



OCEANIA NEWSLETTER

August 2016

WELCOME!!!

OCEANIA NEWSLETTER INVITED EDITORIAL

Connections and WADEM

Connection

A recent communications company advertisement finished with the exclamation “Connection is everything!” As with this Oceania Newsletter, WADEM assists members from over 47 countries world-wide to connect. These are exciting times to be a WADEM member and connected by opportunities for collaboration and a mission of “global improvement of prehospital and emergency health care, public health and disaster health and preparedness” (WADEM, 2016). The opportunities, products and value for WADEM members continue to grow.

Opportunities

There are many new and coming opportunities for WADEM members to connect. The World Congress for Disaster and Emergency Medicine (WCDEM) is arguably WADEM’s finest product. The coming 2017 World Congress in Toronto, CA, with its theme “*Be inspired – Inspire others! | Laissezvous inspirer – Inspirez les autres!*” promises to be bigger and better, more invigorating than ever before. Congress leadership has dedicated the most remarkable creative and scientific planning resources to make it the most successful and rewarding Congress experience ever. You will not want to miss this learning, sharing and networking opportunity. Be inspired – Inspire others! <https://wadem.org/congress/toronto-2017/>

New WADEM webinars sponsored by the Mass Gathering Section and found on the WADEM web page, are an invigorating and welcome resource presented by disaster leaders from around the globe. There are four additional webinars scheduled at this time, offering a variety of disaster health and medicine-related topics from subject matter experts.

<https://wadem.org/resources/webinar/>

Another opportunity to “connect” and continue the discussion between World Congresses is being facilitated, with an updated WADEM webpage which includes a “Forum” and “Blog” feature, both found under the “Resources” tab. The Forum allows a variety of topics to be discussed by WADEM members, while the Blog features subject postings by WADEM members

<https://wadem.org/resources/blog/>

The first WADEM Student Club at the University of New England, USA, including a multidisciplinary student membership, has hosted discussions on a number of topics including incident command systems, hazard vulnerability analysis and impacts of viral outbreaks. Next year the club plans on participating in a pharmaceutical point-of-dispensing (POD) exercise, among other activities.

We're growing in the Southern Hemisphere. A focus group of WADEM members from Brazil and Columbia have been working to organize a Latin America Chapter and will be reaching out to WADEM members associated with the geographical area.

Features and Benefits for Members

Regular benefits for WADEM members include: <https://wadem.org/resources/blog/>

- An annual subscription to (print and/or online) Prehospital and Disaster Medicine, WADEM's scientific journal;
- Unlimited access to the entire digital archive of Prehospital and Disaster Medicine (31 Volumes) through Cambridge Journals Online;
- Registration discounts for the WADEM Congress on Disaster and Emergency Medicine;
- Participation opportunities in WADEM Professional Interest Sections, Committees, and Regional Chapters, and
- Voting privileges for the Board of Directors.

Promote WADEM's Growth

You can help grow this esteemed organization. WADEM members represent multiple professional disciplines and occupations from 47 countries around the world. We need to increase these numbers and the connections.

- Invite a colleague to join.
- Join and engage at least one of the WADEM sections.
- Give a gift membership of WADEM.
- Circulate/share WADEM resources to colleagues.
- Reference/use the generic WADEM PowerPoint slides and handout materials on the membership side of the WADEM webpage for your presentations.
- For college or university professors/instructors - sponsor a WADEM student club at your school. (Provides a significant discount for student members).

The exciting future and opportunities for WADEM members could never be greater. Let's continue the WADEM mission and grow the organization.

Knox Andress, BA RN, FAEN
WADEM Membership Chair

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

Newsletter Future.

Do we continue with the newsletter or move to the times and concentrate on Facebook Twitter etc?
Feedback please on your views.

Committee Election

WADEM Oceania Committee elections are to be held at the end of this year.

Positions are:

Chair

Deputy Chair

Secretary (Not onerous and I am standing down from this position)

Committee Members.

The committee has the power to co-opt members with special links and skills.

Also required will be an assistant newsletter editor/collator.

Disasters/major incidents in the Oceania region are listed on page 11

DISASTER RESPONSE TIPS AND LESSONS LEARNT.

This is a new offering in our newsletter each issue 3 important tips/lessons learnt will be contributed from those experienced in actual response. Submissions are required for our

future editions.

Here are the tips from **Cameron Anderson** regarding what he learned from responding to Black Saturday as a firefighter. Cameron is now a Clinical Support Officer and paramedic with Queensland Ambulance Service now completing a PhD exploring the use of Australian ambulance call taking and dispatch data for identifying emerging bio-events.

1. **Recognise that some fires can't be fought**

The ferocity of the fire was such that direct fire suppression was out of the question. The most pressing task, therefore, was to ensure that everyone was out of the way. An understanding of when to abandon suppression efforts in favour of issuing appropriate warnings and focusing on evacuation efforts is critical.

2. **Everyone has a responsibility to work collaboratively**

Ego, turf wars and territorialism threaten the entire response, to the detriment of everyone – emergency managers and their agencies included. “All-hazards, all-agencies” has to be more than a mantra – it has very real implications for disaster management. Exercising emergency plans often and in a realistic, detailed manner which involves all agencies, is critical in building the networks, relationships and mutual understandings that underpin any response.

3. **All success or failure comes down to communications**

Communication issues are endemic in disaster response, yet need to be addressed and planned for from the start. Any failure in receiving intelligence, sharing information with neighbouring areas or external agencies, giving instructions to ground crews or reporting up the chain will impact significantly on the safety and efficacy of the response. Additionally, communication with external stakeholders – such as affected communities – is equally as important.

I've tried to make these broad enough that they have general EM applicability, but of course the first one is fire-specific. Having said that, I believe that most emergency managers will be clued enough to contextualise the point to any disaster situation.

The things we found after Black Saturday were 1) that fire was not able to be fought – it was unprecedented – but everything was unprecedented once, so we should be prepared for everything; 2) IMTs were set up and running but not coordinated, with boundaries not defined between them – communication was unreliable – nobody was sharing information – CFA thought they were running the shop, and so did DSE – accordingly, nothing worked well; 3) community information was late or not forthcoming, when it should have been the top priority.

From **Graeme McColl** based on 20 years health emergency planning experience (Including responses) and 28 years policing 23 of those years in management roles. (Yes I'm that young!)

1. **Build your networks in peacetime.**

Not only with those you expect will assist, but also those who might be able to. All the meetings you attend may seem boring, and at times far from useful, however, come crunch time, knowing your contacts, their responsibilities, roles and capabilities is essential.

2. **Establish control and coordination systems from the start of the response**

These must be included in planning. Remember the shambles that was the Haiti response

and establish the mantra that Haiti won't happen here.

3. Don't ignore volunteers

Establish links and roles where they are and feel useful. In response to the Christchurch earthquakes, after initially being ignored, the Student Volunteer Army were linked to the clean-up response and established social media links to active teams in areas where help was needed.

WADEM CONGRESS TORONTO 2017

WADEM Congress on Disaster and Emergency Medicine Toronto 2017

Notes from Organising Committee discussions.

Congress Content

Tracks:

1. Call for Abstracts of Tracks and sub-topics is underway. The Executive Committee agreed to add two additional, for a total of 24 Tracks:
 - Health Systems
 - Spanish Tracks
2. Confirmed that "Animal Welfare" is the desired name for one of the Tracks¹

Workshop Template:

A standardised template has been provided for Track Teams and/or other that propose workshops as a way to manage new Workshops requests as they come in.

NGO Engagement: IFRC, ICRC, Evidence Aid:

Discussions have been held with IFRC and ICRC, they may be interested in holding regular global meetings within the Congress. NGO engagement is a goal of the Congress. Evidence Aid might want to hold a workshop. More updates will follow.

Award Ceremonies:

There will be four:

- i. Peter Safar Award for Service to Prehospital Emergency and Disaster Medicine
- ii. WADEM Award for Global Leadership in Emergency Public Health
- iii. WADEM Humanitarian Award for Excellence in Disaster Management
- iv. President's Award

Committee Members for the first 3 awards will be Demetrios Pyrros, Leonard Cole, Odeda Benin-Goren, and for the President's Award the Committee Members will be Paul Arbon, Paul Farrell and Demetrios Pyrros.

Both Committees have initiated the process of identifying commendable winners.

EVENTS / PROJECTS / PROGRAMMES / RESEARCH / COURSES - REPORTS

Courses available:

Torrens Resilience Institute
Flinders University
Building National and Community Resilience

Executive Education Program

Black Swans Course

15th & 16th SEPTEMBER, 2016

Boardroom North, Level 11

Flinders University

Victoria Square, Adelaide

Contact: www.flinders.edu.au/TRI

Proving a WADEM success are the Mass Gatherings webinars (Latest was on Friday, 5 August) All are/will be on the Web <https://wadem.org/resources/webinar/>.

There will also be a webinar for the Emergency Medical Response Section coming soon, but I don't have the details yet.

Chris Piper from the TorqAid Disaster Consultancy, is promoting the new online version of their 'Disaster Risk Management' course, covering Disaster Risk Management Cycle; Risk Management and Disaster Risk Reduction. Said to be very reasonably priced per module. There is also a short video on the web page where Chris presents some information about the course.

<http://www.torgaid.com/training/>

The 13th Asian Pacific Conference on Disaster Medicine is being held in Bangkok in November this year. Abstracts have now closed but Oceania members may be interested in attending. More information is on the Conference web site at <http://www2.vajira.ac.th/apcdm/a/>

The 15th World Congress on Public Health is being held in Melbourne in April, 2017. Abstracts close 26th August, 2016. there is the potential for disaster related papers to be presented. More information is on the Congress web site <http://www.wcph2017.com/>

Melbourne is one of the 100 cities supported by the Rockefeller Foundation's 100 Resilient Cities project. In our region, Sydney, Christchurch, Wellington, Melaka (Malaysia), Semarang (Indonesia) and Singapore are also included in the 100 cities. Melbourne recently launched its Melbourne Resilience Strategy available at <http://resilientmelbourne.com.au/strategy/>

A MUDRI project is included as an Activity in the Melbourne Strategy.

The first 14 strategies are available at <http://www.100resilientcities.org/strategies#/-/>

Contributed by Frank Archer.

Young children's responses to September 11th

I have read two articles on the effects of terrorism on children that I would recommend to others interested in this area.

2009 Klein et al. Young children's responses to September 11th: The New York City Experience. Full text is available online at: http://barnard.edu/sites/default/files/inline/imhj_klein_et_al_1-09.pdf

This article describes the reactions of children 5 years and younger who were living in the vicinity of Ground Zero on September 11. They held focus groups for 67 parents, looking not only at the children's behaviours but the changes in parenting behaviour. The descriptions of the children's behaviours are quite vivid.

2016 Cobham et al. The Role of Parents, Parenting and the Family Environment in Children's Post-Disaster Mental Health.

This article is available at: <http://link.springer.com/article/10.1007%2Fs11920-016-0691-4>

It examines the evidence for parent-related variables on children's post-disaster mental health and proposes therapeutic targets in working with these families.

Will this work as a new Section for the Newsletter? We could rotate through the Committee and ask for each member to contribute twice in a year to this section.

Cheers,

Penny Burns

RESOURCES

Mass Shootings - Active Shooter Resources for First Responders and First Receivers

These were provided in the June issue.

(No guarantees re links as they have not all been tested – Graeme)

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: <http://www.wadem.org/nursing/comm/>

Osteopathic Physician Section

Contact: William Bograkos irisbo@comcast.net

Psychosocial Section

Contact: Limor Aharonson-Daniel limorad@exchange.bgu.ac.il

Mass Gathering Section

Chair: Alison Hutton

Contact alison.hutton@flinders.edu.au

Emergency Medical Response Section

Contact; jocuthbertson@hotmail.com

Disaster Metrics Section (Newly established)

Contact frank.archer@monash.edu

WADEM Student Section (Proposed)

WADEM Student Club

WADEM Student Club at University of New England – A Membership Pilot Project

Contact: lidia.mayner@flinders.edu.au

CALENDAR OF EVENTS

2017
25 – 28 April

Save the Date
20th World Congress for Disaster and Emergency Medicine. WCDEM
Toronto, Canada

A COFFEE WITH

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

This Issue: Elizabeth Noble (Liz is our wonderful wordsmith who provides the fine tuning to the newsletter, similar work to her former role as Frank Archer's PA.)

Q. Nickname?

A. None really, but a few years ago, out of the blue, my youngest grandchild called me Lizzie and now he and his sister stick to it! My other two grandchildren just call me Liz.

Q. Where are you working?

A. Retired at home, proof-reading the WADEM Oceania Newsletter every couple of months, and I spend 6 months in Scotland (in their winter) and 6 in Melbourne!

Q. What three words best describe you?

A. Hard-working, honest, loyal.

Q. What is your best disaster experience?

A. Fortunately for me, I am not in the same position as those WADEM members who have been exposed to, and affected by disasters, and therefore have not experienced any.

Q. What is your worst disaster experience?

A. Ditto the above.

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

A. If I drank tea or coffee, Judi Dench, Barbara Windsor and Helen Mirren.

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 having some philosophical discussions with friends recently about the treatment of casualties following major injuries in smaller, often under-resourced nations.

We all donate to reliable charities to assist when events happen and those groups then flood into those nations to provide aid, compete for donations, treat patients and then leave the locals to their own devices. I often worry if they are then able to cope with any follow-up action required.

I, and my friends, are interested in your opinions on this issue.

Sincerely

Martin.

Dear Martin,

Philosophical discussions indeed and you still have friends, they must be true devotees. I had those sorts of discussions with my late husband, and at times some mild force was needed to entice him to agree with my philosophical visions.

What you have raised has been in my thoughts lately as a friend from such a nation mentioned to me that, following a recent casualty incident, the medical fraternity had all the skills and experiences to assess and treat the casualties but not the resources (such as equipment, and medical supplies) to provide the service they were capable of.

A real shift in the way we all contribute to emergency responses would be required to remedy this situation. Would we all be prepared to donate to Governments to enable them to strengthen health services? Could we be sure that the money would reach the services needing it?

Many people have raised funding and sourced equipment needed for health services in some of the less affluent nations in our region, but this takes time and is not always practical immediately following an emergency incident. Such donations need to ensure that they are suitable for the purpose, are in working order, and the locals have the experience and skills to use and maintain them. Often, simple donations like crutches and wheelchairs, are the most appreciated.

What we really are discussing here is providing long-term support with equipment, and training for medical staff in these nations. Such support does require initial accurate assessment and discussions with local providers and authorities to ensure requirements and needs are met. At best, if the donated goods could be purchased in the country receiving them, this ensures that there would be follow-up contacts and does boost the local economy.

So Martin, perhaps you and your group of philosophers could contact the health services somewhere and discuss their needs and desires (Health-wise of course), and consider providing assistance in the form of donations.

The influx of other groups post-disasters is unavoidable and must be controlled to meet the requirements of the situation, and not the egos and pockets of those responding.

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 gmccoll@wadem.org

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.

Disasters in Oceania: 2016 (CRED/OFDA International Disaster Database – www.emdat.be)

Year	Country Name	Disaster Type	Total Deaths	Affected	Injured	Homeless	Total Affected	Total Damage
2016	Australia	Wildfire	2			486	486	4200
2016	Fiji	Storm	43	350000			350000	470000
2016	New Zealand	Flood		300			300	
2016	Papua New Guinea	Transport accident	12					
2016	Tonga	Storm		392			392	

D. Guha-Sapir, R. Below, Ph. Hoyois - EM-DAT: The CRED/OFDA International Disaster Database – www.emdat.be – Université Catholique de Louvain – Brussels – Belgium.