



## **OCEANIA NEWSLETTER**

### **August 2015**

#### **WELCOME!!!**

There has been a range of emergency situations impacting on health throughout or region in the last few weeks, some of course on our fringes. These include:

- Middle Eastern Respiratory Syndrome (MERS)
- Dengue fever
- Influenza (High levels in New Zealand and Australia as I write)
- Flooding
- Volcanic eruptions.

The latter was interesting in the news media reports, as the concerns were about people being stranded in the holiday resort island of Bali. The complaints of many about lack of services and inconvenience in their lives certainly were highlighted. Alas, I cannot recall more than a brief report of the situation being faced by the people living near the volcano. Most of these live a life of existing from day-to-day.

On a positive, my wife and I recently returned to visit Samoa, our last visit was one year after the tsunami of 2009. On both occasions we stayed in the area most affected by the tsunami. Speaking to locals it was great to learn that they believe that facilities and buildings in the affected areas have been rebuilt or repaired to a higher and safer standard than before. Also people are better informed on tsunami-type situations. It was reassuring to note the installation of tsunami warning sirens, sign posted escape routes and shutters built and prepared for installing as required.

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 NEWS

### At the front line

Oceania Committee member, Dr Hendro Wartatmo, is part of an Indonesian medical response team working in Nepal post earthquakes.

### Mentoring for students

The WADEM Oceania Committee is keen to promote and provide mentoring assistance and contacts for students to help with their studies and to gain experience to prepare them for health emergency response roles. **Contact any committee member for assistance.**

### Themes for WCDEM 2019 in Brisbane.

This Committee and the Conference Organising Committee are keen to develop ideas for themes for the WCDEM conference being hosted in Brisbane. Members' ideas can be forwarded to Gerry Fitzgerald at [gj.fitzgerald@qut.edu.au](mailto:gj.fitzgerald@qut.edu.au)

### WADEM Oceania Committee election

This will be held by electronic means at the end of this year. Positions on the Committee are:

Chair

Deputy Chair

Secretary

Committee members.

Note no treasurer as we have no funds.

Please consider standing. Nominations will be called for in October.

## EVENTS/PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

*From Yale New Haven Health bulletin 28 July 2015. Reproduced with approval*

### The California drought and its impact on hospitals

With California entering its fourth year of a record-breaking drought, hospitals are continuing to examine ways that they can conserve water. Hospitals and other healthcare facilities are particularly water-intensive organizations. According to data compiled by the U.S. Energy Information Administration, large U.S. hospitals used about 133 billion gallons of water in 2007. The amount used per bed was roughly the same as the annual consumption of a four-person household.

Facing this demand, coupled with increasing regulation on water use, hospitals are exploring a variety of ways to conserve water. National organizations, such as the American Hospital Association, are developing and releasing tools including the [Sustainability Roadmap for Hospitals](#) to assist healthcare organizations in reducing their water and energy consumption.

### **Stay or Go? The Public's Evacuation Tendencies:**

When a natural disaster - such as a hurricane or blizzard - is bearing down, each of us has a decision to make. Should I stay or should I go?

As Superstorm Sandy threatened Connecticut in 2012, people living along the shore received a mandatory evacuation order. Most did not comply.

To understand why, the Yale Project on Climate Change Communication surveyed 1,130 people who live along Connecticut's coastline. The resulting report provides insights into who would be most likely to leave and how they make a decision to go or stay behind and try to ride out the storm.

The results:

- \* The First Out (21%) will evacuate for any hurricane.
- \* The Constrained (14%) would like to evacuate, but face barriers to leaving.
- \* The Optimists (16%) are doubtful a hurricane will ever hit them, but will evacuate if necessary.
- \* The Reluctant (27%) will leave only if ordered to do so.
- \* The Diehards (22%) are confident they can ride out the storm and won't evacuate.

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### **HHS is pursuing a 20-minute Ebola virus diagnostic test**

To assist doctors in diagnosing Ebola virus disease quickly, HHS-ASPR will pursue development of an Ebola virus diagnostic test for use in a doctor's office, hospital, clinic or field setting that will provide results within 20 minutes.

"Fast and inexpensive point-of-care diagnostics will improve our ability to control Ebola virus disease outbreaks," said Robin Robinson, Ph.D., director of ASPR's Biomedical Advanced Research and Development Authority (BARDA), which will oversee the development program for HHS. "Faster diagnosis of Ebola virus infections allows for more immediate treatment and an earlier response to protect public health worldwide."

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### **EXERCISE POSEIDON**

"Exercise Exercise"

*Exercise Poseidon simulated a 7.1 earthquake in the Kurrajong Fault Complex in the Blue Mountains behind Sydney at 9 am on a Thursday in June. The quake was 'felt ' 300 kilometres away and created reactions from other smaller faults located in the Sydney CBD.*

*Major building and transport routes sustained damage with a train derailment in Penrith and a road tunnel collapse near Leura. The latter trapped a busload of school children. Power, water and gas outages affected 75% of the Sydney Basin, with most hospitals functioning on generators, some suffering structural damage. An underground mine collapse in Lithgow and trapped about 20 miners. Media immediately commenced broadcasting nationally and internationally from helicopters. In the first hour, initial estimates were for over 300 deaths, as many as 2500 injured, and over 50 fires burning across the metropolitan area.*



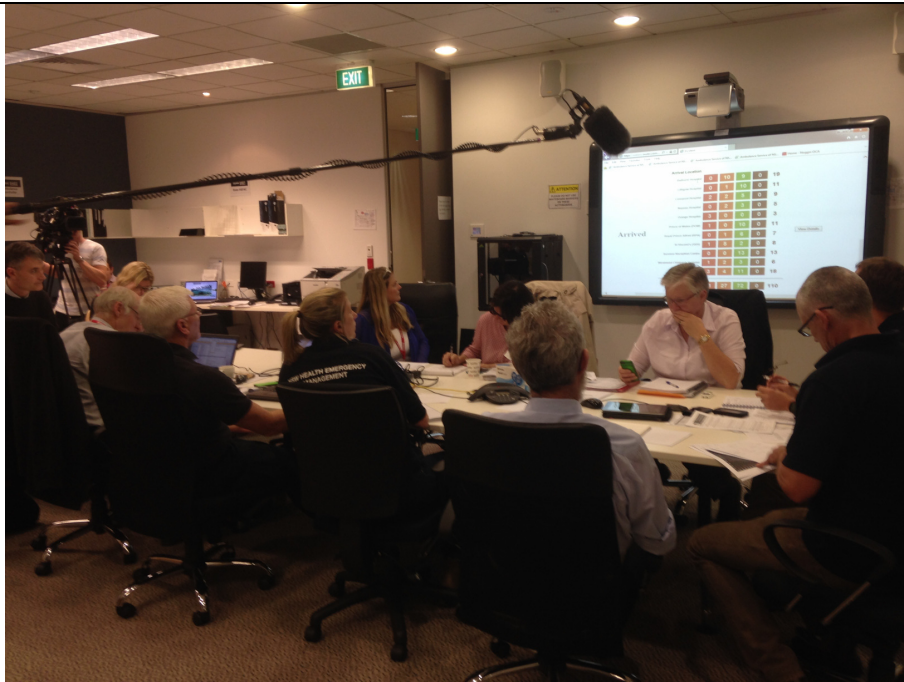
Photo 'Lapstone fault'

"Exercise Exercise"

This scenario, although very unlikely, was devised in consultation with Geoscience Australia to increase the reality of the situation.

NSW Health Emergency Management Unit conducted the exercise on June 11<sup>th</sup> 2015 to test the abilities of NSW Health to provide a "whole-of-health" multi-agency response to a large scale disaster. In particular, it aimed to test the communication pathways between the many incident scenes and the State Health Emergency Operations Centre (SHEOC).





The exercise included emergency management responders from NSW Health and Ambulance, Ambulance NSW Major Incident Emergency Operations Centre (EOC), SHEOC, and Local Health District EOCs at 6 major Sydney hospitals and two major rural hospitals. In order to trial a more comprehensive 'whole-of-health' response, groups not usually included had an opportunity to be involved and test their systems. Participants included general practitioners (GPs), Pathology NSW (forensic medicine), Healthshare NSW and Justice Health & Corrective Services (Silverwater). As usual, NSW Public Health and NSW Mental Health controllers were included. It was run as a modified Emergo Train System in two sites: Bathurst and Northern Sydney Education Centre.

It was the first time general practitioners (GP) were invited to be integrally involved in both the planning and exercise at a state level. Co-ordination and communication between GP support organisations is currently still being defined. This exercise included NSW & ACT RACGP, NSW AMA and two affected Medicare Locals, Nepean Blue Mountains Medicare Local and Western NSW Medicare Local. It enabled testing of current plans within these groups and with other response groups, particularly NSW Mental Health and NSW Public Health. Valuable lessons learned included the need to streamline (intra and inter group) communication pathways. These learnings are being incorporated into current re-evaluation of planning.

**Penny Burns BMed, MPHTM**

NSW GP Liaison Officer

General Practitioner ANU PhD candidate

**Linda Winn MBA, MPH, MN, BN, Dip App Sci (Nurs)**

Deputy Director **NSW Health Emergency Management Unit**

Office of the State Health Service Functional Area Coordinator

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The following is a mental health initiative from the Canterbury District Health Board in response to the increase in mental workload post earthquake.

## New smartphone app designed to improve mental health and wellbeing in Canterbury

All Right? is launching a new app to encourage Cantabrians to look after their mental health and wellbeing.

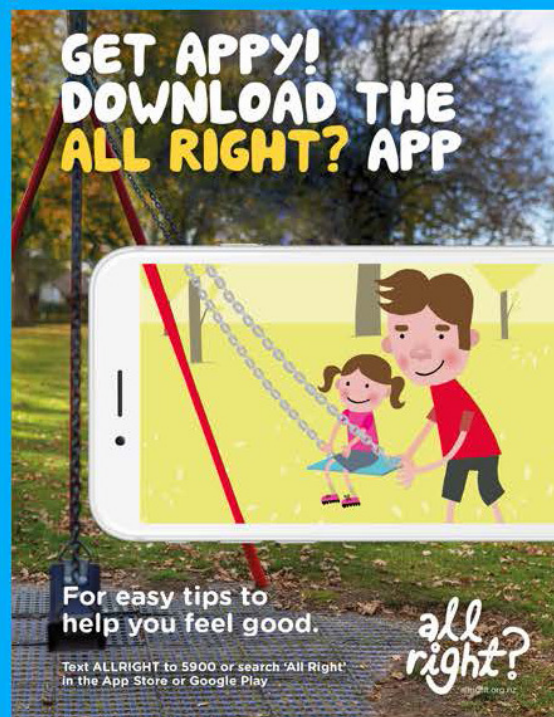
The app will be available from 15 June 2015 via the Apple App Store and Google Play for Android phones. It is the latest tool from All Right? which was set up to help Cantabrians recover from the emotional effects of the earthquakes and related stressors.

All Right? Public Health Specialist Lucy D'Aeth says that the app is a fun way to encourage people to practice things that will make them feel better.

"There is plenty of evidence that being proactive about caring for wellbeing can give us a real boost, even when times are stressful. While there's no magic wand or bullet to ensure good mental health and wellbeing, taking a few simple steps each day to care for ourselves can help us feel better and cope better with the challenges life throws at us. We want people to use the app as a means to improving their mental wellbeing in a busy and sometimes stressful world," says Lucy.

The app offers users an easy 'mini mission' each day. The missions are small actions that international research shows improve mental health and wellbeing. As people complete missions, the app rewards them with positive feedback and bead-filled hearts that show how many goals they've reached.

"The missions are all related to the 'Five Ways to Wellbeing' which were put together by the New Economics Foundation in the United Kingdom after an enormous research project into the things we can do to improve our wellbeing," says Lucy.



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### TRAVEL AND MASS GATHERINGS

In response to the recent MERSCoV outbreak in Korea and with due consideration on upcoming MG events, especially the Hajj, we are glad to announce that revised guidance on Travel and Mass Gatherings on MERSCoV has been published on the WHO website.

[http://www.who.int/csr/disease/coronavirus\\_infections/technical-guidance-travel/en/](http://www.who.int/csr/disease/coronavirus_infections/technical-guidance-travel/en/)

Mass Gatherings Team  
WHO/HSE/GCR/PSR  
Global Preparedness, Surveillance and Response  
World Health Organization  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland  
Email – [massgatherings@who.int](mailto:massgatherings@who.int)

## VANUATU UPDATE

*The following is an extract from the Vanuatu Ministry of Health medical donations policy. This is a comprehensive document and recommended as a guideline for donations. I have a full copy available for any one interested. Graeme*

### MEDICAL EQUIPMENT DONOR POLICY

#### MINISTRY OF HEALTH

Policy document to set guidelines for donations of medical equipment by development partners for commissioning into service with the Ministry of Health

#### 4.2 Principles

The following principles will be applied to acceptance of donated equipment:

- (a) Used electrical or electronic equipment will not be accepted if more than seven years old or if no longer supported by the manufacturer.
- (b) All electrical, electronic or mechanical medical equipment must be supplied in good working condition complete with:
  - (i) Accessories and attachments for immediate use
  - (ii) Operation and service manuals in English and details of availability of user training
  - (iii) Consumables for one year of operations.
  - (iv) Reasonable certainty about the availability of consumables for at least five years.
  - (v) Certification of electrical safety and correct operation by a competent biomedical engineer or biomedical service organization prior to shipment.
  - (vi) Pacific standard 230-240V / 50 HZ mains power supply.
  - (vii) Availability of technical training from a third party for more complex items.
- (c) Non electrical equipment (beds, drips, stands, stainless steel trolleys, over bed tables, bassinets etc) in sound working order and with five years expected lifetime will be accepted if required by a recipient health facility.

## EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

### WADEM Student Club

The WADEM student club is presently led by members of the college of Osteopathic Medicine. It's formation brings together Addiction Medicine, Military Medicine, and Emergency Medicine clubs and sets the stage for civil-military cooperation during medical school. The university is home to many disciplines and [www.UNE.edu](http://www.UNE.edu) 's WADEM club hopes to attract students from the schools of Social Work and Nursing. These students have the potential to become future leaders within the various WADEM sections, chapters, and board of directors. Through mentorship they will become future leaders in disaster medicine and humanitarian assistance.

V/R

Bograkos, MA, DO

FACOEP, FACOFP

COL, MC, FS, USA

(retired)

vice-chair

Osteopathic Physician Section

[www.WADEM.org/osteopath.html](http://www.WADEM.org/osteopath.html)

Interested in joining? Contact Graeme McColl at [Graeme.mccoll@ilsogno.info](mailto:Graeme.mccoll@ilsogno.info)



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## **Edith Cowan University Master of Disaster and Emergency Response**

The Edith Cowan University Master of Disaster and Emergency Response is a nine unit program that can be completed entirely online. The degree equips students to undertake leadership and response roles in both domestic and international disasters. Students study a range of set coursework units and complete two research units where they develop a research proposal, ethics application and complete a systematic review on a research topic of their choice. Students have successfully gone on to develop funded research studies and publish their systematic reviews at the completion of these units.

### **Program Overview:**

- DER6101 - Introduction to emergency management
- DER6102 - Disaster preparedness and mitigation
- DER6103 - Major incident management
- DER6104 - Disaster health principles and humanitarian relief
- DER6105 - Psychological impact of disaster
- DER6106 - Advanced emergency management
- DER6107 - Disaster Recovery
- MMP6101 - Research proposal development
- MMP6102 - Systematic review completion

Students can complete this degree in 1.5 years full time, with part-time study and early exit points available. Students must hold a relevant Bachelor degree or have at least five years experience in an emergency services or emergency management role. If you are interested in this course and are not sure if you have the required qualifications or experience, please contact us to discuss your specific background.

For more information please contact the Course Coordinator - Dr Erin Smith ([Erin.Smith@ecu.edu.au](mailto:Erin.Smith@ecu.edu.au)).

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## **People in Disasters Conference**

Christchurch 24 - 26 February 2016.

The draft programme is now available on the web site.

### **Focus Group Presentation**

#### **Operationalising the deployment and coordination of Foreign Medical Teams (FMT) – Supporting the World Health Organization FMT Global Registry**

This presentation is a must for those interested in responding post disaster to assist affected communities. This includes health workers both medical and psycho-social, support teams, emergency services and rebuilders.

The presentation will cover changes in global practice and the development of the WHO Foreign Medical Team global registry, and outline what organisations and individuals should be preparing for if they intend to join a team. The development of the New Zealand Medical Assistance Team (NZMAT) and recent responses into the South Pacific will be used to illustrate these changes. The coordination of FMTs by disaster affected Governments in West Africa, Vanuatu and Nepal will also be explored.

The presentation will be conducted and led by members of the WHO FMT Coordination Team and deployed staff from NZMAT.

Abstracts submissions for the conference proper close on 21 August and early bird registrations close on 31 August.



Early bird registration only \$450(NZ)

Web site for information [www.peopleindisasters.org.nz](http://www.peopleindisasters.org.nz)

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### **Bushfires and Natural Hazard CRC**

Australian Natural Hazards Management Conference, Perth, 12-15 October.

International day for disaster risk reduction will be held on 13 October as part of this conference.

Theme will be 'Knowledge for life'. Indigenous and local knowledge which compliment modern science adding to resilience.

DisasterDay and conference web sites.

<http://www.bnhcrc.com.au/events/2015-disasterday>

[the official ANHMC 2015 website](#)

Organisation website [www.bnhcrc.com.au](http://www.bnhcrc.com.au)

### **RESEARCH ASSISTANCE REQUIRED**

Consider becoming part of the WADEM Mentorship programme. You can provide mentoring guidance and advice from your training and experiences, or for those studying or working to gain knowledge they can become a 'mentee' and seek help from a mentor.

Contact [graeme.mccoll@ilsogno.info](mailto:graeme.mccoll@ilsogno.info) for initial advice.

### **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**

Contact: [alison.hutton@flinders.edu.au](mailto:alison.hutton@flinders.edu.au)

#### **Osteopathic Physician Section**

Contact: William Bograkov [irisbo@comcast.net](mailto:irisbo@comcast.net)

#### **Psychosocial Section**

Contact: Limor Aharonson-Daniel [limorad@exchange.bgu.ac.il](mailto:limorad@exchange.bgu.ac.il)

#### **Mass Gathering Section**

Chair is Alison Hutton

Contact [alison.hutton@flinders.edu.au](mailto:alison.hutton@flinders.edu.au)

#### **Emergency Medical Response Section**

Contact; [joecuthbertson@hotmail.com](mailto:joecuthbertson@hotmail.com)

**Disaster Metrics Section (Newly established)**

Contact [frank.archer@monash.edu](mailto:frank.archer@monash.edu)

**WADEM Student Section (Proposed)**

Open to students of all disciplines currently being trialled as a student club at the University.

Several student leaders from the University of New England [www.UNE.edu](http://www.UNE.edu) have stepped forward in the development of the first student chapter of the WADEM. These student leaders unite Addiction Medicine [www.AOAAM.org](http://www.AOAAM.org), Emergency Medicine [www.ACOEP.org](http://www.ACOEP.org), and Military Medicine [www.AMOPS.org](http://www.AMOPS.org) clubs through sharing civil-military concepts in disaster dynamics. We hope that Nursing students and students from the University's multiple colleges join our efforts. Drs Thieme and Bograkos will serve as their student chapter advisors.

If interested in a WADEM student club at your university

Contact: William Bograkos [irisbo@comcast.net](mailto:irisbo@comcast.net) or Knox Andress [knoxandress@yahoo.com](mailto:knoxandress@yahoo.com)

CALENDAR OF EVENTS	
<b>2015</b> 23 - 25 October	Chinese Society for Disaster Medicine Shanghai International Forum of Urban Safety and Disaster Medical Rescue. Shanghai China. <a href="mailto:Zhongxinzhao1999@163.com">Zhongxinzhao1999@163.com</a> or <a href="mailto:hpzhangly@163.com">hpzhangly@163.com</a>
<b>2016</b> 24 - 26 February	People in Disasters, Response, Resilience and Recovery, Christchurch, New Zealand. For expressions of interest and further information. <a href="http://www.peopleindisasters.org.nz">www.peopleindisasters.org.nz</a>
18 - 21 April	16 <sup>th</sup> International Conference Emergency Medicine. (ICEM), Cape Town, South Africa. <a href="http://www.icem2016.org">www.icem2016.org</a>
<b>2017</b> 25 – 28 April	<b>Save the Date</b> 20 <sup>th</sup> World Congress for Disaster and Emergency Medicine. WCDEM Toronto, Canada.

A COFFEE WITH
<p>In this section members are invited to introduce themselves to other members in an informal manner.</p> <p><b>This issue: Peter Logan</b></p> <p><b>Q.</b> Nickname?  <b>A.</b> Pedro</p> <p><b>Q.</b> Where are you working?  <b>A.</b> I am a Senior Medical Coordinator at the Aeromedical Retrieval and Disaster Management Branch of Queensland Health in Australia, and a part-time Emergency Physician at a metropolitan hospital in Brisbane.</p>

**Q.** What three words best describe you?

**A.** Innovative, easy going and reliable, according to the colleagues sitting next to me right now!

**Q.** What is your best disaster experience?

**A.** Looking around me whilst helping to coordinate aeromedical disaster response to a Queensland Cyclone, and seeing the quietly determined looks on my colleagues faces as they got on with their jobs. An amazing team.

**Q.** What is your worst disaster experience?

**A.** Responding to an IED detonation in Northern Ireland which had injured friends and colleagues.

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

**A.** Jeremy Clarkson, Bill Bryson and my Great Uncle who went missing in World War 2.

**And Linda Winn**

**Q.** Nickname?

**A.** Several, depending on the organisation

**Q.** Where are you working?

**A.** NSW Health Emergency Management Unit, Australia

**Q.** What three words best describe you?

**A.** Driven, loyal and passionate

**Q.** What is your best disaster experience?

**A.** Seeing the improvement in health's response to disasters over the past 20 years, and the professional way in which the health services in NSW manage disasters.

**Q.** What is your worst disaster experience?

**A.** Newcastle Earthquake 1989

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

**A.** My puppy dog would be the only one!



## ASK AUNTIE

*This section is an advice column where readers can submit their questions and 'Auntie' will draw on many years of experience to provide reasoned advice and counselling.*

**Dear Auntie,**

I have been impressed by your words of wisdom regarding joining and working with health aid teams post-disasters in recent issues of this newsletter.

I am a nursing student and have an aim of joining such aid response teams in the future, but I realise that I need to have experience and knowledge before I would be accepted by an acknowledged organisation. None of my fellow students or tutors has the experience to advise and help me with this. I also intend to develop a research paper on disaster response lessons as part of my studies.

Auntie, I need help to find someone with actual experience to assist me in my studies. Can you provide me with guidance please.

Yours sincerely

Michele

**Dear Michele,**

What noble aims you have for your career, reminds me of myself at your age. Alas, that husband of mine came along and I spent all those years caring for and nursing him, he was very high maintenance you know. Particularly after he bought and starting reading that medical dictionary and then entering his imaginary symptoms on Google, a real cot case from then on.

Speaking of maintenance, it is so important to prepare yourself to be part of a response team. There are now standards for Foreign Medical Teams responding to disasters and you would do well to have a look at these when you are looking at teams so you join one that is properly prepared. The book is available at [http://www.who.int/hac/global\\_health\\_cluster/fmt\\_guidelines\\_september2013.pdf](http://www.who.int/hac/global_health_cluster/fmt_guidelines_september2013.pdf). The cover is such a lovely shade of blue don't you think?

Anyway back to your request; I have spoken to the girls and boys of WADEM in our region and they have promised to find someone to help you. Like Auntie, WADEM is focussed on caring and sharing knowledge and members are just so helpful in finding and volunteering as mentors for students such as you. In fact, in this very issue of the newsletter, there is a contact point for those wanting mentors.

Your letter has been so timely in this respect.

I wish you so well in your studies and desire to help.

In Kindness

*Auntie*



### 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 to improve this Newsletter, are welcome.**

Please forward contributions to Graeme McColl at [graeme.mccoll@ilsogno.info](mailto: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 WADEM Oceania Chapter.