



WADEM Oceania Chapter *News Letter No 6* *December 2011*

WELCOME!!!

As 2011 draws to a close I have been thinking on how the year's events could be described. Certainly a busy year with a range of complex emergencies around our region and nearby, all highlighting the absolute need for emergency preparedness and systems to manage the response. Health has been to the fore in all emergencies dealing with casualties, evacuating hospitals, maintaining services, restoring damaged infrastructure, providing ongoing psycho-social support, and sharing in the lessons learnt.

I have been privileged in being able to share the earthquake experiences with others and at the same time learnt from them about their emergency events and the work they are undertaking to improve preparedness and the mitigation required to reduce the risks. I am pleased to report that we, in health, are taking responsibilities seriously and there is an enormous amount of work and research being undertaken. It is essential that all of us ensure that this work, research and the lessons learnt are widely shared and distributed for our mutual benefit.

One lesson that has become clear is that recovery from such majors is a LONG process and that health needs to be fully involved and focussed. In the Christchurch situation it is reported that people are now really fatigued and 'hitting the wall'. Comments on this and the psycho-social response are covered later in this newsletter.

Personally, this year for me has been one of survival, even though damage to our home is very minor, the change to the way we have had to adjust to changed circumstances has, at times, been intense. Priorities in our lives have changed, family and friends have far more prominence than work, consequently, I made the decision to retire in October so more time could be spend with family, friends and on activities such as tennis and cycling that we had only talked about in the past.

My key words for the year are: survival, human resilience, caring communities and sharing.

Our Chapter Council has been in place for a number of years now; elections will be held in the new year for Officers to take us forward and ideas are sought on how this could be done.

Finally, I would like to wish everyone a great Christmas with success for life and work and lack of emergencies in 2012.

Cheers *Graeme*

WADEM Oceania Chapter Newsletter Aims

The aims of the WADEM Oceania Chapter news letter 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*

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WADEM Oceania Chapter Election 2012

The WADEM Oceania Chapter is the first regional Chapter of our organisation and we hope in the next term to consolidate the great work of our current team and to promote further networking and collaboration amongst our members. The Chapter is seeking nominations for active members to serve on its Chapter Council. Candidates must be WADEM members in good standing and reside in the broader Oceania Region. The following positions on the Chapter Council are available:

- President
- Vice-President
- Secretary/Treasurer
- Councilors (five positions open)

Chapter Officers serve two-year terms and may serve a maximum of two terms. The election will take place by electronic ballot, similar to the recent WADEM Board of Directors election. For more information about the Oceania Chapter please visit - http://www.wadem.org/oceania_chapter.html .

The Oceania Chapter Bylaws may be accessed from the following link - http://www.wadem.org/oceania/chapter_bylaws.pdf .

Interested candidates are asked to provide a one-page biographical sketch, briefly describing qualifications (education and work history), and a brief explanation as to why you would like to serve on the Oceania Chapter Council. Please send the biographical sketch as a Word or PDF document to the WADEM International Office by email to oceania@wadem.org by 4 January 2012. All candidates' biographical sketches will be available on a secure web page on the WADEM web site for Oceania Chapter members to review prior to the election.

The election process will mirror the approach used to elect the WADEM Board and members will be able to vote online for their preferred candidates. Please get behind this process and encourage eligible members to nominate

PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

I encourage Oceania members, and WADEM members generally, to prepare comments, views, and research ideas for publication in this newsletter. Such contributions are not required to be scientific and subject to review. It is part of the sharing I commented on in my editorial. I found that my various ramblings have attracted interest to the extent that I was asked to collaborate on a research paper that is being considered at present for wider publication.

Graeme.

EVENTS/INCIDENTS/CRISIS REPORTS

Psycho-Social Responses

In the previous newsletter I commented on the need to provide health support for human resilience; recent reports have highlighted this need and the approach to be taken. The following are extracts from published reports here in Christchurch.

Don't stir up pain, psychologists told

Clinicians should avoid "retraumatising" frontline workers and children in disaster zones, psychologists studying the Christchurch earthquakes say.

It was helpful to encourage disaster victims to talk about stories of survival and focus on resilience rather than trauma.

The consensus favoured avoiding medication, listening, showing compassion and recognising normal responses to the abnormal, such as anxiety and insomnia.

Source The Press Chch June

Long Haul!!

In sport they talk about hitting the wall. The body says the sloggng has gone on long enough. Then the mind treacherously agrees it could be time to chuck it in. Motivation appears spent. The concentration just isn't there. Even if you keep pushing, the returns are diminishing. And all you can think about is how far there is yet still to go.

After a year, this is how many people around Christchurch and Canterbury confess they are feeling about the earthquake recovery.

"I often hear that people's tanks are running on empty, that people's emotional reserves are exhausted," says Canterbury Employers' Chamber of Commerce Chief Executive, Peter Townsend.

Feature report 'The Press' Christchurch 5 November 2011

The following is the abstract of a presentation being given by the authors in Cape Town next year. I spoke with Dr LeBlanc during a recent visit to Vancouver and it is with her kind permission this is reproduced here.

It is known that 'no one who witnesses a disaster is untouched by it,' (Hogan & Burnstein, 2007). Psychologically distressing responses to disaster—although normal—can be pervasive and increase the level of stress and impairment in survivors and responders alike. Initial disaster response is understandably medically focused on saving lives. In triage, levels recommended by the World Medical

Association (2006), mental health is the fourth level of acuity—less acute than individuals with minor medical needs who can be treated later by relief workers. In this model, treatment of psychological needs is for those who need reassurance or use of sedative for agitation. While this is consistent with physician's mandate for acute medical treatment, not addressing mental health initially creates difficulties, including: (1) increased distress in the patient, support system, and within the treatment milieu, (2) inefficiency in treatment of less urgent medical needs, as somatic manifestations of stress often requires increased physician time (with sometimes limited benefit); and (3) re-traumatization of survivors, due to repeatedly telling their stories to one professional, followed by the next. In light of these factors, a model of treatment integrating medical and mental health at the inception of disaster response was utilized in Haiti (acute hospital, clinic setting), and in USA post-hurricane. Outcome included improved differential diagnoses, more complete treatment of needs per patient self-report, decreased dispensation of psychotropics (whose efficacy, availability, and side-effects are difficult to monitor), and increased efficiency of treatment time spent per case, by both mental health provider and physician alike.

Jeanne LeBlanc, Ph.D., ABPP(RP), R. Psych : Vancouver, British Columbia

Martin E. Thornton, D.O., FACEP: Denton, Texas

Contact: jeannemleblanc@hotmail.com

Earthquake Lessons from the University of Canterbury

WADDEM Oceania members may be interested in the Canterbury University's account of its response to the Darfield Earthquake of 4 September 2010. I have added some of my own comments and related these to my observations of the Canterbury Health response.

The report "Shaken but not Stirred" is available at:

www.canterbury.ac.nz/emergency/documents/shakenbutnotstirred.pdf

It is a readable 52 page report which describes the response prior to the more damaging earthquake centred on Christchurch itself on 22 February 2011. One of the authors is Dr Erica Saville who has a special interest in resilient organisations and her work has informed the work of several South Island District Health Board Emergency Planners.

The University felt that it was relatively well prepared prior to the earthquake and its subsequent response would appear to support this. Notwithstanding, the report also identifies many key lessons which are of value to other sectors, including health. Conveniently, these are summarised at the end of the document.

Here are some examples of these lessons :

4. Even though it may be hard to miss that an emergency is unfolding from where you are, never assume that everyone is aware of the incident. Have an activation checklist in the EOC so that little "thinking" is required for those first few steps in the response process.

Comment: Many of us fall into the trap of assuming key staff will self respond and this is not always true. We should not depend on individual staff for key roles. In addition to a mobilisation system, we should allow for trained back-up for every role. The Canterbury Health EOC experience was that staff filling roles without a ready back-up soon became exhausted. Planning should allow for the immediate establishment of rosters in an extended response.

6. Having a pre-identified Emergency Operations Centre (EOC) as a known gathering point meant there was no confusion for key people over where to go to join the response effort.

Comment: In addition to the EOC the Authors also identified the need for other reporting points as the EOC can easily become clogged with additional people.

17. Keeping the Strategic and Operational teams close together during the initial phases of response was invaluable, but as time went on, shifting the Strategic team into a less “busy” environment helped them to focus on the longer-term strategic issues.

Comment: This is a really important point. The Operational team was making plans for the short-term and task based issues. The senior University Management staff soon found that their expertise was in more strategic thinking. This pattern was also evident in the CDHB Health EOC. The Executive Management team tended to keep to their own way of working.

Essentially, the Operational response was just that, task-based and relatively short-term planning.

The Strategic work relates much more to Recovery and this work also needs to start as soon as possible. The real trick is to manage the transition between the two.

19. Every EOC needs a Fairy Godmother! The Fairy Godmother’s role is to provide an impartial and confidential sounding board for the Incident Controller and any other member of the response team who needs it, to bounce ideas around and to help them to step back and reflect on what was working, what wasn’t, and to uncover blind spots in the response.

Comment: This is another innovation. Dr Seville was out of the Country on the 4th September. On her return she acted in this role and I am sure that her perspective and expertise in resilience would make her a valuable asset. I’m not sure that “Fairy Godmother” is the best term, particularly if pumpkins and mice are not available, but if you can identify such a person to mentor the Incident Controller this could be a valuable innovation.

Perhaps we could do this virtually, WADEM (Oceania) has several potential mentors, people like Skip Burkle, who have “been there and done that”.

All-in-all, this is a most valuable document which I can recommend as a useful read.

I am hoping there is a similar report from the 22 February 2011 earthquake, some of these innovative concepts will have been field tested again and may be further improved.

Thanks to the University of Canterbury for sharing this response.

Ref: **Shaken but not Stirred, A University’s Resilience in the Face of Adversity — The 4th September 2010 Earthquake.** Erica Seville, Chris Hawker, Jacqui Lyttle www.canterbury.ac.nz/emergency/documents/shakenbutnotstirred.pdf

Reviewed by; John Coleman

A further review of earthquake response can be found at www.eldernet.co.nz
‘What We Have Learnt’

Aged care provider learnings on responding to the February earthquake in Canterbury

EDUCATION AND TRAINING OPPORTUNITIES

Flinders University

Introducing the Torrens Resilience Institute. The Institute was established by the Government of South Australia to improve the capacity of organisations and societies to respond to disruptive challenges which have the potential to overwhelm local disaster management capabilities and plans. The Institute comprises the University of Adelaide, Cranfield University, Flinders University and the University of South Australia. Together they provide a unique capability, across a range of areas including defence and security, medicine and public health, engineering, the social sciences, management and leadership, climate change and sustainability, environmental studies and enabling disciplines. The TRI aims to be a national and international centre of excellence through the development of advanced thinking in the concept of resilience. Its mission is to assist the Federal and State Governments, the emergency services, organisations and civil society enhance their leadership and management capabilities, and thus enable them to prepare for, and respond better to, disruptive challenges. In addition to building national and community resilience within Australia, TRI assists the Federal and State Governments achieve their foreign policy and humanitarian objectives by developing resilient national capacities in the countries of South East Asia and the Pacific Rim. More information about Executive Education Courses and current research and development projects can be found at www.torrensresilience.org

Innovative Research Universities - Disaster Resilience Network

The Innovative Research Universities (IRU) is a network of seven Australian universities conducting research applying collective expert knowledge, capabilities and resources to enhance the outcomes of education and research. Charles Darwin, Flinders, James Cook, Murdoch, Griffith, Newcastle and LaTrobe University have national reach, with an institutional presence in every mainland State of Australia and the Northern Territory. The IRU network universities are focused on evaluating the effectiveness of current strategies and developing better disaster management approaches to ensure we are well prepared for future events.

A brochure outlining the major disaster resilience centres and themes within the network can be downloaded at: <http://www.iru.edu.au/our-activities/projects/disaster-resilience.aspx>

The Flinders University Disaster Research Centre is working on research projects across health, legal and policy issues and science and engineering. Current projects address a wide range of developments such as novel mobile phone technologies, health workforce, the impact of heatwave, mass gathering health and the measurement of disaster resilience. The Centre will be presenting its annual on-line short course "International Disaster Nursing" again in 2012. Details of the course and current research can be found at www.flinders.edu.au (search for Disaster research).

The Asia Pacific Emergency and Disaster Nursing Network is a forum for national Chief Nurses and invited experts working to improve the capacity and capability of nurses in the region to respond to disaster. The Network is coordinated by the WPRO and SEARO regions of the WHO. Information about the network, key contacts and resources can be found at <http://www.apednn.org/>

EXCITING NEW DEVELOPMENTS IN EMERGENCY MANAGEMENT EDUCATION AT AUCKLAND UNIVERSITY OF TECHNOLOGY (AUT)

The comprehensive pathway of emergency management programmes on offer is:

- Graduate Certificate in Emergency Management,

- Postgraduate Certificate in Emergency Management,
- Postgraduate Diploma in Emergency Management
- Masters of Emergency Management, and the
- Doctor of Philosophy (PhD).

AUT commenced undergraduate education in emergency management in 2000 and first offered postgraduate programmes in 2008. Programme growth is pleasingly steady. The first candidate in the Masters of Emergency Management is completing the final aspects of his thesis “Haiti and Christchurch: A comparative Study.” All programmes on offer will help to build capability in the emergency management sector.

Students come from a variety of fields where emergency management is undertaken, including health, government departments, local government, emergency services, banking, and community development groups. At the undergraduate level, three emergency management papers are taught in the BHSc in Paramedicine. The papers at all levels are delivered by way of online learning enhanced by face-to-face block courses of three to four days. During the block courses, students benefit from sessions taken by experts in the field, and group exercises that build an appreciation of the diverse nature of emergency management. At the postgraduate level, international emergency management academics help deliver the block courses, which provide an important global dimension. To date, AUT international associate academics are: Eve Coles, UK; John Lindsay, Canada; John Handmer and Michael Tarrant from Australia. Champions from the field of emergency management in New Zealand also add essential applied learning. At the recent Leadership in Emergency Situations block course John Hamilton, Director MCDEM spoke of his experiences and the leadership challenges during his role as National Controller during the February Canterbury earthquake.

Recent International Conference Presentations:

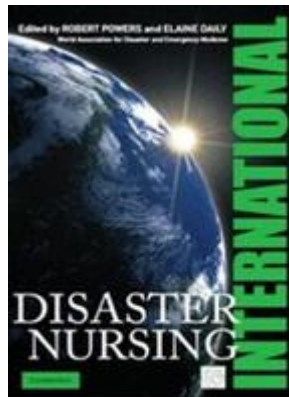
Contribution by AUT to the continued development of Emergency Management knowledge and practices in New Zealand and worldwide is viewed by the university as essential. Chris Webb, Programme Leader, presented at the 59th IAEM – USA Annual Conference a paper on decision-making in emergency management, and earlier in the year presented 3 sessions (including a plenary session) at the FEMA Higher Education Conference. Chris also represents Oceania IAEM region on the IAEM Global Scholarship Committee. Emergency Management Senior Lecturer, Mieke Couling, presented results of her study entitled “Disaster preparedness in small communities with a known threat” at Paramedics Australasia in Sydney in October. Qualitative data exploring people’s reactions and knowledge was collected from fifteen semi-structured interviews of evacuated residents of the Coromandel. The interviews were thematically analysed and revealed common themes and gaps where the emergency management systems were deficient. The actions taken by the First Responders (police, fire and ambulance) were included in the analysis. Overall, this study found gaps in the residents’ knowledge of the hazards facing their community and found a concerning lack of preparation for quick evacuation. The study also highlighted that people have a high reliance on official warning systems and struggle to interpret natural warning signals such as earthquakes. International colleagues in both the USA and Australia were appreciative of the New Zealand insights provided by Chris & Mieke in Emergency Management.

For further information please contact Deborah Spinetto (Faculty Programme Advisor) debra.spinetto@aut.ac.nz phone 09 9219999 ext: 9735 Chris Webb, Programme Leader Emergency Management at chris.webb@aut.ac.nz phone 021 655471.

As from Semester 1, 2012, Auckland University of Technology (AUT) will be offering a Postgraduate Diploma in Emergency Management. The 120 point postgraduate addition provides a completed and dynamic raft of options for those who wish to study Emergency Management at AUT University, from undergraduate through to PhD.

PUBLICATION & EVENT NEWS

International Disaster Nursing is Now Available!



International Disaster Nursing is an accessible, comprehensive resource that addresses a multitude of scenarios and highlights the diversity of issues that nurses, and indeed all health professionals, may face during a disaster event. This text identifies and defines the many roles of the nurse and aids the implementation of the community's disaster plans in a crisis.

CALENDAR OF EVENTS

2012

September 26 - 29

Conference

The Eleventh Asia-Pacific Conference on Emergency and Disaster Medicine is to be held on September 26 – 29, 2012 in Bali, Indonesia. WADEM is a co-sponsor for this important regional event and members are encouraged to visit the conference web site for further information. <http://11apcedm-bali.com/apcedm/>

2013

May 28 - 31

Save the Date: 18th World Congress on Disaster and Emergency Medicine (WCDEM), 28 - 31 May 2013, Manchester, United Kingdom.

Members News

This is a new section and designed to track the activities and changes of employment or tasking responses of members.

Gerard Clerc: Former Emergency Management Advisor with the NZ Ministry of Health. Gerard is now working for the European Commission Health Organisation (ECHO) and is based in Kinshasa, Congo, monitoring aid projects.

Liz Noble: Liz is the former 'go to' person in Frank Archer's team at Monash. Liz has now retired and, after overseas travel, is back in Melbourne and still maintains an interest in our chapter by doing the fine editing of this newsletter.

Paul Arbon & Ian Norton: Both at about this time are attending meetings with the WHO in Geneva on recognising organisations' capabilities for Disaster response. I am sure a contribution from both will be in our next newsletter.

Frank Archer: Rumour has it that Frank is about to retire from his position at Monash University. Frank was one of the key people who worked to establish our chapter and has given great service to WADEM over many years. Thank you for your efforts Frank

Material for this new section is required, please pass on any gossip or activity.

A COFFEE WITH

In this section members are invited to introduce themselves to other members in an informal manner.

This issue NZ Chapter Member John Coleman.

Q. Do you have a nickname?

A. Not that I know of. I was briefly called JC, but I assume that this was because there were two Johns in the Emergency Dept and not because of any resemblance to the other JC.

Q. Where are you working currently.

A. That has been a bit of a moveable feast recently. My role is to be the Coordinator of Emergency Planning for the South Island of New Zealand responsible for Primary Health Organisations and their member General Practices and Pharmacies. The "where" part has varied. I went for a lunchtime walk on 22 February and never went back to that office. The office had moved! After 4 months on the District Health Board EOC helping to coordinate the earthquake response, I have had a series of temporary workplaces. We have settled in slightly less temporary premises where I have progressively acquired: my laptop and mobile phone, a desk and a landline phone; several weeks later, a chair and, last week, a set of drawers. Not sure where I will be after Christmas though. Even the role of my employer has changed. My employer was the South Island Shared Services Agency, but, to reflect the latest Government Policy, they are now the South Island Alliance Programme Office.

Q. What 3 words best describe you?

A. Succinct - I never let words get in the way, in fact I hardly say anything
Technophobic – gadgets are my pet hate
Honest - At least this one is true

Q. What was your best disaster experience?

A. Being outside on 22 February when the magnitude 6.9 earthquake struck causing 2G of ground acceleration. I'm glad I wasn't on the 4th floor with my colleagues.

Q. And what about your worst disaster experience?

A. Being on duty for the aftermath of a cement truck which sideswiped a passenger

train outside Christchurch in 1993. The ED Response was clinically good, but it felt very chaotic. I have been emergency planning in one way or another ever since.

Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?

- A.** My maternal Grandfather. He died before I was born, but wrote a wonderful war diary and poem for his friend killed on the Somme. He was of NZ/French descent and a real character. He would even know how to use the ration pack. Russel Dynes. He has written a lot about how people behave in disasters and I enjoy his insights.
Stephen Fry, another gadget freak and great conversationalist.

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.

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

Volunteers (?) for our coffee with and profile sections are required.

Please forward contributions to Graeme McColl at ilsogno@snap.net.nz

Note: As I am now in retirement I only use this email address.

