WELCOME!!!

The start of 2013 has confirmed the need for health emergency management planning expertise, knowledge, and experience sharing. Our region has been subject to flooding and fires in Australia and New Zealand, storms in the Pacific, earthquake and tsunami in the Solomon Islands, and sinking of refugee boats further north. In the northern hemisphere influenza outbreak numbers are much higher than last year. All have an impact on health services.

The discussion on how can we mitigate, or reduce, and prepare for such events is ongoing and, as usual, subject to political overtones. It was interesting to read in the Yale New Haven Health (YNHH) Preparedness Report Volume 11 Issue 1, Editorial covering Disaster Economics. The comment that ‘it has always been easier to spend money on disaster recovery and victim relief than on something that may never happen’. A further very topical comment is, ‘voters rewarded politicians for post-recovery recovery aid but not for preparedness and mitigation efforts’.

(More material from this report is included later in this newsletter)

I can think of many instances in my experience where such attitudes have prevailed. Even to a senior clinician in a debrief post-Christchurch earthquake commenting that it was great that defence forces came in to provide organisation, that same clinician had never attended any exercises or contributed to an emergency plan. Some people think it will never happen, never happen to them, and if it does, someone else will take care of it.

Post-earthquake Christchurch and even New Zealand wide has seen a flurry of activity related to mitigation to reduce risk, many buildings have been closed or are being strengthened because they do not meet targets for earthquake protection. These include many health facilities. Some major construction is planned for Christchurch and Canterbury health facilities; this work is aimed at future proofing rather than merely providing a temporary solution. The construction of health facilities has also extended to Greymouth on the West Coast; this is interesting as about 3 years ago the Ministry of Health, using an adaption of the PAHO Safer Hospitals survey, concluded that the Greymouth Hospital facilities were unsafe. (When the first earthquake struck in September 2010 my first thought was that the hospital there would have been destroyed, luckily for them the quake was centred in Canterbury. (Graeme).

I expect something similar will happen after yet another year of flooding in NSW and Queensland, Australia.

A further aspect of mitigation that has become apparent, and in fact is always apparent, is how do you mitigate against stupidity? Here in Christchurch we have had hot, dry and windy conditions. An unattended rubbish fire caused huge damage which destroyed homes, crops and an egg farm. Then the Defence force held a live firing exercise and a grenade started a large fire; a week later they started another fire in the North Island in a similar manner. In Australia there are arsonists starting fires and people driving vehicles into flooded areas.

The sad point I believe I am making is that it takes a major event to force many of those in power to give more than passing attention to mitigation. As WADEM members we must reinforce the need to continually assess risks to health services and facilities and press for mitigation.
Cheers

Graeme

WADEM Oceania Chapter Newsletter Aims

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 desired to have as many of our members as possible involved in not only developing the strategies but also implementing them. Please contact your 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.

Measurement
• The development of a Research Committee for the Oceania Chapter of WADEM with appropriate Terms of Reference;
• The inclusion of a regular section, in the WADEM Oceania Chapter Newsletter, of research updates, including papers of significance and journal reviews;
• The presentation and/or publication of research papers at scientific meetings and in journals that involve members of, or acknowledge, the Oceania Chapter of WADEM; and
• The inclusion of an Oceania Chapter session at forthcoming WCDEMs.

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.

Measurement.
• The number of assessments carried out and training programmes developed or contributed to;
• The development of linkages with other education programmes developed, recognized or supported by WADEM internationally, particularly those that support the professionalisation of humanitarian health response;
• The amount of educational material distributed to WADEM members annually through communication in print, or via the internet; and
• The number of symposia and conferences contributed to or organised by WADEM members in the Oceania region.

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.

Measurement
• The number of newsletters produced and distributed, the number of ‘hits’ for the newsletter on the WADEM website;
• The advertising of regional meetings, conferences and seminars;
• Investigation and a feasibility assessment on the possibility of Chapter Conference, with recommendations for a Chapter review and action by end of calendar year; and
• The number of papers and research material circulated.

Coordinated by Graeme McColl

Communication Activity.
This is the first Newsletter for this year.
Enquiries have been commenced to establish a network of Pacific Island health providers to distribute and perhaps contribute to this newsletter.

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.

**CHAPTER MEMBERSHIP**

WADEM currently has 114 members within the Oceania Region; most are in Australia with a few in New Zealand. This year it is hoped to increase the New Zealand membership with a joint conference promotion on the clinical aspects of health emergency management in conjunction with the New Zealand Ministry of Health. We lack coverage in the Pacific Islands and hope to initiate contacts there through distribution of this newsletter to health staff throughout the pacific. To do this, help is required to locate key contacts who would be willing and able to spread our newsletter amongst health staff. Please contact Graeme if you know of anyone who could help with this.

Those 114 members have a wide range of experience and knowledge that would be great to share, a few have done so to date and it would be appreciated if others would contribute to this newsletter as well. Scientific papers are not necessarily an account of experiences, opinions on key issues are just as important.

Everyone is encouraged to spread the distribution of this newsletter; it should be considered a promotional means for WADEM and our chapter in particular.

It is interesting that there are plans to form a Pan-American Chapter and to use our work as an example of what can be achieved.

To keep us ahead we do need members’ involvement, so please support your chapter through our newsletter and strategies.

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

Pre-event check list.

The following link is to a check list developed by Yale New Haven Health (YNHH) in response to the need to prepare for forecast storms. The list could equally be adapted for fires, cyclones, flooding etc., that we are likely to experience in our part of the world.


The following is an extract from the check list.

**Pre-Storm Check List**

**Administrative Departments**

Type of Storm: _________________________________

Anticipated Date and Time of Arrival: ___________________________

Initial when complete

72 Hours Prior to the Storm

1. Inform all staff, patients and visitors of the potential for a storm.
2. Notify all key administrative staff and Board Members of the anticipated plans. Begin and maintain regularly scheduled meetings.
3. Notify all staff to update any recent changes to their contact information (new phone numbers, email addresses, etc).
4. Open the Primary EOC and test all communications and data equipment.
5. Confirm the status of all MOUs, MOAs, contracts and other agreements with partner or affiliate hospitals, agencies, primary and secondary vendors, contract staffing services, transportation (bus and Chair-Car) and ambulance companies or EMS agencies.
6. Confirm contact information, business hours and off-hours for all affiliates, other service agencies and regulatory agencies (DPH, FD, PD, EMS, OEM, TJC, staffing resource companies, etc.)
7. Confirm contact information, business hours and off-hours for all current and back-up vendors.
8. Test the functioning of all back-up communications devices such as portable radios, POTS phones and remote paging systems.
9. If part of your emergency plans, contact your ham operator (or group) and have them install and verify functioning of their equipment.
10. Verify the emergency plans of administrative staff, board members, and other office support staff.
11. Provide information to the Public Information Officer for use in developing risk communications and other new releases to be provided to staff, patients and the public.

Influenza Season

Reported by YNHH, the flu season in the USA has shown a marked increase on last year. 
Arizona 18 cases to 790
Massachusetts 126 to 3,736
New York 84 to 3,975

Strains identified are H3N2 and the dreaded 2009 strain H1N1.
ABC news in the USA has described this as the worst flu season in a decade.

It is time to commence our southern hemisphere prevention programmes!

Thoughts on Earthquake resilience.

Paula Dockrill is a full-time Psychology student at the University of Canterbury. She is married to Graham, and lives with two cats in TC3-ville. (Christchurch talk for the state of your house and land. Ed). Paula gave up her job post-earthquake and followed her dream to study full-time. The following is taken from her comment published in The Press Christchurch with permission to use given by the author.

There are five stages for grieving and I've been through all of them.

Denial: "I cannot believe this is happening to me, this doesn't feel real". The lost feeling seeing a familiar landmark be demolished, or that surreal feeling when you realise it wasn't some foreign city where big bad things happen, but here, in our beautiful peaceful city.

Anger: "This is not fair. Why has Christchurch had an earthquake? Why us? Why should I stay?"
Blaming CERA/CCC/EQC for everything and anything, because I have to have someone to blame for my daily life being unpleasant at times.

The bargaining stage: "You know what? If they save building X, then it will be OK that they had to knock down Y." I'd do anything to turn the clock back and somehow have changed the outcome. Then the depression that follows, giving up, tiredness and lethargy. But now, finally, a quiet acceptance.

I saw a quote recently that resonated with me: "Peace is not the absence of noise or trouble. It is to be in the midst of those things and be calm in your heart." That's where I am. A sense of optimism and

5
excitement for the future, as well as realism and passion for the present. I just have to hold on to that when things aren't easy.

The earthquakes inspired me to follow my passion and I quit my job, and I'm at university finally finishing my degree and then my masters. I have realised what's important in my life isn't "stuff", it's the people. I'm doing things that I love, like performing, because life is too short to be sad and passionless. I have lost so much from the earthquakes, but I now know that I will gain so much more.

After the trauma of December 23, on our Christmas holiday, my husband asked me what I wanted to do in 2012. I said "survive". After some thought, he came back to me and said that we were going to thrive, not just survive. And somehow, I am. We are. It's going to be OK.

*************

AND while on the subject of earthquakes
A magnitude-3.3 earthquake that struck Christchurch on 21 January could be the 11,000th tremor since September 4, 2010. The quake hit at 12.55pm, 15 kilometres east of Christchurch at a depth of 6km.

According to Christchurch Quake Map, the quake was the 11,000th the region has experienced since the magnitude-7.1 struck early on September 4, 2010.

GNS Science geological hazard modeller Matt Gerstenberger said 11,000 quakes was a significant but expected number for the region to have experienced. "Anyone living there knows what it has been like. However, it is in the range of what we would have expected for a region which has had a large earthquake".

Source: The Press Christchurch 16 Jan, 2013

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Christchurch has become many things post-quake - that includes being the ideal human laboratory on how people respond to and cope with such a natural disaster. PHILIP MATTHEWS reports. The Press, Christchurch accessed on line 17/2/2013.

City of sadness, city of sorrow, city of sharing? This one certainly grabbed our attention just before Christmas.

A press release from the Canterbury District Health Board announced a new general manager of its Specialist Mental Health Services. That was possibly interesting in itself, but I was more intrigued by comments attributed to that new manager, Toni Gutschlag. Drawing on more than 20 years' experience working in mental health in Canterbury, Gutschlag said the Christchurch earthquakes had helped to break down some of the stigma that surrounds mental illness. Mental health had become more of a talking point since the quakes, and there is a greater awareness of the importance of mental health and wellbeing.

Chalk that one up as a positive. A few weeks into the new job, Gutschlag is able to talk about this story a little more. "What we've seen within our services, but also what I and many others have seen just as members of the community, is that we're much more aware of the importance of mental health and the impact of stress and it's able to be spoken about in a much more open way," she says.

"The stress and anxiety and worry and pressure that we've all experienced to different degrees since the earthquakes have meant that mental health is now something that can be spoken about without needing to whisper. The sense of shame or embarrassment that might have been there before is not so prevalent. I think that's got to be a good thing."

The question as we approach the second anniversary of the worst quake is: will this endure? It has been often observed that the post-quake period in Christchurch resulted in an increase in community spirit,
however you define that. In the midst of disaster you can get, as writer Rebecca Solnit has put it, a “paradise built in hell”. This openness about our mental health and sensitivity to others is one small version of that paradise.

"My personal view is, of course, it's not the same as when we were in the acute response and in shock, but there is still a genuine interest from a community perspective," Gutschlag says. "If you go the supermarket, people still ask questions about repairs and how people are progressing, how's your family and how are people doing at school, and it is still easier to speak with people that you don't even know well about those areas or points of stress. I think we are still a much more cohesive community than we were pre-quake.

"We heard reports of people who maybe weren't working and had been very unwell for periods of time, they took on roles within their neighbourhood looking after neighbours, and became known by people, and were and still are valued members of the community. Maybe before they had really kept to themselves."

As for its peaks and troughs, there were "increases across primary care" after the February 2011 quake and "now we're seeing some decline in the specialist end". Demand has eased off, but predictions have been difficult. It's commonplace that you often see a delayed effect, with mental-health effects surfacing 18 months to two years after a traumatic event. But, Gutschlag wonders, when do we count from? The September 2010 event? The February one? Or do we start with your repair and insurance challenges?

"I guess what you're saying is a disaster puts things into perspective for us," Gutschlag says. "It does really crystallise what's important and what is not."

Some big decisions about our lives were taken out of our hands in the immediate weeks afterwards, she remembers. "It's relationships that matter, it's taking care of ourselves and our families and the people that are close to us."

In Christchurch terms, we might also take a positive from the immediate response of most of our services. There was a feeling that society worked as it should. Gutschlag: "I was very proud to work in the DHB vulnerable persons team."

Older People and Bushfire Preparedness

(Victoria Cornell, PhD Candidate, Flinders University, South Australia

Victoria Cornell has worked in the field of emergency management for over six years, in the local and state governments sectors. Her current role is with the South Australian State Recovery Office. Victoria is currently undertaking a PhD research project at Flinders University, and is being supervised by Professor Paul Arbon and Dr Lynette Cusack.)

Anecdotally, older people – especially those living in their own homes - are considered to be vulnerable to bushfires and other disaster events. However, little disaster research has been undertaken that principally considers older people, particularly concerning the preparedness phase and the issues that might influence their decision to prepare.

My research has been exploring a range of issues including whether older people really are more vulnerable to bushfires; and does prior experience of a disaster such as a bushfire make a difference to future preparedness. Given the rich life experiences that older people have, their ‘lessons learned’ are surely worth considering.

So, are older people more vulnerable to bushfires? Surely, it is not advancing age alone that makes someone vulnerable; the vulnerabilities of older people are generally due to factors associated with the advancing age, such as impaired physical mobility, pre-existing health conditions, and potential social and economic constraints.

But what of the older person’s life experiences of bushfires – their lessons learned? Having survived a
bushfire, what are their thoughts on preparedness? Early indications from my own research highlight that mental preparedness is considered as important as physical preparedness. For example, one participant informed me that following a fire that destroyed everything but the family home, modifications were made to the property in terms of additional sprinklers, vegetation planted etc. However, it was the fact that she had lived through one bushfire that made her confident that she could cope mentally with

This sentiment was echoed by several participants when considering disaster events that they had not yet encountered, such as an earthquake. While they may feel prepared - in terms of having a bag packed ready to leave the house, extra food in the cupboards, a torch and so on – they cannot imagine what they will feel, mentally, if and when the event actually occurs.

If you are interested in the issue of older people and disaster preparedness, or have any resources that you feel may be of interest to this study, please contact Victoria at victoria.cornell@flinders.edu.au

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Vulnerabilities and Implications for Resilience
The impact of the loss of a single bridge on the West Coast, South Island, New Zealand.

The West Coast of New Zealand is known for its mountain scenery, rainforest and, of course, rain. South Westland gets 10m of rain each year and is, therefore, no stranger to heavy rain.

However, on January 2, 2013 very heavy rain washed away a 10m section of the bridge over the Wanganui River 75 Km south of Hokitika, and subsequently the gap widened to 40M as the approaches were also washed away. The wash-out also severed the fibre optic cable cutting all terrestrial communication and cellular phone links.

The population south of the bridge was cut off by land and without communication at the height of the tourist season. Local calls and satellite phones were the only communications available for 36 hours.

In the 2 days before tourists made alternative arrangements to leave the area via the Haast Pass to the south, stocks of bread and milk in Franz Josef ran out. Milk tankers serving the local dairy farms made a 1000 Km detour and there were some very creative means used to deliver medical and pharmaceutical supplies and laundry.
The bridge was reopened 1 week later at an estimated initial cost of $1 Million, the cost to the population has not yet been measured.

**Implications.**

Much of the southern part of the West Coast has a single main road which runs close to the main Alpine Fault Line and some townships like Franz Josef Glacier are on this Fault. The Coasters are aware of the implications of extensive damage to roads and bridges. The Alpine Fault is due for a major movement and this could cut off all land transport for many months and the alpine passes would also be closed for months. Ongoing aftershocks and instability could intermittently cut off key roads for many more years, and it will still rain heavily.

Current NZ Civil Defence advice is to be prepared to look after yourself and your household for 3 days. South Westland Civil Defence consider 7 days as a minimum and the locals are well aware of this need, however, at the time of the bridge closure the resident population was outnumbered by 10 to 1.

The clinical staff are excellent, but thinly spread and many were caught by the single bridge which was closed. Our challenge is to ensure that the medical resources can cope in the event of a major earthquake.

The closure of this bridge was a valuable lesson.

John Coleman.

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**Improving Health Globally**

The Global Health Leadership Institute (GHLI), led by Elizabeth Bradley, Ph.D., develops leadership at Yale University and around the world through education and research programs that strengthen health systems and promote health equity and quality of care. GHLI brings together policymakers, practitioners and researchers to foster evidence-based problem solving, inspire leadership and debate critical issues in global health.

The GHLI is comprised of faculty, staff and affiliated faculty from diverse specialty areas in an effort to attack the issues facing global health in a multidisciplinary manner. Through research and education programs in China, Ethiopia, Ghana, Rwanda, South Africa, Tanzania, the United Kingdom and the United States, GHLI supports efforts to build management capacity, to improve the reliability of healthcare
delivery systems and to evaluate organizational performance and health outcomes.

GHLI also hosts an annual multi-country, team-based leadership conference at Yale University that aims to strengthen country delegations’ leadership capacity while supporting the development of actionable work plans to address targeted health issues.

To learn more about GHLI, visit: [http://ghli.yale.edu/](http://ghli.yale.edu/)  

*From YNHH Preparedness Report 8 February*

**Should our chapter enter in discussion with this group? Graeme.**

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**Brief Update on the Foreign Medical Team (FMT) Working Group**

WADEM Oceania chapter members may remember an article on FMT registration two issues ago, outlining a WHO and Global Health Cluster initiative to formalise the process of recognizing and coordinating teams. The writing group worked for 5 months on the document, and presented it to the working group in Madrid in November 2012. The draft document has since been revised and will be due for release in the next few weeks. This will be fully discussed in an article in the next news letter, but the latest “hot off the press” news is that 3 types of FMT will exist, along with specialist cells or teams that will be required to join other FMTs or local health facilities rather than work alone. The Types (1-3) will concentrate on;

**FMT Type 1: Outpatient Emergency Care**
- Outpatient initial emergency care of injuries and other significant health care needs

**FMT Type 2: Inpatient Surgical Emergency Care**
- Inpatient acute care, general and obstetric surgery for trauma and other major conditions

**FMT Type 3: Inpatient Referral Care**
- Complex inpatient referral surgical care including intensive care capacity

**Additional specialised care cells/Teams**
- Additional specialised care cells within type 2, 3 or a local hospital

The writing team look forward to being able to release the final document to WADEM Oceania members for comment after it has been approved by the working group in the next few weeks.

**Upcoming events**

Several WADEM Oceania members and committee members are involved in delivering a course in Myanmar to a group of “in-training” emergency physicians on disaster preparedness and response using MIMMS and Emergotrain teaching methods. The course is being conducted under the auspices of the National Critical Care and Trauma Response Centre (NCCTRC), using AusAID funding. Myanmar will host the 2013 South East Asian games in December and so the Ministry of Health and Medical University of Yangon have requested the course in late February to assist in preparation for the games and to begin the process of health disaster preparedness in general. A full report will be available in the next newsletter, and the faculty are looking forward to sharing their experiences of this fascinating country.

Further training and courses will be offered by the NCCTRC with AusAID funding, in PNG in June, more details soon.

The NCCTRC are also offering an interesting course to ASEAN defence personnel (medical) that has been requested by the Australian defence forces, as part of their on-going support to ASEAN military collaboration in disaster response. The course will teach medical needs assessment built on lessons from the ACAPS system, as well as using internationally recognized speakers in the form of Prof. Tony Redmond (HCRI, Univ. Manchester) and Rob Holden (CARE International), Thanh Le from AusAID and Bob Hamby (Australian Red Cross, retired). A brief report will be available in the next issue of the
**Training available for disaster team response (contact your state or national representative or the NCCTRC)**

Australian Medical Assistance Team (AUSMAT) and New Zealand Medical Assistance Team (NZMAT) training:
- Victoria team training, Dookie training campus, 3-5<sup>th</sup> April
- NZMAT team training, Rotorua, 30<sup>th</sup> April-2<sup>nd</sup> May
- AUSMAT Mission Leader, Darwin, 15-20<sup>th</sup> July
- AUSMAT Surgical and Anaesthetic Course, Darwin, 12-15<sup>th</sup> August
- AUSMAT Logistics course, Darwin, 26-30<sup>th</sup> August
- AUSMAT Team Member course, Darwin, 24-26<sup>th</sup> September

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**EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS**

Below are the meeting dates scheduled for the Flinders University Disaster Research Centre bi-monthly information and discussion meetings for 2013. Individual meeting requests will follow.

Please note that a meeting program and information pertaining to presenters and topics will be emailed out closer to the date of each meeting.

- Tues 5 March 9-11AM
- Tues 16 April 9-11AM
- Tues 18 June 9-11AM
- Tues 20 August 9-11AM
- Tues 5 Nov 9-11AM

*Skype participation is available – please contact us prior to set it up
christina.kargillis@flinders.edu.au

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**Monash Disaster Resilience Forum**

Thursday 21 March 2013, 9am to 5pm


Venue: Monash University, Clayton Campus

Forum Overview

2013 promises to be a year of significant change in emergency management. The implementation of recommendations following multiple significant reviews on major emergencies sets the scene for a challenging and promising time in this sector. This forum will provide insight for emergency managers into this “year of change” and will address the following major themes:

2. Leadership in Crises: Leadership in Crisis?
3. Connecting and Leveraging from Experience
4. Progressing Professionalisation – case studies
5. Launch of the Monash Research Masters in this domain

**Online registrations**


The second Forum for 2013 will be held on Thursday 20th June, 2013 on the theme "Building Capacity in Community Resilience"

For further enquiries contact Dr Caroline Spencer, caroline.spencer@monash.edu
The new Monash Masters Research Degree in this domain is available from first semester 2013 and provides professionals working in this domain an opportunity to undertake coursework to enable an independent investigation of their chosen research problem. This opportunity encourages professionals to apply, clarify, critique or interpret their research within this domain to make a contribution to progress emergency services organisations. A minimum of two supervisors support candidates throughout their candidature. For further enquires contact Dr Caroline Spencer  caroline.spencer@monash.edu

(I have ‘Fliers available for these programmes. Graeme)

The Phoenix Leader Education Program
The Phoenix Leader Education Program (Hiroshima Initiative) for Renaissance from Radiation Disaster (2011FY accepted MEXT "PhD Leading Programs") at the Organization of the Leading Graduate Education Program, Hiroshima University, is accepting bright students from around the world who will become future Phoenix Leaders.

We will conduct admission for October 2013 enrolment. This program establishes "Radiation Disaster Recovery Studies" as an interdisciplinary and practical academic field, on the basis of our experiences and achievements at Hiroshima University in supporting recovery from the atomic bomb. The program aims to develop personnel with the skills to "protect human lives from radiation hazards", "protect the environment from radioactivity", and "protect the human society from radioactivity".

Graduates from the program are expected to be core leaders in situations requiring recovery from radiation hazards. The 4-5 year integrated curriculum is designed to develop interdisciplinary and comprehensive global leaders (Phoenix Leaders) who are able to act appropriately in circumstances of radiation hazard, and contribute to recovery with their leadership based on a clear philosophy. By all means, please guide people to become global leaders who will promote revival after radiation disaster.

Phoenix Leader Education Program (Hiroshima Initiative) for Renaissance from Radiation, Hiroshima University
Prof. Okamoto, Tetsuji
Program Executive and Vice President Kamiya, Kenji
Program Coordinator, Research Institute of Radiation Biology and Medicine, Director

[Inquiries] 1-7-1 Kagamiyama, Higashi-Hiroshima, 739-8521, JAPAN

Collaboration Office of the Education and International Office, Hiroshima University
Tel: +81- (0) 82-424-6152  E-mail: leading-program@office.hiroshima-u.ac.jp

Phoenix Leader Education Program (Hiroshima Initiative) for Renaissance from Radiation Disaster HP URL  http://www.hiroshima-u.ac.jp/1p/program/ra/

RESEARCH Assistance Request.

WADEM member Sultan Al-Shaqsi is seeking a grant, estimated cost NZ$1,100.00, to carry out the following research.

Preparedness of New Zealand acute care providers to respond to mass emergencies

A follow-up survey

Applicants:
Sultan Al-Shaqsi, Associate Professor David McBride, Professor Robin Gauld

Background:
Disasters are a growing global phenomenon. New Zealand has suffered several major disasters in recent
times. The state of healthcare disaster preparedness in New Zealand prior to the Canterbury earthquakes was investigated using a cross-sectional survey of 1500 doctors, nurses, and ambulance officers in early 2010[1]. The initial survey found that 70.3% of surveyed healthcare providers had no previous experience with mass emergencies; that 44.8% had no training to deal with mass emergencies. 60% of New Zealand acute care providers were not aware about the principles of the Coordinated Incident Management System (CIMS) that is the national mass emergency structure, and 40% reported not being able to locate a written emergency plan in their workplace. The initial survey in 2010 was the first and only study to assess the preparedness of frontline acute care providers in New Zealand to deal with mass emergencies.

This proposal presents a unique opportunity to carry out a follow up survey that will investigate the influence of the Canterbury Earthquakes on changes in the perceived preparedness of acute care providers in New Zealand to respond to mass emergencies.

The initial report was published in the Emergency Medicine Journal (Impact Factor (F 1.439). The follow up, if funded, will be submitted to the Annals of Emergency Medicine, IF 4.133.

Contact:
Sultan Al-Shaqsi  alssu455@student.otago.ac.nz

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Torrens Resilience Institute Project
The Torrens Resilience Institute has recently completed a project for the Australian Government National Emergency Management Program entitled ‘developing a model and tool to measure community resilience’. On 7 December 2009 the Council of Australian Governments (COAG) agreed to adopt a whole-of-nation resilience based approach to disaster management which recognises that a national, coordinated and cooperative effort is required to enhance Australia’s capacity to withstand and recover from emergencies and disasters. The National Strategy for Disaster Resilience (February 2011) sets out how the nation should aim to achieve the COAG vision. It emphasises that disaster resilience is not solely the domain of emergency services; rather it involves society as a whole.

The project ‘developing a model and tool to measure community disaster resilience' supports the vision of the COAG National Strategy for Disaster Resilience by clarifying the definition of community disaster resilience and developing a tool for communities to measure their disaster resilience to all hazards.

The community using this tool will be better able to build resilience because it:

1) foresees and/or acknowledges threats and risks;
2) works with the emergency services and other agencies;
3) has a sense-of-community and social capital; and
4) takes collective responsibility to reduce the socioeconomic impact of disruptive events, emergencies and disasters.


The Torrens Resilience Institute comprises the University of Adelaide, Cranfield University, Flinders University and the University of South Australia. The Institute aims to be a national and international centre of excellence through the development of advanced thinking in the concept of resilience.
This seminar is directed towards clinicians and is focussed on preparedness to respond to major emergencies in the Pacific.

Managing Clinical Responses to Complex Emergencies: applying lessons learned from recent responses in New Zealand, Australia and the South West Pacific

Location: Holiday Inn, 2 Ascot Road, Auckland Airport
Date: Thursday 18th April 2013

Preliminary Programme
8.15-8.45 Coffee and registration
8.45 Welcome:

Speakers

Dr Mark Little Emergency Physician & Clinical toxicologist Cairns Base Hospital
Prof. Mike Ardagh Emergency Physician & Professor of Emergency Medicine, Christchurch School of Medicine & Health Sciences, University of Otago
Mr. Grant Christey General & Trauma Surgeon, Director of Trauma, Waikato Hospital, Director of Midland Regional Trauma System
Charles Blanch Director of Emergency Management, Ministry of Health New Zealand
Dr Ian Norton Director of Disaster Preparedness & Response, National Critical Care & Trauma Response Centre, Darwin Australia
Mr. Kiki Maoate FRACS Gen FRACS Paed President, Pasifika Medical Association Clinical Director, RACS Pacific Island Programme, Clinical Director, NZMTS Health Specialists Ltd
Graeme McColl WADEM Oceania President
Prof Kristine Gebbie Adjunct Professor, School of Nursing & Midwifery, Torrens Resilience Institute, Flinders University South Australia
Dr Philip Schroeder General Practitioner, Rolleston Medical Centre Christchurch & Primary Care Coordinator, Canterbury Primary Response Group
Professor Peter Aitken Queensland Health.
Elaine Gray Continuing Education Advisor, NZ College of Midwives Christchurch
District Nursing Services (TBC)
Dr Teuila Percival QSO FRACP Vice President, Pasifika Medical Association, Consultant Paediatrician, Director Pacific Health School of Population Health, University of Auckland

Final Discussion

Where to from here? Charles Blanch, Director of Emergency Management; Graeme McColl WADEM Oceania President.
5.00 pm Close.

Contacts: john_boyd@moh.govt.nz or Melissa Fidow pma@pacifichealth.org.nz
**Introducing**

**Christina Kargillis, Disaster Research Centre at Flinders University**

Christina is new to the DRC and is the Research Centre Manager. She has a doctorate in education, focused on educational psychology in the context of how people overcome challenge through change. She is particularly interested in community dynamics where challenges common to community, whether they be economic, disaster, social etc, need to be addressed. This involves a learning process for the community, or factions of the community. Christina’s professional background is based in communications. In her role with the DRC she aims to help the Centre grow through enhancing their networks, communications and processes, as well as engaging in the research.

**CALENDAR OF EVENTS**

<table>
<thead>
<tr>
<th>2013</th>
<th>NZ MoH sponsored, WADEM endorsed conference, Holiday Inn Auckland Airport. Contact <a href="mailto:john.boyd@moh.govt.nz">john.boyd@moh.govt.nz</a> or Melissa Fidow <a href="mailto:pma@pacifichealth.org.nz">pma@pacifichealth.org.nz</a></th>
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<td>April 17-18</td>
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<tr>
<td>May 28 – 31</td>
<td><strong>Save the Date:</strong> 18th World Congress on Disaster and Emergency Medicine (WCDEM), 28 - 31 May 2013, Manchester, United Kingdom.</td>
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**Disaster Myths**

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

You know you are from Christchurch when;
- There are excess car parking areas in the central business district, but there is nothing to do once you park there.

You know you are from Christchurch when;
- Road signs read ‘Warning! Smooth flat road ahead.’

* (This had implications for a Christchurch WADEM Oceania Council member who has been forced to sell his beloved Mini because of the state of the roads)*
A COFFEE WITH

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

This issue: Oran Rigby (Oceania Chapter Council member)

Q. Nickname?
A. Rigs

Q. Where are you working?
A. Trauma directorate Southern NSW and the greater Sydney Helicopter Emergency Medical Service (GSA HEMS).

Q. What three best words best describe you?
A. Energetic, intense, logical

Q. What is your best disaster experience?
A. L’Aquila earthquake Italy 2009, impressive organisational and resource response.

Q. What is your worst disaster experience?
A. U2 Slane Concert 2001, collapse of a human pyramid, tangled limbs with nasty spinal injuries made for a tricky evacuation amongst 100,000 concert revellers.

Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?
A. Albert Schwietzer could have the ration pack, would have appreciated it in Gabon.
   - Instant coffee to Brian O’Driscoll, the Irish and Lions Rugby union captain, leadership, courage and sheer raw talent. Because he needs more caffeine...
   - Cold pizza to Tom Crean, the unsung hero of Shackleton’s and Scott’s expeditions, he’d be used to the sub optimal temperature.

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 graeme.mccoll@ilsogno.info

DISCLAIMER

The comments, opinions and material in this newsletter are those of the respective authors and not necessarily those of WADEM or the Oceania WADEM.