



Australasian College
for Emergency Medicine

Policy on Public Health

P56 v6

Document Information

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Revision History

Version	Date	Pages revised / Brief Explanation of Revision
V1	July-2009	Approved by Council
V2	July-2012	Approved by Council
V3	May-2015	Content removed from Context section and transferred to Procedures and Actions section. Procedures and Actions section expanded to include the ways in which public health can be promoted.
V4	Sept-2019	Context section expanded. Definition of Emergency Medicine removed. Updated to reflect Public Health and Disaster Committee changes and TOR.
V5	March-2021	Significant review and expansion to reflect wide scope of public health. Procedures and Actions divided into four new sections: Clinical Practice, Training and Education, Research, and Health Advocacy.
V6	April-2026	Updated definitions; Linkages to other ACEM public health standards; Reframing focus on system not individuals; Use of more strength-based and experience-based language.

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1. Purpose and scope

This policy relates to the role of emergency departments (EDs) and ACEM Fellows and trainees in supporting public health initiatives. The policy is applicable to EDs throughout Australia and Aotearoa New Zealand.

2. Terminology

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 specialty. The specialty further encompasses pre-hospital and in-hospital emergency medical systems.

Public Health

The World Health Organization defines public health as the 'art and science of preventing disease, prolonging life and promoting health through the organised efforts of society.'

3. Policy

ACEM believes that emergency medicine has important and unique roles and responsibilities in the advancement of public health. Emergency medicine intersects with public health particularly in three key areas:

1. **Health protection:** Prevention and control of infectious disease risks and protection against chemical, biological, radiation and environmental hazards. ¹
2. **Health promotion:** Activities at an individual, community and societal scale that seek to empower individuals to increase control over, and to improve, their own health. This encompasses activities that seek to promote wellbeing as well as preventing the root causes of disease. This incorporates the social determinants of disease and a focus on addressing health inequities. ²
3. **Emergency management and disaster response:** Coordinating and responding to the health aspects of disaster events, including investigating infectious disease outbreaks and pandemics, disasters, climate change and other health emergencies.

Examples of the ways in which emergency medicine intersects with public health and can be beneficial include:

- Disease, injury and health risk surveillance and reporting; mandatory reporting of family and domestic violence (FDVA) and child abuse.
- Provision of healthcare access to all members of society without discrimination, when appropriate.
- Delivery and promotion of preventive care and interventions, for example vaccinations that are clinically indicated in the ED (see P38 Policy on immunisation in emergency departments).
- Secondary and tertiary disease screening and prevention.
- Social crisis intervention, counselling and referral.
- Health education initiatives, including brief interventions for alcohol-related presentations.
- Advocacy, development and promotion of policies to protect the health of the wider community.

¹ Madi HH, Hussain SJ. Editorial: Health protection and promotion. *Eastern Mediterranean Health Journal*. 2008;14:S150S22

² World Health Organization. *The Ottawa Charter for Health Promotion*. 1986

- Clinical and health systems research to advance population health.^{3 4}

In any healthcare system public health interventions can be a cost-effective way of improving health outcomes. It is essential that emergency physicians and trainees recognise their roles in advancing public health and are equipped and empowered to fulfill such roles.

4. Procedures and Actions

ACEM endorses an active role for EDs in strategies aimed at emphasising prevention of illness and injury and promotion of healthy lifestyles. ACEM appreciates that public health is core to the practice of emergency medicine and must be embedded as a principle in all aspects of clinical care and practice, training and education, research, advocacy, and policy development. Public health roles and actions within these areas in relation to emergency medicine are described further below.

4.1 Quality clinical care / practice

The inclusion of appropriate, evidence-based health promotion and prevention activities is standard care for all clinical encounters in the ED. EDs should have resources and procedures in place to ensure that every clinical contact is an opportunity to promote health and prevent illness and injury.

Examples include participation in the following activities:

- Screening for alcohol and other drug misuse and undertaking brief interventions where appropriate (see S43 Statement on alcohol harm and S769 Harm minimisation related to drug use).
- Screening for tobacco use and promoting smoking cessation (see S42 Statement on tobacco smoking and E-cigarettes).
- Screening for family violence and elder abuse, appropriate referral, fulfilling mandatory reporting obligations (see P39 Identifying and responding to family and domestic violence and abuse in emergency departments).
- Screening for sexually transmitted infection risk and providing advice on sexual and reproductive health.
- Supporting patients to improve their overall health and wellbeing, including diet, physical activity and lifestyle factors.
- Advocacy and advice on safe public health practices, especially during disasters, adverse environmental conditions, and disease epidemics/pandemics (see G26 Guidelines on reducing the spread of communicable infectious diseases and P59 Heatwave preparedness for emergency departments and emergency medicine systems).
- Fostering partnerships with community based and primary care services to improve collaboration in the management of priority populations, including Aboriginal and Torres Strait Islander and Māori communities, refugees and people seeking asylum (see S363 Health of people seeking asylum), people living with chronic conditions, mental health issues or addiction, and the prison population.

EDs have a vital role in promoting health equity through its function as an important safety net for individuals who face barriers to health care due to systemic inequity.

4.2 Training and education

ACEM recognises the importance of public health skill sets for emergency physicians and trainees. This is established in the ACEM Curriculum Framework⁵, predominantly under the Health Advocacy domain, but also in various competencies within the Communication, Scholarship and Teaching, and Professionalism domains.

³ Pollock DA, Lowery DW, O'Brien PM. Emergency medicine and public health: new steps in old directions. *Ann Emerg Med.* 2001;38:675-83

⁴ Rhodes KV, Gordon JA, Lowe RA. Preventative care in the emergency department, Part 1: clinical preventative services – are they related to emergency medicine? *Acad. Emerg Med.* 2007;7:1034-41

⁵ Australian College for Emergency Medicine. *Curriculum Framework.* 2022. ACEM: Melbourne

ACEM recognises that the curriculum needs to be responsive to meet public health challenges relating to emergency medicine, and will require adaptation, enhancement and/or specification of additional knowledge and competencies from time to time.

ACEM will support opportunities for emergency physicians and trainees to advance public health skills and experience, including:

- Promoting CPD activities in public health with relevance to emergency medicine.
- Facilitating opportunities for trainee rotations in Public Health Medicine, Refugee Health, Indigenous Health, Global Health, Sustainable Healthcare and Climate Advocacy, and other relevant areas for developing public health skill sets.⁶
- Engaging in partnerships to explore advanced training and credentialing opportunities in Public Health Medicine, such as dual FACEM/FAFPHM training pathways or post-FACEM Fellowships.⁷

EDs should encourage emergency physicians and trainees in gaining and applying public health skills relevant to emergency medicine. This may include:

- Incorporating public health competencies within training and assessment activities.
- Supporting research activities in related areas.
- Supporting emergency physicians and trainees in engaging in relevant public health initiatives and advocacy activities at departmental, organisational and/or community levels.

4.3 Research

ACEM recognises the importance of well-designed research conducted in Australian and Aotearoa New Zealand EDs that supports the provision of evidence-based, high-value quality care.

Such research is anticipated to:

- Increase the local evidence-base for development, application and review of public health related practices.
- Identify better ways to manage risk factors or deliver preventative care in ED.
- Identify the vast scope for further research in EDs, exploring issues of public health significance, particularly where this aligns with unmet patient and community needs and ACEM advocacy priorities.
- Facilitate assessment and evaluation of disaster response that is important for continuous quality improvement to guide future recovery, planning and preparation.

4.4 Health Advocacy and Policy

Impact of social determinants of health

ACEM promotes and encourages advocacy on local, state and national levels to produce improved public health outcomes, with a particular emphasis on the intersection between EDs and the impact of social determinants of health on emergency presentations.

The ED team should endeavour to identify areas of health-related need within its local community and engage in information sharing for the purposes of advocacy and public awareness. In seeking to address health inequity, EDs should recognise they provide care to groups who may experience specific health needs that are underserved. EDs should engage with community representatives and partner agencies to ensure they provide culturally appropriate care that is accessible, acceptable and appropriate for their community's needs.

Managing the effects of disasters

Emergency physicians are at the frontline of managing the effects of disasters, particularly those caused by climate change, such as heat illness and smoke inhalation (see S68 Statement on climate change). Actions to mitigate and prevent these disasters have direct relevance to the profession of emergency

⁶ Hsiao KH, Egerton-Warburton D, An example of public health training in emergency medicine. *Emerg Med Australas*. 2019 June;31(3):487-90

⁷ Govindasamy LS. Dual training in public health: Public Health Officer training in the NSW Ministry of Health. *Emerg Med Australas*. 2020 Feb;32(1):171

medicine. Equally, emergency physicians have a responsibility to understand how the effects of climate change impact upon the health of the members of their communities, and how these events intersect with the social determinants of health and have more profound impacts on individuals and communities with systemic barriers to accessing healthcare.

Aboriginal and Torres Strait Islander and Māori workforce

Through the Innovate Reconciliation Plan ⁸ and the Manaaki Mana Strategy ⁹, ACEM is committed to the concept of a shared national identity that values the rich diversity of our origins and the contribution that cultural identity makes to health and wellbeing. ACEM must engage and collaborate with Aboriginal and Torres Strait Islander and Māori clinicians, organisations and communities to support the Aboriginal and Torres Strait Islander and Māori ED workforce and advocate for best practice emergency care.

Importance of collaboration

ACEM will collaborate with other primary care networks, public health and emergency services organisations to ensure that a coordinated and optimal response is provided across all sectors in the event of disaster occurrence. ACEM will also assist and partner with other organisations whose purpose is the promotion of health and the prevention of illness and injury.

ACEM will maintain a Public Health and Disaster Advisory Committee that will be responsible for the development of standards relating to public health issues and liaise with public health organisations to explore opportunities for collaboration on health promotion and the prevention of illness and injury.

Related Documents

This Policy should be read in conjunction with the following ACEM public health related documents.

- [G26 Reducing the spread of communicable infectious diseases in the ED](#)
- [P33 Emergency department disaster preparation and response](#)
- [P38 Immunisation in emergency department](#)
- [P39 Identifying and responding to family and domestic violence and abuse in emergency departments](#)
- [P59 Heatwave preparedness for emergency department and emergence medicine systems](#)
- [Management of respiratory disease outbreaks](#)
- [S363 Health of people seeking asylum](#)
- [S42 Tobacco smoking and E-cigarettes](#)
- [S43 Statement on alcohol harm](#)
- [S68 Statement on climate change and health](#)
- [S769 Harm minimisation related to drug use](#)
- [S881 Health and human rights](#)
- [Impact of climate events and emergency departments](#)
- [Environmental sustainability practices in emergency departments](#)

⁸ Australasian College for Emergency Medicine. *Innovate Reconciliation Plan May 2022-April 2024*. 2022.

⁹ Australasian College for Emergency Medicine. *Te Rautaki Manaaki Mana – Manaaki Mana Strategy*. 2022.



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