public or government by intimidation to advance a political, religious, or ideological cause', and the act causes: • death or serious harm or endangers life • serious damage to property • a serious risk to health or safety of the public, or	P33 Emergency department preparedness and response, v3 April 2025

	seriously interferes with, disrupts or destroys critical infrastructure such as telecommunications or electrical networks. Perpetrators of terrorism are non-state actors and targets are innocent civilians or government institutions. Violence extremism is terrorism motivated by ideological beliefs.	
Time of medical assessment and treatment	Although important assessment and treatment may occur during the triage process, the time of medical assessment and treatment presents the start of care for which the patient is presented. - Commonly, it is the time of first contact between the patient and the doctor initially responsible for their care. This is often recorded as 'time seen by doctor'. - Where the patient in the ED has contact exclusively with nursing staff acting under the clinical supervision of a doctor, it is the time of first nursing contact. This is often recorded as 'time seen by nurse'. - Where the patient is treated according to a documented, problem-specific clinical pathway, protocol or guideline approved by the Director of Emergency Medicine (DEM), it is the earliest time of contact between the patient and staff implementing this protocol. This is often recorded as 'time seen by nurse', 'time seen by nurse practitioner', or 'time seen by doctor'.	G24 Guidelines for the implementation of the Australian Triage Scale in emergency departments, v6 Nov 2023
Total access block time	Total access block time refers to a total ED time (or length of stay) in excess of eight hours for all patients requiring admission to hospital from the ED. This includes patients who were referred for admission but were discharged from the ED without reaching an inpatient bed, or transferred to another hospital, or who died in the ED.	CAPP approved definition, Nov 2024 S57 Emergency department overcrowding, v5 March 2021
Total ED time	The total ED time is the difference between the arrival time into ED and the departure time from the ED. This should be recorded to the nearest minute.	
Total pain	A holistic concept in palliative care encompassing physical, emotional, psychological, social, and spiritual suffering. In emergency medicine, recognising total pain involves assessing not only physical symptoms but also distress arising from emotional anguish, social isolation, or existential concerns, ensuring comprehensive care that addresses all dimensions of patient suffering during critical episodes or at end-of-life.	P455 End of life and palliative care in the emergency department, v3 August 2025
Transfer of care	Transfer of care is an agreed process between ambulance services and ED staff which includes the transfer of patients from the ambulance stretcher into an appropriate area within the ED, and the handover of clinical care from ambulance to ED personnel.	

Transmission based precautions	Transmission-based precautions are recommended as additional work practice in situations where standard precautions alone may be insufficient to prevent transmission. The precautions applied are tailored to the mode of transmission of the suspected or confirmed pathogen, e.g. contact, droplet, airborne.	G26 Reducing the spread of communicable infectious diseases, v6 July 2023
Trauma-informed care/practice	Trauma-informed practice considers trauma (broad psychological and neurobiological effects of an event, or series of events, that produces experiences of overwhelming fear, stress, helplessness, or horror) in all aspects of healthcare. It does not necessarily require health professionals to elicit disclosures of trauma; rather, it requires recognition of the lived experiences of individuals and awareness of triggers which can lead to re-traumatisation and that efforts are made to minimise re-traumatisation.	P32 Violence in emergency departments, v5 Aug 2024 P41 Access to care for patients with acute mental and behavioural conditions, v3 Dec 2022 P35 Child at risk, v4 Dec 2024 P37 Forensic testing and examination in emergency departments, v3 Dec 2024
Triage	A triage system is a standard method of rapidly determining clinical urgency of all incoming patients to assist staff to identify and prioritise those who are critically ill or injured.	G24 Guidelines for the implementation of the Australian Triage Scale in emergency departments, v6 Nov 2023 P33 Emergency department preparedness and response, v3 April 2025
Trainee	An ACEM trainee is an individual enrolled in an ACEM training program.	Board decision definition, August 2025 G23 Constructing a sustainable emergency department medical workforce, v3.2 Nov 2024
Sudden onset disaster	A sudden onset disaster is defined as occurring with little or no warning, meaning there is insufficient time for the complete evacuation of the at-risk population. Examples include floods, cyclones or earthquakes.	P33 Emergency department preparedness and response, v2 Oct 2020
Surge capacity	Surge capacity is the measurable ability of a health systems to manage a sudden influx of patients. There are four main components: space, supplies, staff and systems. Surge capacity includes both the adaptive use or augmentation of existing resources and the creation of additional capacity.	P33 Emergency department preparedness and response, v2 Oct 2020
Urgent Care Centre	An Urgent Care Centre provides a broad range of services and typically seek to treat patients who require urgent attention for conditions that are low-acuity, not life threatening, nor are likely to lead to severe morbidity. They are usually conceived to be a step between primary care (typically general practice) and hospital-based ED.	S880 Impact of Urgent Care Centres on Emergency departments in Australia, v1 July 2023
Victim-survivor	A victim-survivor refers to a person or people who have experiences family violence, domestic violence and/or sexual violence.	P39 Identifying and responding to family and domestic violence and abuse in ED, v5 August 2025

Violence	The World Health Organisation defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in, or has the likelihood to result in, injury, death, psychological harm, mal-development or deprivation. More specifically, physical violence is described as the use of physical force against another person or group that results in physical, sexual or psychological harm and includes (among others) beating, kicking, slapping, stabbing, shooting, pushing, biting and pinching. Psychological violence is described as the intentional use of power, including threat of physical force, against another person or group that can result in harm to physical, mental, spiritual, moral or social development and includes (among others) verbal abuse, bullying, harassment and threats.	P32 Violence in emergency departments, v5 August 2024
Waiting time	Waiting time is the difference between arrival time and time of initial medical assessment and treatment. A recording with accuracy to within the nearest minute is appropriate.	G24 Guidelines for the implementation of the Australian Triage Scale in emergency departments, v6 Nov 2023
Whānau	Whānau is often translated as 'family', the meaning is whānau is more complex. It includes physical, emotional, and spiritual dimensions, including relationships such as foster children (whāngai) and those who have passed on.	
Workplace violence	Safe Work Australia and WorkSafe Aotearoa defines workplace violence as an incident in which 'a person is abused, threatened or assaulted in circumstances arising out of or in the course of their work.' Workplace violence is a broad term and covers a range of actions and behaviours that create a risk to the health and safety of all workers and includes: • Biting, spitting, scratching, hitting, kicking • Punching, pushing, shoving, tripping, grabbing • Throwing objects • Verbal threats and intimidation • Psychological abuse • Gender-based and racial abuse • Sexual harassment, sexual abuse, and any form of indecent physical contact • Aggravated assault • Threatening someone with a weapon or armed robbery.	P32 Violence in emergency departments, v5 Aug 2024
Young person	The United Nations defines young people as those people between the ages of 15 and 24 years. ³	P35 Child at Risk, v4 Nov 2024

Copyright

2024. Australasian College for Emergency Medicine. All rights reserved.

³ United Nations. World Program of Action for Youth. 1995. Division for Inclusive Social Development



Australasian College for Emergency Medicine

34 Jeffcott Street
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au