WELCOME!!!

New Zealand has often been referred to as the ‘Shaky Isles’, earthquakes in the central area of the country in recent months have tended to confirm this. Those earthquakes and the responses have also highlighted the need for Business Continuity Plans (BCP) and for those plans to be practiced. I know the my former workmates in the Ministry of Health head office in Wellington, had developed theirs and were able to move operations to a structurally sound building while other premises were checked and cleared. Again confirming the need for planning and practicing.

Here in Christchurch we felt for what people in Wellington would be going through during the swaying of their many high rise buildings. We are in a litigation and regulation phase here. The former over arguments between various interest groups on the restoration or replacement of historic buildings, in particular the Christchurch Cathedral. (Lawyers are loving this activity) Building regulations and restrictions, have been subject to change, new maximum heights for buildings other than existing is 28 meters, while foundation requirements have seen piles being driven 36 meters into the ground to provide acceptable footing for a single storey shopping complex.

During the last few weeks nature has reminded us again who is in charge, with winds destroying buildings, forests and farm equipment. While there were few physical injuries there are concerns regarding the ongoing psycho-social effects on people.

Our Newsletter has carried many reports on the Christchurch situation, mainly because residing here in this post-disaster ‘living laboratory’, material is readily available. All in Christchurch are well aware that our event and consequences was not large in the context of what has happened, is happening else where in the world. The daily reports of civil conflict casualties, health issues and natural disasters certainly make us aware that we were fortunate.

WADEM Membership
A request to give thought to enlisting members for WADEM. In our region their have been advantages in networking, one of which is commented on in this issue. Our organisation has formal communications and reports but never lose sight of the fact that networking that informal contact between individuals is equally important. Consider also contributing to the various WADEM sections in existence or being developed. Information on these is also included in this Newsletter.

Finally, a plea for newsletter material, this is a regional chapter and news from throughout the region is essential.

Cheers

Graeme
The aims of the WADEM Oceania Chapter newsletter are to:

- provide communication for regional members
- encourage a collegiate relationship amongst regional members
- update members on news and events such as health issues in the region
- provide a forum for discussion on emergency medicine/health issues
- give encouragement and support for research papers
- allow publication of basic case studies
- support exchange of information and work programmes
- publicise coming events
- support the aims and activities of WADEM within the region

### WADEM Oceania Chapter Newsletter Editorial Committee

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### OCEANIA CHAPTER STRATEGIES

Your council is currently working on strategies to advance the goals of WADEM and to provide assistance to members within our region in the fields of research, education and communication. It has been decided to keep the strategies simple, with a coordinator for each.

It is desirable to have as many of our members as possible involved in not only developing the strategies but also implementing them. Please contact any coordinator to notify your interest; multiple interests are encouraged.

#### WADEM Oceania Chapter Strategies

**Research:**
- To develop a cohort of individuals with research interests in disaster health to act as a WADEM Oceania Chapter Research Committee;
- To support research and research collaboration amongst members of the Oceania Chapter and promote the research outcomes of Oceania Chapter members;
- To identify research papers of significance to members of the Oceania Chapter of WADEM and disseminate these; and
- In conjunction with the communications strategy, to investigate the possibility of providing a regional conference as a means of promoting local research outputs, promoting research outcomes which may influence operational practice, and further developing research networks.

**Coordinated by Peter Aitken**

**Education:**
- To assess and prepare training courses in health disaster response management and coordination in the region;
- To encourage the generation and coordination of courses that contribute to the
professionalisation of the humanitarian response health workforce;
- To link the strategic pillars of research, including lessons identified, with education and training, and to communicate these to WADEM members and the wider disaster community effectively; and
- To contribute to regional conferences and educational symposia and workshops, including advising on key themes and academic content as required.

**Coordinated by Ian Norton**

**Communication:**
- To produce and distribute at least four Chapter Newsletters annually, providing a forum for members to communicate news, experiences, opinions and to seek assistance with research, education and problem solving;
- To promote member attendance at meetings, conferences and seminars within the region, and investigate the possibility of providing a regional Chapter Conference; and
- To circulate scientific papers, research, and policies on subjects relating to health emergency responses to Chapter Members.

**Coordinated by Graeme McColl**

Regional members can link with the coordinators to report their activities in relation to these strategies, request assistance to deliver on strategies, and to also share ideas to develop them.

**WADEM OCEANIA CHAPTER ELECTIONS**

Our Chapter elections are due at the end of this year and it is hoped to seek nominations of those interested in the next few months.

Our Chapter is only as strong as the interest shown by members and their contributions so please consider standing.

**PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS**

*Reprinted with permission from Yale New Haven Health Service (YNHHS)*

**The Preparedness Report YNHHS-CEPDR**

[www.ynhhs.org/cepdr](http://www.ynhhs.org/cepdr)  [www.ynhhs.org/chs](http://www.ynhhs.org/chs)

**Rapid Patient Discharge**

**The Tool**

In 2007/2008, a Rapid Patient Discharge Tool (RPDT) Project was included in New York City’s Hospital Preparedness Program as a required core deliverable for NYC hospitals. To support this project, NYC’s Department of Health and Mental Hygiene (“DOHMH”) developed a Rapid Patient Discharge Tool to assist hospital administrators and emergency managers during unexpected increases in patient volume.

The tool provides adaptable plans for rapid patient discharge based on promising bed surge capacity practices. It involves two sections: planning and response. The planning section provides an organizations structure that hospitals can implement to enhance rapid patient discharge during an emergency situation.
The Planning Section:
The following activities were addressed as planning components:

1. Organizing a bed management team
2. Organizing unit-based rapid patient discharge teams
3. Developing a physician involvement coordination team
4. Organizing patient care unit “walk-through” teams

The Response Section:
The response section of the tool addresses the actual implementation of key rapid patient discharge activities. Response components include obtaining an accurate bed census and engaging the various teams identified during the planning phase. The tool contains numerous templates for the activities it outlines, and it appears to be a valuable resource for staff involved in hospital discharge planning.

The Exercise
In 2011, DOHMH Office of Emergency Preparedness and Response (OEPR) selected six tertiary NYC hospitals to independently participate in a Rapid Patient Discharge Assessment (RPDA) exercise to estimate the number of supported vacant beds that could be yielded by rapidly discharging inpatients in a disaster. In addition, the pilot exercise was intended to identify barriers to rapid patient discharge for those inpatients identified as rapid discharge candidates in the exercise scenario. DOHMH subsequently enhanced the data collection tool by adding structured questions based on open-ended responses in this pilot study.

To give each hospital an understanding of its specific obstacles to RPD, DOHMH established roll out of the RPDA to all NYC hospitals as the best next step in the project. To complete this step, DOHMH engaged YNHHS-CEPDR to design, conduct and evaluate an RPD exercise with 46 hospitals. Conducted on April 24, 2013, this exercise used the RPD tools and activities to determine the number and types of hospital beds that can be made available at each participating hospital in a catastrophic event.

Rapid Patient Discharge in Connecticut
Real-world Experience
Danbury Hospital, part of the Western Connecticut Health Network, had a real-world event recently, which required them to put rapid patient discharge into effect. Due to an incident on a weekend evening that caused flooding of part of their emergency department (ED), they had to evacuate the ED and set-up the Mobile Field Hospital for two days.

In the evacuation process, several things happened contemporaneously:

- In the ED part of the plan calls for immediate assessment of disposition of patients. Those that were going to be admitted went up to the floors. The ED physicians shifted their focus to discharging patients from the ED.
- On the floors, at the direction of the Administrative House Manager, the patient care units were directed to immediately complete the Mass Casualty Worksheet. They were to determine the current census, identify patients who were routine discharges and others that could be discharged immediately. ICU was instructed to identify patients that could be downgraded, and all were to assess immediately available resources and which staff could come in if needed. The patient care units coordinated with the bed management team.

Analysis of Exercises
Preliminary analysis of the data collected during the RPD exercise indicates that, on average, 14.1% of patients occupying hospital beds in NYC are potential rapid discharge candidates during a disaster. According to the
census data submitted by 46 NYC hospitals, patients occupy approximately 14,900 beds on any given weekday in NYC. Using this census figure, RPD activities have the potential to identify 2,100 hospital patients appropriate for discharge. These fully staffed and licensed beds would be available to patients during a medical surge that followed a disaster.

This article was supported by Grant Number: U90TP000546 from the Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS

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Resiliency and Business Continuity Planning (BCP)
Preparedness extends beyond you and your family to your business and workplace. The Joint Commission (TJC) has defined five key systems that influence effective performance of a healthcare facility. These elements are applicable to emergency operations and organizational resiliency:

- **Data** - Hazard Vulnerability Analysis, Business Impact Analysis, Supply Chain Management, situational awareness, patient census/infectious rate
- **Planning** - emergency operations plans, incident command system, job action sheet, critical decision making support tools
- **Communications** - notification, risk communications, public information, staff reporting
- **Staffing** - redeployment, training for operations, credentialing
- **Change performance** - Performance improvement, environmental change, integrate change so effectiveness can be sustained, assessed and measured.

Some of these elements include active participation in planning and exercise of emergency and business continuity plans and ensuring that BCP is both an organization and department-wide initiative utilizing a holistic approach to prepare facilities to recover after an interruption of its essential clinical functions and business operations.

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Space Based and Early Warning Systems for disasters and complex emergencies

FYI below/attached a recent Bonn gathering via UN-SPIDER re: Space Based and Early Warning Systems for disasters and complex emergencies
http://www.un-spider.org/workshop-bonn-2013

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New Zealand Medical Assistance Team News.
Initial Deployment April 2013 to Solomon Island for clinical response to Dengue Fever.

In response to a request from the Solomon Island Government and the Ministry of Health (MoH) for assistance in coping with a Dengue outbreak, the first NZMAT deployment occurred in April 2013, with two medical personnel embedded within an AusMAT team.

A combined Australian and New Zealand medical assistance team deployed to reinforce the health system in Honiara. The deployment not only provided personnel (doctors, nurses, a logistician and a laboratory technician) but also much needed supplies and
equipment. In his first SITREP report, Dr Ian Norton (medical team leader) from the National Critical Care and Trauma Response Centre in Darwin, stated “the Australian and New Zealand team have combined into one highly effective clinical entity under one medical team leadership.”

Dr Vicki Vertongen (Emergency Medicine Consultant) and Erin O'Connor (Registered Nurse), both from Capital and Coast DHB’s Emergency Department departed New Zealand to commence work on Monday, 8th April at the National Referral Hospital in Honiara for two weeks.

During the deployment clinicians worked alongside Solomon Islands counterparts to support them in providing assessment, treatment and follow-up of patients with suspected and confirmed Dengue Fever, as well as the ‘business as usual’ presentations to the Emergency Department. Nursing personnel supported the local nursing workforce by providing rapid entry to the health care system.

NZMAT’s Inaugural Team Member Course
Birth of a New Era

Murray Halbert, Manager Emergency Management Capability, Ministry of Health & Exercise Director, NZMAT Team Member Course

The end of April 2013 gave birth to the inaugural NZMAT Team Member course in Rotorua, of which the gestation of nine months’ worth of planning finally came to the delivery date. Did we have labour pains in the process...You bet! Was it worth it? Absolutely, every last bit of it! despite the Braxton Hicks days out from delivery. Apart from the maternal humour, the team that helped build the inaugural course, worked together to pull off a very classy course that was received with high praise from the participants and support crew across the entire course.

Our success has only been achieved by the tremendous direction and support we have received from our colleagues from NCCTRC (Darwin), faculty staff in NZ and support staff based in the DHB’s in the Midland region, and in some cases, even rounding up the kids to help out. All these people have provided an enormous amount of encouragement and deserve recognition for their relentless amounts of energy and commitment, ensuring our course was successful in Rotorua.

As for next year, we're expecting twins, yes we are set for running back to back courses in March next year for the Team Member training based at the same location in Rotorua.

NZMAT Courses 2014
Dates: 15th - 17 March (Wed - Fri)
19th - 21st March (Mon - Wed)
OCEANIA REGION ISLAND NATIONS

The WADEM Oceania Chapter region includes the many Island Nations who have experienced major events requiring health intervention. The latest being the Dengue Fever outbreak in the Solomon Islands.

It is essential that relationships be developed with health services in these nations; generally this has been done formally between governments, however there is potential for the less formal networking between health professionals and key contacts. Our Chapter is in a good place to assist such networking, with the ability to listen and distribute experiences and lessons learnt by health professionals from these nations.

In return, assistance could be given with research advice, training and skills and experiences from our own major events.

Ian Norton has been involved in the preparation and delivery of training packages as well as actual support response.

Can we as a Chapter develop this further?

VACANCY

AusAID Physician Needed - Vanuatu

For details and job specifications contact Melissa Fidow

melissa@healthspecialists.co.nz
Ill health linked to quake silt, dust

The liquefaction that caused added hardship to parts of earthquake-hit Christchurch may also have increased the risk of residents getting pneumonia.

Researchers from the GeoHealth Laboratory at Canterbury University and Canterbury District Health Board, along with a Canadian colleague, sought to find out whether 'hotspots' for pneumococcal pneumonia (PP) coincided with areas worst-affected by liquefaction after the Canterbury earthquakes.

PP is a potentially deadly disease which can infect the upper respiratory tract and can spread to the blood, lungs, middle ear or nervous system.

The study investigated 97 cases of PP in Christchurch between mid-October 2008 and the end of 2011. Of those cases 53 were in the 22 months before the quakes, with 44 in the 16 months after the quakes started.

Areas found by the study to have PP clusters included the central city, eastern suburbs and some of the more rural areas in the southeast.

That was the case both before and after the earthquakes, and when data was adjusted for age, or age and deprivation.

After the earthquakes started the significant disease cluster moved toward the southeast, with the relative risk of getting the disease increasing in the post-earthquake cluster, the study said.

There appeared to be substantial overlap in the areas affected by severe liquefaction dust and those identified as being in the most likely disease cluster in a fully adjusted model that looked at where and when people became sick. In the post-earthquake period, 31 per cent of cases were from areas without any liquefaction dust, 11 per cent were in areas with low levels and 57 per cent were in areas with severe levels.

A complication was that the areas most impacted by severe dust were also highly deprived, so understanding the separate contributions of deprivation and dust was difficult.

“The stress of living in a socio-economically deprived and severely damaged part of the eastern suburbs may play a role in increased PP infections, especially for those already at risk, as indicated by the significant increases in cases among the elderly,” the researchers said.
Canterbury farmers devastated by storm

The wild weather that battered rural Canterbury last week "knocks the earthquake into a mere shadow" and dealt a further body blow to the mental wellbeing of the region’s farming community, health professionals say.

In the past few years Canterbury farmers have withstood the quakes, snow and drought. The latest setback came in the form of 100kmh winds that uprooted trees, tore down sheds, wrecked irrigation systems, cut power and forced some farmers to slaughter injured livestock. Rural Canterbury was the hardest hit by last Tuesday’s windstorms. Hundreds of homes still remain without power.

Canterbury District Health Board (CDHB) member and Selwyn mayoralty hopeful, Olive Webb, said some farmers were struggling to pick up the pieces. Speaking at a CDHB meeting yesterday, Webb said the storm had left the community in tatters and the recovery was likely to take "months, if not years". "The storm knocks the earthquake into a mere shadow for these people. This is going to be hugely expensive and for some their base livelihood has been undermined," she said.

Webb was aware of some farmers who had lost numerous sheds, others who were forced to kill injured animals and many who were still waiting for power to be switched back on. She acknowledged a reported spike in suicides in North Canterbury so far this year and urged the CDHB to "get some listening posts out there". "The mental health of our farmers right now is a bit of a silent epidemic. These are tough guys who don’t talk to each other and sometimes they don’t cope and that is just devastating."

Hororata farmer Gavin King would much rather go through an earthquake than be hit by another round of the windstorms that destroyed his farm. Two of King’s farms, which together cover more than 900 hectares, were hammered by the extreme conditions on Tuesday last week.

He believes he lost about 2000 pine trees, some that were 100 years old and stood up to 40 metres tall. The trees crashed through the middle of his water-pump shed, ripped up his underground pipes, put holes in the roof of his workshop, seriously damaged three sheds and flattened two hay barns.

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EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

Online Research Repository
WADEM has developed an online Research Repository for members to access information about current disaster health research projects. Members are able to provide information about projects they are presently working on, as well as connect with other researchers around the world who are conducting similar types of research.

The Research Repository can be access by clicking on the following link – [http://research.wadem.org](http://research.wadem.org)

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Executive Education Courses - presented by the Torrens Resilience Institute

This year the Torrens Resilience Institute is offering structured executive education courses:

Black Swans: Resilience and the unthinkable – 17 & 18 October, 2013

From 12 - 20 December the Flinders University WHO Collaborating Centre for Mass Gatherings and High Visibility/High Consequence Events will be hosting a meeting to discuss the process of development of an international minimum data set for mass gathering research. The meeting will include key members of the WHO mass gathering collaborating centres internationally and the WHO/Geneva lead for the group. Following the meeting an extensive
consultation process will be established to incorporate discussion within the WHO Virtual International Advisory Group (VIAG) for mass gatherings and deliberate events and the WADEM Mass Gathering Section.

The Torrens Resilience Institute has released the Toolkit for Building Resilience in Vulnerable Households - an Australian Government National Emergency Management Program funded project. The full report and toolkit can be downloaded from the website at www.torrensresilience.org Check also the Model and Measurement Tool for Community Resilience on the same site.

Extensive Australian emergency management resources and materials have been drawn together on the publicly accessible EM Knowledge website. This Australian Government initiative can be found at www.emknowledge.gov.au

The Torrens Resilience Institute has commenced a new program of activity: the Cities Security and Resilience Network (CSARN). CSARN Australia is a not-for-profit membership-based forum comprised of the business community, government departments and community service groups to share intelligence and contingency planning for minimisation of the effects of natural disasters or other disruptive events such as major infrastructure failure, cybercrime and terrorism. CSARN Australia activities focus predominantly on Australia & SE Asia. CSARN Australia utilises the experience and resources of CSARN in the United Kingdom to provide events, news and strategic updates and the promotion of linkages across sectors. More information is available at www.csarn.org.au

PEOPLE IN DISASTERS CONFERENCE

This conference is planned for Christchurch in February 2016 (5 Years post-earthquake) to cover the journey of people post-disasters.

People in Disasters  Response, Recovery & Resilience

This conference is scheduled to coincide with the 5 year anniversary of the traumatic events of 2010 - 2011 across the Asia Pacific region such as the Canterbury, Pacific and Great East Japan earthquakes and tsunami, and the Australian bush fires and floods. Drawing on our experiences from the time of the disaster through to the present day, a comprehensive conference programme will provide opportunities to share the wealth of experience and research that has emerged following these tragic events.

Key objectives in organising this event are to showcase the ‘real life’ stories of residents and workers across the emergency services, the dilemmas of living and working within a disaster context, and the building of informed best practice through the myriad research projects following natural disasters across the Asia Pacific region. Whilst not solely a health conference, Researching the Health Implications of Seismic Events (RHISE) Group will be an integral part of this conference.[5]

This Conference will be ideal for -

Front line emergency service practitioners, leaders, managers and staff in health, welfare and emergency services, related non-governmental organisations, faith based and voluntary agencies, academic staff, researchers and any others who are interested in this work.
MEMBER NEWS

**Gerard Clerc** ex New Zealand Ministry of Health and ECHO in Democratic Republic of Congo has now moved to Geneva as Emergency Manager for Red Cross.

**Prospective Members**

**Dr Malinda Steenkamp** has moved to Flinders from the Lifecourse and Intergenerational Health Group at the University of Adelaide. She has a Bachelor in Nursing, an Honours Degree in Psychology and a M.Phil degree in Epidemiology. Her PhD, entitled “Creating evidence to inform the delivery and monitoring of health care for remote Aboriginal mothers and newborns: Challenges and case studies”, was awarded earlier this year.

Malinda started her research career as a field worker for the South African Medical Research Council’s National Trauma Research Programme. In 1998 she moved to Australia to take up a position at the Research Centre for Injury Studies, Flinders University of South Australia. Thereafter she moved to the United States where she worked as the Science Officer and then Team Leader of the National Violent Death Reporting System in the Division of Violence Prevention, National Center for Injury Control and Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia, USA.

Malinda took up a position as Head of Research and Senior Lecturer with the Centre for Remote Health, Flinders University in 2006, but moved back to Adelaide in 2007, whereafter she started her PhD candidature. Malinda's areas of expertise include: epidemiology, public health, injury surveillance, injury, Aboriginal maternal and infant health in remote areas.

**Dr Olga Anikeeva** also came to the team from the University of Adelaide where she was working with the Australian Research Centre for Population Oral Health (ARCPOH). She received her Bachelor of Health Sciences (Honours) degree from the University of Adelaide and was awarded a PhD in 2011 for her work focusing on the changing disease patterns amongst Australian migrants. Olga previously worked as a Research Associate at the Primary Health Care Research and Information Service (PHC RIS) at Flinders University. Olga’s research interests include: population health implications of disasters; community resilience and disaster preparedness.

WADEM COMMUNITIES of INTEREST

The following WADEM Sections provide contacts and information for members interested in the specific area/skills. More such areas of interest are likely to be established in the future.

**Nursing Section**

**Purpose**

The purposes of the Nursing Section of WADEM are to:

- Define nursing issues for public health care and disaster health care;
- Exchange scientific and professional information relevant to the practice of disaster nursing;
- Encourage collaborative efforts enhancing and expanding the field of nursing disaster research;
- Encourage collaboration with other nursing organizations; and
- Inform and advise WADEM of matters related to disaster nursing.

3 chairs are in place for each area for development

Wendy McKenzie - education
Jamie Ranse - research
Karen Hammad – membership

The Executive Committee have met and have invited the chairs of the sub groups on board so we have clear communication as they progress.
Membership on committees is strong - all have 4-10 members.

Contact: nursinginsight@wadem.org

**Osteopathic Physician Section**

Objectives

The objectives of the Osteopathic Physician Section are:

- Share WADEM's "best practices" and "lessons learned" with universities and colleges of Osteopathic Medicine;
- Increase WADEM membership through the recruitment of physicians, nurses, and allied health professionals;
- Strengthen civil-military relationships through training and education; and
- Invest in the future through the mentoring of students.

Contact: William Bograkos irisbo@comcast.net

**Psychosocial Section**

Objectives

The objectives of the Psychosocial Section are to:

- Disseminate throughout the international disaster-related professional community empirically derived "best practices" and "lessons learned" by means of workshops and conference presentations;
- Increase the presence and activities of psychosocial/disaster mental health specialists in disaster preparedness and response through their inclusion in existing and newly developed response networks;
- Strengthen the research as well as intervention skills of psychosocial/disaster mental health specialists through enhanced academic courses and practical training; and
- Promote greater involvement in national and international committees while identified as a WADEM representative.

Contact: James Shultz jamesmichaelshultz@gmail.com or JShultz1@med.miami.edu

**Mass Gathering Section Approved**

The Board of Directors recently approved the establishment of a Mass Gathering Section within WADEM! If you are interested in participating in this section, please send an email to info@wadem.org. Chair is Paul Arbon. Contact paul.arbon@flinders.edu.au

**Proposed Section: Disaster Metrics**

(Health) Disaster Evaluation Methodologies

**Action underway:**

A Core Steering Group, representative of WADEM members, is preparing a formal application to establish this new Section for consideration by the WADEM Board. It is expected this documentation will be completed within the next two months

Please register your interest by email at frank.archer@monash.edu

**Proposed Section: Emergency Medical Services/Emergency Medicine (?)**

Support is sought for the formation of such a section, with actual practices to be defined. Interest has been expressed from members in the US and Australia at this stage.

It is hoped to have a development leader in place in the near future.

If interested contact gmccoll@wadem.org in meantime.
**CALENDAR OF EVENTS**

**2013**  
29 October  
Responding to Shared Responsibility Forum, Monash University Clayton Campus.  
Details go to http://www.cvent.com/events/responding-to-shared-responsibility/agenda-4889186b5fd4f98b9c2aaceca2c8a4e.aspx?i=5e17f9aa-28ef-4d6a-9697-c9a052c443eb

**26 November**  
Just Ask: A conference on the experiences of men after disasters. William Angliss Conference Centre Melbourne  
https://www.secureregistrations.com/JustAsk2013/

**12 – 20 December**  
WHO and WADEM Mass Gatherings meeting and discussion Torrens Resilience Institution, Adelaide.

**2014**  
5 -7 May  
The Australian & New Zealand Disaster and Emergency Management Conference will be held at the QT Gold Coast, - See more at: http://www.anzdmc.com.au/#sthash.Q1VkMjsF.dpuf

**2015**  
21-14 April  
Save the Date. WCDEM Cape Town, South Africa

**2016**  
February (TBA)  

**Disaster Myths**  
A section for sayings, lessons and humour. Contributions invited.

You know you are from Christchurch when quiz night questions ask which building is at (Where) and describe it.

What is scary is that often no one can remember!

**A COFFEE WITH**

In this section members are invited to introduce themselves to other members in an informal manner. (To speed up this getting-to-know members section, it is now intended to include two members each newsletter)

This issue: **Alison Hutton** Chair of the WADEM Nursing Section.

**Q.** Nickname?  
**A.** Ally – although my mum calls me Sausage (I have no idea why).

**Q.** Where are you working?  
**A.** I am working at Flinders University, School of Nursing and Midwifery as an Associate Professor. I am Honours Coordinator and I am also a member of the Disaster Research Centre at Flinders.

**Q.** What three best words best describe you?  
**A.** Optimistic, resilient and creative

**Q.** What is your best disaster experience?
A. I am lucky enough not to have one – mine would be a bad hair day - or having ‘nothing’ to wear!! My wardrobe is full of clothes.

Q. What is your worst disaster experience?
A. Having bad hair and nothing to wear! : )

Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?
A. My son, my dad and my husband – in no particular order : )

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And Rowena Christiansen  (WADEM Board of Directors member)

Q. Nickname?
A. Doc Prinzel

Q. Where are you working?
A. Teaching medical students at the University of Melbourne, chairing the Australian Ski Patrol Association Medical Advisory Committee and moonlighting as an emergency pre-hospital doctor and BLS/ALS instructor.

Q. What three words best describe you?
A. Compassionate, conscientious and eclectic.

Q. What is your best disaster experience?
A. Our Ski Patrol base at Lake Mountain was burnt down in the Black Saturday bushfires in February 2009. The amazing generosity of people in helping us to replace our equipment and resources was very touching.

Q. What is your worst disaster experience?
A. My earliest disaster experience was as a child when my family was living in Townsville and Cyclone Althea hit early on Christmas Eve, 1971. As my dad was away during the prelude, I climbed up onto the roof and banged down all the roof nails to try to help the roof stay on (which it did). The force of the wind drove water through the walls of the house, ruining the floor coverings, and in the aftermath the local area was flooded and there was no power, fresh water or food for several days on a background of oppressive humidity and lots of mosquitoes. We were lucky that our losses were minimal, but it was an early lesson about respecting the power of nature.

Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?
A. My best friend of 25 years for continuity with family and friends; the Dalai Lama to help us to keep things in perspective; and Professor Brian Cox to help explain everything that is happening around us.

CALL FOR MATERIAL

Material is required for any of the sections listed, or under a new category, if that is appropriate. Personal experiences, case and research reports are especially welcome and we ask that these are limited to no more than 1,000 words. The subject matter can be aspects of a disaster or response that is unusual because of its type, location or effects. Material is welcome from WADEM members and even non-members internationally.

Any suggestions regarding material for content, or suggestions to improve this Newsletter are welcome.

Please forward contributions to Graeme McColl at gmccoll@wadem.org
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