



WADEM Oceania Chapter
Newsletter No 16
Jan – Feb 2014

WELCOME!!!

I'm inspired for this newsletter on my pet subject of resilience, stemming from one of the joke emails circulating for the over 50's on how things were when we were young.

The life experiences that we joke about (how tough and non PC they were) actually prepare us with the resilience to cope, or not, post-event. My wife Angela volunteered on the hot line supporting aged residential care post-Christchurch earthquakes (she also volunteered in a hospital kitchen, but that's another story) and she found in many cases care facilities reported the aged residents were coping better than staff. The life experiences of loss of electricity, basic cooking skills, self entertaining, making do, came through.

However, while that generation coped then, I believe based on some expressed views that the later coping with insurance companies, moving out to arrange repairs and living in damp conditions for prolonged periods, saw a loss or reduction of that earlier resilience. This demonstrates the need for health services to continue to monitor the wellbeing of an affected population, and work with a wide range of services, including infrastructure rebuilding and councils to support and advise the community.

Along the lines of providing support and monitoring our population, a recent Saturday newspaper featured a report that 1 in 5 children were showing symptoms of Post Traumatic Stress Disorder (PTSD). (*See article, links and comments later in this newsletter.*) The report was based on research by a team of health professionals, however, like many newspaper reports, it lacked details of the methodology used and the full findings. There are just so many variables likely to affect this research.

Further distractions here are, of course, the dislocation following the shakes, parents battling insurance repair claims, uncertainty over housing, crowded living conditions changed city conditions. Then there is a big reshuffle of schools in the worst affected areas happening, with some principals and school boards fighting the changes and using children in their fights. The research is ongoing and has certainly highlighted problems among children that will require monitoring and careful attention.

Interestingly, immediately following the February shake, an associate minister for health was expecting all reactions to be PTSD. No doubt an 'advisor' had a pet interest/slant on this. What we had was a lot of earthquake anxiety. This was pointed out to the said minister on many occasions by qualified health professionals. But he still required lengthy daily reports.

Finally, on a touch of possible normality, our region has started the year with the usual, cyclone, earthquake, bushfires and volcanic eruption events...

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*

WADEM Oceania Chapter Newsletter Editorial Committee

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Message from the Oceania Chapter Chair

Hello,

It is my great honour as the new Chair of the WADEM Oceania Chapter to welcome you to this edition of the newsletter.

The Oceania Chapter, as many of you are aware, is the first regional Chapter for WADEM, and continues to grow. While this growth has involved the efforts of too many people to mention (you know who you are and thank you) I would like to specifically mention the efforts of one person - Graeme McColl.

Graeme, while stepping down as Chair, has agreed to stay on as Secretary of the Oceania Chapter. He is also filling the role of Vice-President of Communities of Practice for WADEM internationally. Graeme has been the driving force behind the Oceania Chapter and done this while personally involved in, and affected by, the Christchurch earthquake. He needs to be recognized, and acknowledged, for his efforts. So please, wherever you are at the moment, put your hands together for Graeme. Or better still, raise your glasses, cups of tea, depending on what time of day it is for you now.

The WADEM Oceania Chapter Committee also has a number of new faces and seen the departure of some old friends and colleagues. These departures have been associated with significant and wonderful changes in the professional and personal lives of these members so our congratulations to you, even though we are sad to see you go. Every cloud has a silver lining though and I would also like to congratulate, thank and welcome those new to the Committee. We have gained some wonderful, talented new members. The membership of the new Committee is included in this edition of the newsletter and you will all have the chance to get to know them even better over future editions as they get roped in to have

coffee with Graeme and feature in some new sections over the next 12 months.

I know many members of the Chapter already but would like to meet all of you over the next couple of years. That may not be in person, or while sharing a ration pack (this is an unashamed plug for the 'coffee with' section) but please feel free to send me an email and say hello.

WADEM, like many professional organisations presently, is evolving and going through a period of change. I would like to start my term as Chair to ask you all to be a part of that.

WADEM is a truly global organization with members from over 50 countries and from an incredibly wide range of professions. That diversity, just as it can be a challenge, is WADEM's strength. It allows us to broaden our networks and learn from each other. WADEM is so much more than a great journal (Pre-hospital and Disaster Medicine) and a wonderful scientific meeting (next WCDEM is in Capetown in April 2015 – lock in the date). WADEM is its members. That's why I am asking you all to stop and think for a minute and answer a couple of simple questions.

- What is it that WADEM can do for YOU?
 - What would help you?
 - What would be of value to you in your roles in disaster management?
- What is it also that WADEM can achieve within the Oceania community?

The answers to these questions will help determine our priorities for the next two years. Having the membership, you, determine the elements of the work plan for the Chapter, will help us meet your needs. It should also help us continue to grow and attract new members, the strength of the Chapter.

So – when you drop me an email to say hello and introduce yourselves, tell me the answers to these questions. I look forward to hearing from you and thank you for trusting me to Chair your Chapter.

Cheers

Peter

WADEM OCEANIA CHAPTER ELECTION RESULTS

Chair; Peter Aitken

Deputy Chair: Joe Cuthbertson

Secretary: Graeme McColl

Committee:

John Coleman

Thompson Telepo

Caroline Spencer

Sarah Weber

Penny Burns

Co-opted Members:

Ian Norton: WHO Geneva

Skip Burkle: Hawaii

Hendro Wartatmo: Indonesia

Erin Smith: Scientific/Research.

Profiles of the committee are available on the website www.wadem.org under Chapters. Short bios will be included in the next newsletter.

EVENTS/PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

A draft strategy from the current WADEM Board of Directors is to build ties with the World Health Organisation regions. Oceania is part of the Western Pacific Regional Health Organisation.

The Western Pacific Region, one of the six regions of the World Health Organization, is home to approximately 1.8 billion people, more than one-fourth of the world's population. It stretches over a vast area, from China in the north and west, to New Zealand in the south, and French Polynesia in the east. One of the most diverse of the WHO regions, the Western Pacific constitutes some of the world's least developed countries as well as the most rapidly emerging economies. It includes highly developed countries such as Australia, Japan, New Zealand, the Republic of Korea and Singapore; and fast growing economies such as China and Viet Nam.

There are 37 countries and areas in the Western Pacific Region.

ICRC: Health Care in Danger

Violence against health-care workers, facilities and beneficiaries, leads to lack of safe access to health care for millions of people around the world and can be considered as one of the most serious humanitarian challenges today. Yet it often goes unrecognised.

An ICRC study based on data collected in 16 countries between 2008 and 2010 shows patterns of violence that hinder the delivery of health care, ranging from direct attacks on patients, and on medical personnel and facilities – including looting and kidnapping – to arrests and denial of access to health care.

For full report go to: http://ec.europa.eu/echo/news/2013/icrc_healthcare_in_danger_en.htm

From Yale New Haven Health Bulletin reproduced with permission.

Nationwide Purified-Protein Derivative (PPD) Shortage

A nationwide shortage of purified-protein derivative (PPD) tuberculin antigen continues to be a problem for the healthcare system across the country. Since early in 2013, the two main manufacturers of the PPD solutions announced that they had to postpone the release of the product. As a result of the shortage, many facilities have not been able to administer the annual test to their employees. The Centers for Disease Control and Prevention (CDC) has recommended that the available solutions be allocated for patients with suspected cases of tuberculosis. Other recommendations are the use of interferon release assay blood tests instead of PPD skin test, and substituting Aplisol for Tubersol (PPD) for skin testing. [Click here](#) for updates on the PPD shortage or [click here](#) further information regarding the CDC recommendations.



Typhoon Haiyan



On November 8th, the Philippines were struck by Typhoon Haiyan which killed 6,102 individuals and injured over 27000 more; currently, 1,779 people are still missing. The government estimates that it will be at least three months before streets are clear of debris. The cost of damage is estimated to be at \$837 Million. Reportedly, at the time of this writing, 41% of healthcare facilities (mostly hospitals) cannot provide optimal medical care to their communities. Although the lack of healthcare services places all citizens at risk, it is particularly worrisome for pregnant women living in a nation that has one of the highest birth rates in Asia, with nearly 900 births per day. Currently, obstetrics and maternal health services are for the most part unavailable, as much of the healthcare system has yet to recover from the Typhoon's aftermath. [Click here](#) or [here](#) to read more on this disaster.

Carbon Monoxide Poisoning - A Silent Threat

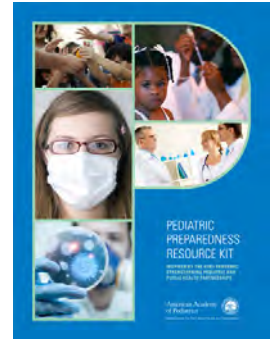
The colder temperatures of the winter season unfortunately result in commensurate increases in carbon monoxide poisonings, as individuals try to keep warm by burning various types of fuels. Carbon monoxide (CO) is a colorless, odorless gas that is produced by the incomplete combustion of materials. During the winter, people generally seal their homes to conserve more heat. However, because the house is more air-tight, it is also more likely to trap carbon monoxide that is often produced by furnaces, for example. Other sources of CO are generators, vehicles, boilers, gas grills and stoves. [In the aftermath of Hurricane Sandy last year, many people were sickened or killed by CO](#) after using portable generators and gas stoves that were not properly ventilated.



Symptoms of CO poisoning include headache, dizziness, weakness, nausea and vomiting. Although these symptoms are also common with influenza, CO poisoning is not accompanied by fever which is common in influenza patients. CO poisoning should be considered if a patient's medical history indicates the possibility of CO exposure, or if there are multiple people who live at the same location and exhibit CO-related symptoms. Public health departments and healthcare facilities should remind residents and patients to take appropriate steps to prevent CO-related illness or possibly death. This includes the proper ventilation for fuel-powered equipment, proper placement (at least 20 feet from doors and windows) of generators and grills, and the installation of CO detectors in the home. [Click here](#) for a toolkit on Carbon Monoxide Poisoning Prevention.

Pediatric Preparedness Resource Kit

In collaboration with the CDC, the American Academy of Pediatrics developed a Pediatric Preparedness Resource Kit based on lessons learned from the 2009 H1N1 pandemic. The purpose of the Resource Kit is to encourage discussions and decision-making among pediatric and public health leaders to advance preparedness planning for pediatric populations. Specifically, the Kit aims to increase state- and community-level preparedness efforts regarding how best to address children's needs before, during and after public health emergencies. It provides planners with information on establishing coalitions on pediatric preparedness, developing plans for pediatrics in disasters, tips for improving communications with pediatric providers, and working with high-risk groups.



From Christchurch Press 1 February 2014.

Children suffering from stress aftershock

John McCrone

john.mccrone@press.co.nz

Up to a fifth of the children starting school in parts of Christchurch worst affected by the earthquakes are showing signs of post-traumatic stress disorder (PTSD), university researchers say.

A team from the University of Canterbury school of health sciences, led by Associate Professor Dr Kathleen Liberty, has been comparing the psychological health of 5-year-olds beginning school in Christchurch's east and

south suburbs before and after the quakes.

Liberty said the study last year found the classic cluster of trauma symptoms – anxiety, aggression, withdrawal, concentration difficulties – at levels ranging from 14 to 21 per cent in the different schools.

Liberty said it was a myth that young children were more resilient than adults because the enormity of events simply washed over

them. “These kids are having difficulty coping.”

Liberty said teachers were reporting there was increased evidence of stress across all primary school aged children. “And international research does tell us the third and fourth years after a disaster are the worst.”

Co-researcher Dr Sonja Macfarlane agreed. “We’re hearing repeated stories about playground behaviour – that children aren’t playing the same, not sharing, that there’s a lot more fighting, aggression and anger.”

Visiting researcher Dr Akiko

Nanami, of Hiroshima Shudo University, has warned that the full impact on the young could take years to emerge.

Nanami said 10 years after the devastating 1995 Kobe earthquake, the city saw a sharp spike in teen suicide and delinquency.

Liberty said Canterbury’s health services geared up to cope with a predicted increase in stress-related physical ailments like heart attacks after the earthquakes but she believes it is now underprepared for the degree of mental stress appearing in the very young especially.

For full media report: <http://www.stuff.co.nz/the-press/news/christchurch-earthquake-2011/9674021/Quake-stress-hurting-our-young>

A review of the above by Dr Jeanne Le Blanc.

The article does take a bit of a gloomy perspective, suggesting that the kids are already on a damaged trajectory which will just cause problems in the future -- and talks about there really aren't guidelines for treatments. That is not true -- and it could be the writer's error, I suspect. There has been a lot of work done with working with kids, post-traumas. Maybe not recurrent earthquakes, per se, but there is data for other natural disasters, conflicts, etc. The idea of people being encouraged to not talk about it -- too bad they had that message, as that is not the best advice. It is true you don't want to go on and on about it with kids, but you do want to open the door to it -- and see where they take you. Some young kids will lead you to it through play therapy and such (i.e. such as the mosaic), other kids will prefer to focus on other things, but then come back to it later. It is kinda like taking a kid to the swimming pool, and then letting them decide where and when they may dip their toes in -- with you helping when they show an interest. I also note that the article quotes impressions from Japan -- such a different culture in respect to expression of fears and concerns -- both as individuals and a group. The generalizability to you guys is somewhat limited by this, IMHO.

Jeanne M. LeBlanc, Ph.D., ABPP, R. Psych.

Diplomate Rehabilitation Psychology

Practice in Rehabilitation Neuropsychology
Registered Psychologist, British Columbia
Licensed Psychologist, California (CA 17925)

'Crisis' for mentally ill.

Headline The Press Christchurch 15 February 2014

800,000

Canterbury District Health Board (CDHB) has invested more than \$800,000 as a direct result of the 'housing crisis'.

130

More than 130 mental health patients
Overstaying in hospitals in overcrowded accommodation or homeless.

35%

Increase in new patients since 2011 for Psychiatric emergency services.

40%

Demand increase for child and youth community mental health services.

20%

Demand increase for adult community mental health teams.

400

Average of patients needing emergency psychiatric treatment each month.

94%

Adult inpatient acute unit occupancy in January 2014.

Housing crisis in Christchurch is in the lower bracket affordable housing stocks, much of which was destroyed in the earthquake, and the rise in accommodation rental costs since then.

Post earthquake mental health issues and developments 5 years on will be a featured stream at the People in Disasters conference in February 2016.

Academy of Emergency Nursing Launches EMINENCE Program

The Academy of Emergency Nursing (AEN) debuted the EMINENCE (Establishing Mentors Inter Nationally for Emergency Nurses Creating Excellence) program immediately following the 2008 ENA Annual Conference in Minneapolis.

AEN Board Chairperson Jean Proehl, RN, MN, CEN, FAEN, presented an overview of the program at Friday's General Session. She shared the list of 10 mentors and mentees who will be matched up for the year-long pilot program beginning Sunday.

"This is a formal mentoring program designed to pair up fellows from the academy with experienced emergency nurses who are ENA members for a specific goal or project," explained Proehl. "It could be publishing, research, an advanced practice role development – it could be almost anything as long as they convince us it's a worthy project."

The pairs participated in a four-hour training session and will be in regular contact via phone and e-mail for the duration of the project. "The projects submitted are all ones that can be reasonably accomplished within one year. After that, of course, it is up to the mentor and mentee if they want to continue their relationship," said Proehl.

The goal of the EMINENCE program is to allow academy fellows who have a wealth of experience in research, publishing and other areas to share their expertise with less-experienced emergency nurses. Proehl noted that projects designed to fulfil a mentee's academic requirements or management goals would not be accepted, as there are other avenues for that type of mentoring. Finding mentors in research and publishing can be more difficult.

"Many people will find a mentor on their own, but if you're not well-connected or don't happen to know anybody who does what you want to do, that can be a challenge," she said. The academy fellows number 68 living and two deceased following Friday evening's induction ceremony. "This idea for this project came from the fellows," Proehl noted. "We had lots of ideas for what we could do to give back to the specialty of emergency nursing and to ENA, and this seemed like the best one to start with."

"We are all very excited about this," Proehl said, adding with a laugh, "It is something we can do besides pat each other on the back."

For more information contact Erin Downey at edowney@wadem.org



A success story in the Canterbury Health post earthquake(s) response was the ability of primary health providers to control and coordinate health providers to provide a continuance of health services.

The ability, acceptance and means to do this did not happen by chance, nor was it enforced on the group by health authorities. The advent of SARS worldwide and the problems associated with any health response identified that an organised response to such outbreaks was essential, both for providers and patients. This led to the formation of the Canterbury Primary Response Group.

Those involved in the group:

Agencies and Funders.

- Ministry of Health
- Canterbury District Health Board
- Hospital & Secondary Care
- Community and Public Health
- St John (Ambulance Service Provider)
- City Council & Civil Defence
- Aid Agencies e.g. Red Cross
- Mental Health NGOs
- Private Hospitals
- Hotels
- Media & Communications

Primary Health Providers.

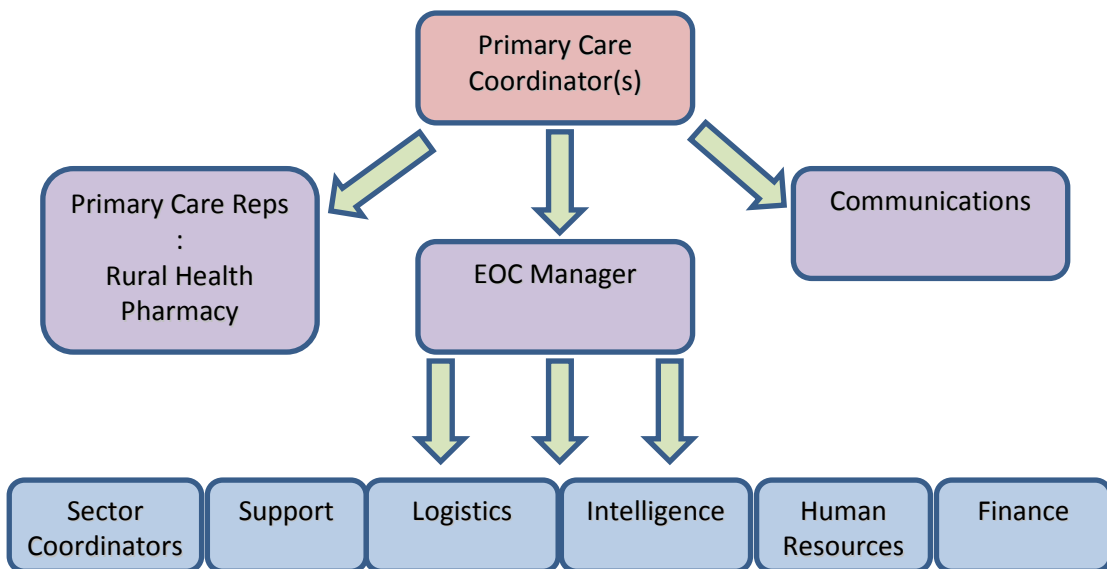
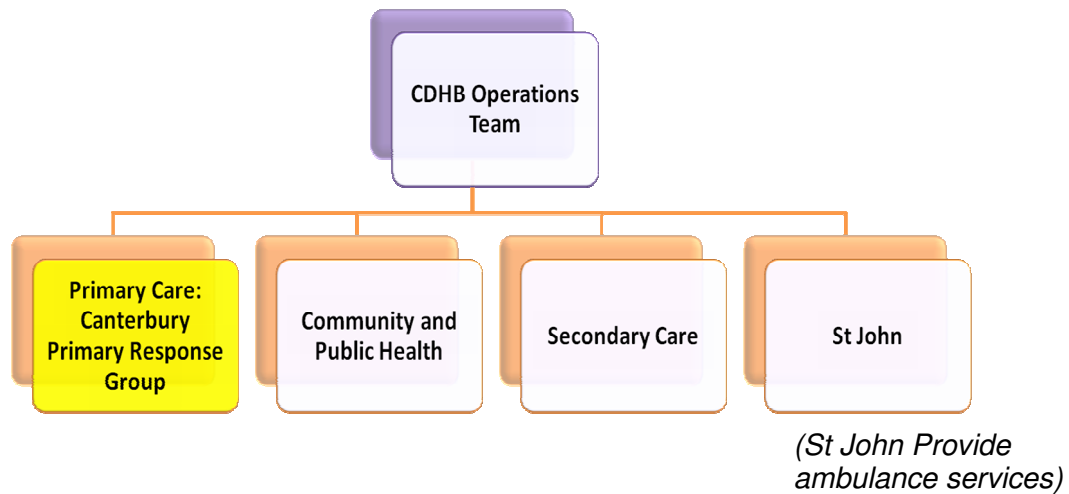
- Primary Health Organisations
- General Practice
- 24HS & After Hours Clinics
- Pharmacy
- District Nursing + Home Care
- Plunket (baby & infant services)
- Maori Community Health
- Allied Health Workers
- Rest Homes
- Radiology & Laboratories

Discussions held clearly demonstrated that response to events such as SARS required wide cooperation from agencies and providers. Training packages were prepared and exercises held. This preparation meant that when H1N1 influenza pandemic hit, Canterbury residents primary health was prepared and able to provide a safe coordinated response. Further lessons were learnt, then applied and discussed at continuing meetings and training sessions. Involvement continued and interest was maintained.

Then Canterbury was hit with earthquakes, the most serious in February 2011. The fall out

from this was that one GP practice, including staff, was completely destroyed, many other clinics, pharmacies and other health locations damaged or destroyed. A controlled and coordinated response was required to maintain, as best as able, health services.

The organisational structures for managing this were.



These structures operated for many months to manage to primary health response, which included assisting with temporary premises and essential facilities, moving staff and supplies to meet the needs of the relocated population.

Some of those essential facilities/supplies to enable service continuity.



The lessons learnt for primary health providers, along with the planning and preparation.



(Information supplied by Dr Philip Schroeder, Chair CPRG, & David Roseveare Planning Officer CPRG)

For further information <http://www.primaryhealthresponse.org.nz/>

EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

Emergo Train System Psychological Patient Bank Development project.

The NSW Emergo Train System (ETS) Faculty is currently undertaking a project, in conjunction with ETS Competence Centre, Katastrofmedicinskt Centrum (KMC), Centre for Teaching and Research in Disaster Medicine & Traumatology, University Hospital, Linköping, Sweden.

This project is to develop an Emergo Train System Psychological Patient Bank for use in disaster exercises. The project, led by Linda Winn, Deputy Director NSW Health Emergency Management Unit will review, test, and evaluate a psychological patient bank to be used internationally in Emergo train exercises.

Emergo Train System is a pedagogical simulation system that can be used in education, testing, and evaluation in disaster and emergency medicine, disaster preparedness and organisational readiness. The ETS tool is used for creating awareness and management of disasters in various settings and organisational levels.

ETS can be used by health care, ambulance services, rescue services, fire brigade, police, military, Non-Government Organisations, and other organisations involved in disaster response and management. It consists of material comprising of magnetic symbols representing staffing, resources, assets, and patients. The fundamental component is the patient bank which allows performance to be evaluated in relation to patient outcomes.

Continuous development of the ETS is the responsibility of the ETS Competence Centre, Katastrofmedicinskt centrum (KMC), Centre for Teaching and Research in Disaster Medicine & Traumatology, University Hospital, Linköping, Sweden.

In 2012, the ETS Competence Centre began a project to further develop the victims with psychological shock. The reason for this development was to include staff working with those survivors such as counsellors, psychologists, psychiatrist etc. in ETS exercises. The plan is that those survivors will have categories so the decisions made for those patients can be evaluated. The ETS Competence Centre has developed the categories together with subject matter expertise in psychological management/support.

The purpose of the NSW ETS Psychological Patient Bank Development Working Group is to review and assess the patient (survivor) data provided by the ETS Competence Centre, develop key performance indicators (KPIs) for psychological victims, trial the patients at an exercise, evaluate the findings on the psychological patients, and provide an evaluation report to the ETS Competence Centre.

This evaluation of psychological patients in the ETS tool provides an excellent opportunity to share with the international community the findings on these patients in a disaster exercise in the Australian setting. The NSW Emergo Train System Faculty should be congratulated on their leadership and efforts in further development of Disaster training and evaluation.

Online Research Repository

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

The Research Repository can be accessed by clicking on the following link –
<http://research.wadem.org>

**The Joint Commission
Emergency Preparedness Conference
May 7-8, 2014, Lake Buena Vista, FL**

The Joint Commission and the Joint Commission Resources, in collaboration with the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response, are holding the 10th Annual Emergency Preparedness Conference on May 7-8, 2014, in Lake Buena Vista, FL.

For more information and a link to the form, click on the button or visit
<http://www.ynhhs.org/emergency/disasterconference/index2014.html>

WADEM MEMBERSHIP

There are currently 110 WADEM members in the Oceania Region. A great goal would be for each existing member to enrol a new member.

Or if you are reading this and not a member, membership information and enrolment details are available on www.wadem.org. While there browse the entire website, there are great contacts and information available.

RESEARCH ASSISTANCE REQUIRED

**The Conjoint Community Resiliency Assessment Measure (CCRAM)
A New Tool for Assessing Community Resiliency**

Community resiliency is a term commonly used to describe the ability of a community to endure and survive crisis situations. It encompasses the community's adaptability to changing circumstances and its capability to respond effectively.

The community resiliency assessment project was launched in 2010 by Dr. Limor Aharonson-Daniel from Ben-Gurion University of the Negev and Prof. Mooli Lahad from Tel-Hai Academic College, who formed the Conjoint Community Resiliency Assessment Collaboration: a multidisciplinary cooperative network of experts from seven Israeli academic institutions, decision-makers and partners from relevant ministries and emergency services.

The goal of this effort was to develop a tool that can provide Local and Government authorities with a scientifically valid assessment of their community's resilience in order to support the direction of resources towards the elements that the evaluation has pinpointed as needing a boost. Furthermore, the CCRAM facilitates the appraisal of the efficacy of the action taken. Until now the following aims have been achieved:

- A tool for assessing community resiliency has been developed, validated and named Conjoint Community Resiliency Assessment Measure (CCRAM).
- The CCRAM has demonstrated its potential role in establishing a baseline score of community resiliency and its constructs.
- The CCRAM is currently being used for measuring community resiliency in various places.

- The CCRAM is available in Hebrew, Arabic, Russian, English, German and Italian and will soon be translated to Spanish Greek and Turkish.
- Two papers about the CCRAM have been published in leading peer-reviewed Journals.

Call for researchers

- 1. To explore the relationship between CCRAM and other valid tools, scales and measures.**
- 2. To expand the use of the CCRAM to assess community resilience in various places.**

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

Disaster Responders are sought for a research study exploring stress in physicians, nurses, physicians' assistants, nurse practitioners, paramedics and emergency medical technicians from any country who have responded to one or more major disasters or humanitarian relief events. Research is being conducted at the University of Tennessee-Knoxville, USA, by WADEM member and doctoral candidate Suzanne Boswell. English-speaking residents from any country are welcome to complete an online survey and participate in an optional interview. Contact Suzanne Boswell at sboswel2@utk.edu for more information.

Suzanne is yet another Skip Burkle protégé

Monash Professional Development Courses.

2014 Professional Development Program details of 3 & 5 day Short Courses.

These short, intensive educational opportunities will appeal to those seeking professional development or an alternative to full-time study, to learn from experienced emergency managers with national and international perspectives.

Our short courses aim to:

- Extend and advance your knowledge and understanding
- Enable you to influence and lead others
- Deal successfully with career changes
- Better serve your community
- Enhance you personally

COURSE SCHEDULE

[View Short Courses and Schedule](#)

MEMBER NEWS

Ian Norton has commenced with the WHO in Geneva. From Darwin heat to Switzerland's winter, we may need to send him knitted garments.

Allison Hutton from Flinders University has a 3 month study scholarship to the US commencing next month.

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: nursinginsight@wadem.org

Osteopathic Physician Section

Contact: William Bograkos irisbo@comcast.net

Psychosocial Section

Contact: Tracey O'Sullivan tosulliv@uottawa.ca

Mass Gathering Section

Chair is Paul Arbon. Contact paul.arbon@flinders.edu.au

Proposed Section: Disaster Metrics

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

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

Contact; joecuthbertson@hotmail.com

CALENDAR OF EVENTS

2014 27 March	Black Saturday - Five Years On. 9am -5pm Monash University Clayton Campus, Council Chambers, Building 3a, Clayton, Victoria 3800 PROGRAMME & FEE View Forum & Programme and Fee Details
25 -29 April	3 rd Global Network on Emergency Medicine Conference. Dubai UAE. http://www.emergencymedicineme.com/ .
5 -7 May	The Australian & New Zealand Disaster and Emergency Management Conference will be held at the QT Gold Coast - See more at: http://www.anzdmc.com.au/#sthash.Q1VkMjsF.dpuf (you may have to paste this into your browser)
7-8 May	The Joint Commission Emergency Preparedness Conference Lake Buena Vista, FL
21-22 June	3 rd International Conference of World Association of Disaster Nursing. Beijing China. http://www.ciccst.org.cn/wsdn2014/

<p>2015 21-14 April</p>	<p>Save the Date. WCDEM Cape Town, South Africa</p>
<p>2016 24-26 February</p>	<p>People in Disasters, Response, Resilience and Recovery. Christchurch, New Zealand. For expressions of interest and further information. www.peopleindisasters.org.nz</p>

A COFFEE WITH

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

This issue: **Penny Burns** (Oceania Committee member)

Q. Nickname?

A. Sorry, don't have one.

Q. Where are you working?

A. University of Western Sydney, Department of General Practice in Campbelltown and Blacktown, Sydney

Q. What three best words best describe you?

A. Tea, cows, sunshine

Q. What is your best disaster experience?

A. Genuine laughter from an elderly patient who two years previously had walked into my office shocked and bruised from an earthquake which left her homeless and financially stretched.

Q. What is your worst disaster experience?

A. Hearing "evacuation fatigue" in some elderly evacuees living through their second wildfire evacuation, deciding "they aren't going" if they are told to evacuate again.

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

A. Whoever happens to pop in for tea (do we have to have pizza?)

And

Sarah Weber (also Oceania Committee Member)

Q. Nickname?

A. It depends who is using it...
At work... Webs / Weber
Friends & family... I have a few actually & most of them make no sense - Turbo, Tiges, Darts, Segs, mutton chop, Sarie, rabbit...

Q. Where are you working?

A. Princess Alexandra Hospital Emergency Department and Counter Disaster and Major

Events Team as part of Retrieval Service and Counter Disaster Unit in Qld Health. Although in one week... I will be started working in perhaps my toughest job yet – at home being a mum!!

Q. What three best words best describe you?

A. Resourceful, organised and positive.

Q. What is your best disaster experience?

A. Each experience I have had has been very different and all have been positive. I looked after some of the victims of the first Bali Bombings at the Royal Darwin Hospital, which was one of the most humbling and inspirational experiences of my nursing career. Working in Christchurch after the earthquake was a very different experience later in my career, which again demonstrated to me the resilience of people and the strength of community spirit.

Q. What is your worst disaster experience?

A. I really don't think I have had one.

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

- A.**
- 1) Prince Harry – he isn't afraid of 'austere' environments and he seems to be quite the character with a sense of humour...which can go a long way in a stressful situation. Plus, he has connections!
 - 2) My husband... he is a soldier and a wanna be adventurer – he can fix anything, loves the great outdoors and would like to think he is Macgyver/ Albey Mangel/ Bush Tucker man and won't go anywhere without his leatherman, a roll of string, water and other essential survival items!
 - 3) Richard Branson – he seems to have a zest for life and I like that he thinks big - nothing is untouchable to him!

Disaster Myths

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

You know you are from Christchurch when driving slalom style between orange road cones is a way of life not a sporting event.

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,

Our "Hugs and Rubs for Health (HRH) Group" recently (at our own expense) travelled to a country that had been affected by major storms. We all had trained in providing hugs and massages promoting health cures and wellbeing for those affected and injured.

At our own expense, we also bought specially worded yellow 'T' shirts and promotional material as well as our array of essential oils (both scented and non scented). Our T-Shirts were embroidered with our wonderful slogan "HRH Group – have you had a royal rub? We also had sufficient money to be able to rent accommodation during our stay.

To our dismay, when we arrived we were interviewed rather rudely at immigration, told we weren't needed, and declined entry. We had to camp overnight at the airport and provide for ourselves. Luckily, our skills meant we were able to provide comfort for each other.

How can countries refuse entry to caring health providers such as our group when so many of their population are in need of our expertise?

Kay Guidede .

Dear Ms Guidede

As Auntie well knows, hugs and rubs are good for many things, and I can remember some of them from when my husband was alive. However, they are not a suitable cure for injuries suffered as a result of storm damage. You will also find that different cultures may even be offended by uninvited touching – all offers of assistance should be culturally appropriate and target the requested needs of the affected community. The good etiquette guide states you should never arrive anywhere uninvited - you really do need an invitation to arrive at somebody else's house.

I note that you were expecting to rent local accommodation. Let me tell you dearie, that all available accommodation would have been required by those unfortunate people made homeless as a result of the storm. As for those yellow 'T' shirts, what a horrible colour for so called health providers – this year's fashion colour is NOT yellow and never will be while my bloomers are ironed and dentures are in place. And that tacky slogan – I hope a passing corgi bites your ankle.

You should be well aware, unless you never travel, read news items or watch television, that all countries have the legal right to refuse entry to anyone. This is more likely to happen after major disasters. As far as controlling health responses and resources are concerned, a United Nations Resolution requires and authorises all countries to take charge and control of their own health responses. This prevents bullying by larger more powerful nations. Your essential oils may also be regarded as prohibited imports and could even be regarded with suspicion by those chaps with the sniffer dogs (they are so adorable aren't they)

Auntie's advice would be to sell the unfashionable 'T' shirts and donate the proceeds, and the money you had available for accommodation, to a reputable charity to use to support people

in the affected area you hoped to travel to. Keep your hugs at home and read an etiquette guide.

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 suggestions to improve this Newsletter are welcome.

OR if requiring further information or to make comment on any item

Contact 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.