OCEANIA NEWSLETTER
February 2016

WELCOME!!!

I have often considered that health emergency managers and planners do possess skills as clairvoyants, based on their ability to assess risks and likely outcomes from those risks. This was highlighted here in New Zealand's South Island during the Christmas/New Year holiday period.

For years, hospital and ambulance services have planned and exercised for an emergency involving a tour bus full of foreign nationals being involved in a motor vehicle accident in an isolated area.

After a few minor events and near misses this actually happened, Chinese nationals on the bus, French speaking Swiss in a car. The bus seemingly lost control, hit the car, flipped and slid on it's side in a steep hilly section with long drop offs, on the road that crosses the Southern Alps mountain range. As expected no radio, mobile phone coverage, few helicopter landing spaces and no settlements of any size nearby.

A large number of injured, on scene amputations required to free passengers, the bus likely to slide down to a deep river, and the incident topped of with language difficulties.

Hospital and Ambulance emergency response plans were activated on both sides of the island and resources dispatched. Helicopters and ambulances dispatched, and medical staff for the amputations and injured moved to the appropriate locations for treatment and check ups. The previous planning and exercising had prepared health services.

Around the same time, parts of Australia were suffering from severe heat and bush fires, events that emergency managers and planners there prepare for. With the fires they are such a great unknown of where and when they will strike, their speed, and the uncertainty of travel direction. So many aspects to plan for!

Shortly after this I spoke to a colleague in the USA and he was planning for firearm attacks at schools. I sincerely hope that the clairvoyant aspects of emergency management do not come to fruition in that case.

This newsletter includes a section on resource material and education available to those interested in health emergency management. Further resource material is welcomed as this could become a separate entity on our web site.

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*

OCEANIA NEWS

Chapter Committee
Chair - Penny Burns
Deputy Chair - Erin Smith
Secretary - Graeme McColl
Committee Members - Rowena Christiansen, John Coleman, Joe Cuthbertson, Karen Hammad, Caroline Spencer, Thompson Telepo, Sarah Weber
Co-opted Members. Peter Aitken (Queensland Tertiary & WCDEM 2019), Hendro Wartatmo (Indonesia), Skip Burkle (World Links), and Lidia Mayner (WADEM Board rep)

EVENTS / PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

About Zika virus Taken from the New Zealand Ministry of Health Web Site accessed 27/01/2016.

Zika virus is a flavivirus, closely related to dengue. Cases of Zika virus have previously been reported in Africa, southern Asia and the Pacific Islands. Beginning in 2014, Zika virus outbreaks have occurred throughout the tropical and sub-tropical areas of the western hemisphere, as far north as Mexico and Puerto Rico.

See a list of countries where Zika virus infections are currently occurring on the CDC website.
Because Zika, Dengue and Chikungunya viruses are transmitted by mosquitoes mostly active during daytime, it's important that all travellers visiting affected areas continue to take protective measures to prevent mosquito bites throughout the day.

Zika virus infection is symptomatic in only about one out of every five cases. When symptomatic, Zika infection usually presents as an influenza-like syndrome, often mistaken for other arboviral infections like Dengue or Chikungunya.

New Zealand currently has 15 mosquito species. The mosquito species (*Aedes* sp.) that are able to spread Zika virus are not normally found in New Zealand, however, they are found in many other countries around the world. A national mosquito surveillance programme has been operating for some years at New Zealand's international points of entry (ports and airports). The ports and airports are monitored regularly throughout the year to ensure the early detection of any exotic mosquitoes.

You can find more information about mosquitoes on the Ministry of Health website and also tips on how to avoid mosquito bites while travelling.

Zika virus infection is notifiable in New Zealand as an arboviral disease.

Zika virus and pregnancy

There are concerns that pregnant women who become infected with Zika virus can transmit the disease to their unborn babies, with potentially serious consequences. Reports from several countries, most notably Brazil, demonstrate an increase in severe foetal birth defects and poor pregnancy outcomes in babies whose mothers were infected with Zika virus while pregnant.

Additional international research is necessary and ongoing to determine the link between Zika virus and foetal damage.
Until more is known, the Ministry of Health recommends that women who are pregnant or plan to become pregnant in the near term, consider delaying travel to areas with Zika virus present. If travelling in Zika infected areas, women who are pregnant or plan to become pregnant should consult with their healthcare provider and take all precautions to avoid mosquito bites, including:

- Wear long-sleeved shirts and long pants
- Use insect repellents containing DEET, picaridin, oil of lemon eucalyptus (OLE), or IR3535. Always use as directed.
- Insect repellents containing DEET, picaridin, and IR3535 are safe for pregnant and nursing women and children older than 2 months when used according to the product label. Oil of lemon eucalyptus products should not be used on children under 3 years of age.
- If you use both sunscreen and insect repellent, apply the sunscreen first and then the repellent.
- Use permethrin-treated clothing and gear (such as boots, pants, socks, and tents).
- Use bed nets as necessary
- Stay and sleep in screened-in or air-conditioned rooms.
-

If you are pregnant and develop a rash, red eyes, fever or joint pain within 14 days of travel to a Zika virus infected country, please consult your health care provider and let them know your travel history.

This information will be updated as more research becomes available.

Ten Years of Disaster Graduate Education

L-R: Associate Professor Judith Charlton and Dr Caroline Spencer.

The Monash University Disaster Resilience Initiative (MUDRI) hosted its third one-day forum for 2015 on Thursday 26 November.

Held in the Monash University Council Chambers, the Forum attracted over 50 participants, representing a wide cross-section of Victoria's emergency management sector.

The Forum celebrated 10 years of graduate disaster education at Monash and incorporated the 4th Annual Disaster Research @ Monash Symposium. A highlight was the 10th Annual Professor 'Skip' Burkle Jnr Keynote Lecture, presented by Dr Caroline Spencer, Research Fellow at MUDRI. Dr Spencer recounted the story and initial analysis of Victorian community-based resilience. Associate Professor Judith Charlton, Acting Director of the Monash Injury Research Institute (MIRI), launched Australia's First Compendium of Community-based Resilience Building Initiatives, a collaborative venture initiated by MUDRI and Emergency Management Victoria.

Invited speakers led the research-driven forum, exploring how interdisciplinary perspectives could challenge current concepts of risk and propose reform of resilience strategies. The United Nation's Sendai Framework for Disaster Risk Reduction 2015–2030, the Rockefeller Foundation's 100 Resilient Cities Project, and data from the Brussels-based Centre for Research on the Epidemiology of Disasters (CRED) identified contemporary themes and emerging trends in non-traditional disaster research.

The 30-year international leadership of the Monash University Accident Research Centre (MUARC) provided an evidence base, demonstrating that the successes of the road-toll story since 1970 could inform consideration of additional resilience strategies in emerging non-traditional events.

Participants enthusiastically engaged speakers who broadened the concept of resilience to include four emerging non-traditional events, specifically, 'The ICE epidemic - more than law enforcement?', a position taken by the recent National ICE Task Force Report; trends in domestic violence and child abuse, noting that the forum coincided with 'White Ribbon Day'; and, youth suicide, which introduced the term 'diffuse disaster' to encapsulate these intermittent, but collectively significant events.

Speakers from three Monash faculties, two Monash Institutes and an environment consultant from Landcare led discussions on 'Behaviour change and community development in practice'. The final interactive discussion, led by Mr Dudley McArdle, Senior Policy Consultant at MUDRI, generally supported the view that the emerging non-traditional events discussed in the Forum could profitably be considered through the 'disaster risk reduction' lens as an adjunct strategy to existing countermeasures.

Contact Dr Caroline Spencer for further information about MUDRI forums: caroline.spencer@monash.edu

Event Emergencies Guidelines

The Torrens Resilience Institute has released a short guide to staying safe during event emergencies such as terror attack. The document can be found at: www.flinders.edu.au/nursing/torrens-resilience-institute/event-safety.cfm

Note that this quick check list does not cover off on the more context and situational aspects that are contentious such as taking belongings with you when evacuating, or using social media to provide response agencies with improved situational awareness. It is therefore a simple and hopefully helpful piece of advice to members of the public attending mass gatherings.

RESOURCES

2016 Disaster Resources

The aim of this document is to create a resource for individuals interested in getting involved in the field of disaster management, to guide them to various sites that WADEM Oceania members feel are of value. It is hoped that this document will continue evolve. All new suggestions/additions should be sent to: the WADEM Oceania Newsletter Editor, graeme.mccoll@ilsogno.info

Training & Skill Development:

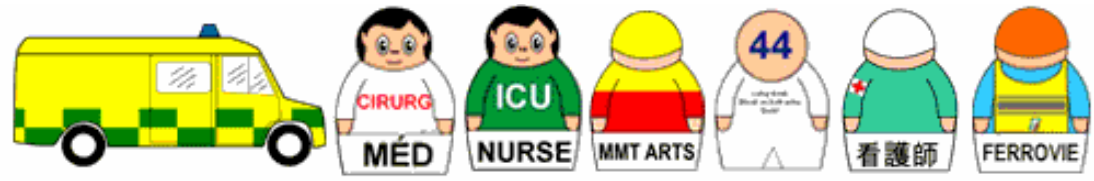
MIMMS

Major Incident Medical Management & Support is an internationally recognized systematic approach to medical management in disasters. See http://www.mimms.org.au/disaster-management-courses

EMERGO

Emergo Train System is an international disaster simulation system useful in testing disaster

response systems without having to use large numbers of volunteer patients. Instead, the patients are magnetic figures with clinical details. These are placed on white boards and a scenario is played out monitoring time and resources as available for that scenario. See http://www.emergotrain.com



Disaster Courses at Universities

Queensland University of Technology
Provides a four-unit program in disaster health management. This can stand alone as a Graduate Certificate or be incorporated into the Master of Public Health and Master of Health Management programs.
https://www.qut.edu.au/study/courses/graduate-certificate-in-health-science

Also short courses in disaster health management
https://www.qut.edu.au/study/short-courses-and-professional-development/health-and-community

James Cook University
Graduate Certificate of Disaster Health and Humanitarian Assistance. See
https://www.jcu.edu.au/courses-and-study/international-courses/graduate-certificate-of-disaster-health-and-humanitarian-assistance

Newcastle University
Master of Disaster Preparedness and Reconstruction. See
https://gradschool.edu.au/programs/overview/master-disaster-preparedness-reconstruction-12410

Western Sydney University
The Masters of Public Health contains a unit on Surveillance and Disaster Planning. It gives a broad overview of all aspects of disaster with a particular focus on the psychosocial aspects. It includes animal management, tunnel disasters and epidemiology. See
http://handbook.westernsydney.edu.au/hbook/unit.aspx?unit=400847.3

Edith Cowan University
Master of Disaster and Emergency Response.
The ECU DER program is a nine-unit, online Masters degree focusing on the response to both domestic and international disasters and emergencies.
Contact: Dr Erin Smith
http://www.ecu.edu.au/degrees/courses/master-of-disaster-and-emergency-response

Flinders University
Master of Disaster Health Care. See
http://www.flinders.edu.au/courses/rules/postgrad/mdhc/

Useful resources:

i. Disaster Groups:

World Association of Disaster and Emergency Management (WADEM) is a “multidisciplinary

professional association whose mission is the global improvement of prehospital and emergency healthcare, public health and disaster health and preparedness". There is a WADEM Oceania Chapter. See http://www.wadem.org

Queensland University of Technology: Centre of Emergency Disaster Management (CEDM) promotes interdisciplinary research on disasters. It conducts regular meetings with broad disaster themes. See https://www.qut.edu.au/research/our-research/institutes-centres-and-research-groups/centre-for-emergency-and-disaster-management

Australian Child and Adolescent Trauma Loss and Grief Network (ACATLGN) provides a broad range of information and multimedia on children and adolescents in disasters and in trauma, with links to recent events and conferences. It has separate sites for parents and for professionals. It is based at ANU and is coordinated by Professor Beverley Raphael. See http://earlytraumagrief.anu.edu.au

Royal Australian College of General Practitioners Disaster Management Special Interest Group is a group for general practitioners (to join email Pam Garrad at nfsi@racgp.org.au)

ii. Journals

Australian Journal of Emergency Management https://ajem.infoservices.com.au

Prehospital and Disaster Medicine http://journals.cambridge.org/action/displayJournal?jid=PDM

Disaster Medicine and Public Health Preparedness
http://journals.cambridge.org/action/displayJournal?jid=DMP

WADEM Oceania Newsletter!!
http://www.wadem.org/oceania_newsletter.html

iii. Useful Databases

EM-DAT
An international disaster database with data recorded on thousands of disasters and their impact. See http://www.emdat.be

Disaster Lit
Disaster Lit: Resource Guide for Disaster Medicine and Public Health is a useful US site for searching the literature including the grey literature. See
http://disasterlit.nlm.nih.gov/search/?searchTerms=disaster*+AND+diabetes&search.x=36&search.y=11&search=Search&search=Search

iv. Other Information Sources:

Social Media:
LinkedIn, Twitter and Facebook have a lot of groups that are active sources of immediate information on disaster activity. You can choose to join select groups within those platforms.

Regular conferences:
Australian and New Zealand Disaster & Emergency Management Conference. See
http://anzdmc.com.au

World Congress on Disaster and Emergency Medicine. See http://www.wadem.org/19wcdem.html

v. Planning Documents

New Zealand MoH Planning documents are available at:
http://www.health.govt.nz/publication/national-health-emergency-plan-guiding-principles-emergency-management-planning-health-and

vi. Regional Sites:

Papua New Guinea

PNG National Disaster Centre at:
http://www.pngndc.gov.pg
with the first Disaster Management Newsletter Feb 2015 at:
http://www.pngndc.gov.pg/wp-content/uploads/2015/03/NDC-Newsletter-February-Issue.pdf

Solomon Islands

Solomon Islands National Disaster Risk Management Plan 2009 at:
http://reliefweb.int/sites/reliefweb.int/files/resources/22085_14656ndrmpsolomonsfinaliseddraftff2%20(1).pdf (Open this by copying to browser)

vii. Information for Specific Groups:

Primary Care Doctors:

Australian General Practice Specific Disaster Resources:
RACGP 2014 Flu Kit (pandemic) at http://www.racgp.org.au/your-practice/business/tools/disaster/pandemics/

RACGP Managing Emergencies and Pandemic in General Practice at
http://www.racgp.org.au/your-practice/business/tools/disaster/emergencies/

Australian Medical Association (AMA) position statements on disasters:
Ethics
https://ama.com.au/position-statement/ethical-considerations-medical-practitioners-disaster-response-australia-2008

Emergency Planning
https://ama.com.au/position-statement/involvement-gps-disaster-and-emergency-planning-2012

Aftermath
https://ama.com.au/position-statement/supporting-gps-immediate-aftermath-natural-disaster-2012

Other Groups:

pending

viii. Various Lessons Learned documents:

PAHO Haiti review available at:
http://www.paho.org/disasters/index.php?option=com_content&view=article&id=1626%3Ahealth-response-to-the-earthquake-in-haiti-january-2010&Itemid=924&lang=en

Voluntary student responders in Christchurch:
www.sva.org.nz/history

EDUCATION and TRAINING OPPORTUNITIES & PROJECTS

Masters Degree in Disaster Health Care

The Asia-Pacific is the most disaster prone area in the world and many Australian health professionals are involved in disaster response and preparedness at local and international levels. At present, Australian healthcare staff have limited opportunity to acquire tertiary disaster qualifications. Programs that are currently available in this area provide a focus on management, public health and tropical medicine rather than an operational response.

The Torrens Resilience Institute (http://www.torrensresilience.org/) is a leader in multidisciplinary disaster and emergency research in the region, incorporating a World Health Organisation collaborating centre and an International Council of Nurses research and development centre. The National Critical Care Trauma Response Centre (http://www.nationaltraumacentre.nt.gov.au/) is an Australian federal government funded agency responsible for the coordination and development of national disaster health response. Incorporating the expertise of both organisations, a partnership was formed to develop a Masters Degree program to provide tertiary level disaster education to health care professionals, including nurses, doctors and paramedics

Edith Cowan University: Integrated PhD Program in Disaster Medicine

Are you considering a PhD in disaster response?
Not sure if your current qualifications make you eligible for a traditional PhD?

Do you want to enrol at a university that has just been named in the Times Higher Education World University Rankings Top 200 list of the Most International Universities in The World? Then the Integrated PhD program at Edith Cowan University might be for you!

What is an Integrated PhD?
The Doctor of Philosophy (Integrated) is a four-year, full-time (or part-time equivalent) program. The course consists of one year of research preparation followed by three years of research and final submission of a thesis. Students must achieve an overall weighted average mark (WAM) of 70% in the first year of coursework, and at least 70% in Research Project II (PRO6100) in order to continue into the thesis component of the course. The course entails the preparation of a research proposal, the conduct of research, the preparation of a thesis, participation in seminars and conferences, and culminates in the submission of a thesis.

What are the admission requirements?
All students are required to hold a Master by Coursework in a related field. Alternatively, students can hold an Honours degree, or a four-year Undergraduate degree with a weighted average mark (WAM) of 70% or above, or the equivalent in a relevant field from a recognised University.

How much does it cost?
Domestic students: If you are an Australian citizen or permanent resident, or a New Zealand citizen, then you may be granted a Research Training Scheme (RTS) place for the advertised duration of the course, which means you will not be required to pay up-front tuition fees, nor will you accrue a HECS debt. Conditions apply if you are transferring from another university, or another research course. International students: Non-scholarship holders will be required to pay fees. Please see the fee calculator at: http://apps.ecu.edu.au/fees-calculator/ and enter in course code J42 – Doctor of Philosophy (Integrated).

When do I need to apply by?
The cut-off date for Semester 1, 2016 is 5th February 2016. However, it is good to submit your Expression of Interest online as soon as possible.

Can I get credit for previous study?
You may be eligible to apply for advanced standing for relevant previous study or experience (up to a maximum of 60 credit points) once you enrol in the Integrated PhD.

Can I enrol part-time?
For domestic students, the course can be completed either full-time in 4 years or part-time in a maximum of 8 years. Students who wish to enrol in less than 50% may need approval.

Can I study online?
Depending on the units you select, some will be available online. You can also complete equivalent units at other universities in place of the online units at ECU. Please refer to the unit outline for each unit to check delivery mode:
http://www.ecu.edu.au/degrees/courses/doctor-of-philosophy-integrated/structure
Please note:

- You will undertake a research project as part of PRO6000 and PR6100 in the first year, under the supervision of your principal supervisor. The exact type of project and if it can be undertaken externally would need to be negotiated with your supervisor. This would be the same for your actual PhD project for years two - four.

Am I eligible for scholarships?
After successful completion of the first year of coursework, you may be eligible to apply for a PhD scholarship. Please see the scholarships website for more information:
http://www.ecu.edu.au/scholarships/scholarships-by-pathways/higher-degree-by-research

Do I need a supervisor and how do I find a supervisor?
Yes, you will need a supervisor from the start of the Integrated PhD. The units Research Project 1 and Research Project 2 require you to work closely with your principal supervisor on a small research project related to your future PhD thesis.

What will be on my testamur (parchment) at graduation?
The award title is 'Doctor of Philosophy', and this is what will appear on the testamur of the PhD (Integrated) course.

I'm interested!
Want more information? You can contact Dr Erin Smith on Erin.Smith@ecu.edu.au or go to:
http://www.ecu.edu.au/degrees/courses/doctor-of-philosophy-integrated

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From the Universtas Gadjah Mada, Yogyakarta, Indonesia.

Policy Brief Article

Challenges for Curriculum Development in Disaster Health Management: What we can do?

This policy brief is addressed to policy makers and stakeholders in Higher Education Agencies, Universities, Faculties of Medicine and Health, and Sections of Human Resources in Ministries of Health

Introduction
Disaster events increase continuously and require adequate medical treatment. Education on disaster medicine and disaster management is important because the post-disaster requires a lot of health workers' assistance. Health institutions and medical schools are involved in disaster management. There is involvement in disaster management both formally through education for

students, and informally through training for health workers.

The increasing threat of natural disasters is increasing the world's preparedness to insert disaster education into colleges, including disaster education in medical schools. United States began to take notice of disaster education in medical schools since the September 11 attacks and outbreaks of anthrax in 2001. Disaster preparedness was followed by many countries after the incidence of natural disasters in the Southeast Asian tsunami, and Hurricane Katrina in 2004, South America in 2005. In Indonesia, the Aceh tsunami in 2004 is started taking steps to develop disaster management.

Context and Challenges in Development of Disaster Health Curriculum
The first challenge in the development of a health disaster management curriculum by the current disaster management and emergency health personnel is still not good. Health workers have not been able to understand its role in emergency response and disaster management. Doctors are still not ready and feel less capable in dealing with disaster situations, such as an outbreak of disease after a disaster. The health workers have poor performance where they do not know the work area at the time of the disaster, as well as the low approaches to leadership and coordination in disaster management in the health sector. In fact, lack of health care will have a bad impact for health workers and patients.

The second challenge is the medical school felt it was important to prepare students in the face of disasters, but still found a low quality of learning developed. Many medical schools only teach disaster education as elective and informal courses. Curriculum developed health disaster is still unclear with the competencies required of students and do not properly describe the role and collaboration with health professionals that take place in the system of disaster. In addition, medical student insight is still low against disasters. However, students feel it is important to learn about disaster medicine.

The third challenge is the lack of coordination. Chaos in the management of health disasters often occurs not because of a lack of resources but because of a lack of coordination in health professionals. Students or health workers who have not received education or training in disaster management will feel confused with a chaotic situation at the time of a disaster. It is hoped the material of disaster health management for medical students can provide an overview of their role in disaster management along with other health professionals in the system.

Policy Recommendations
Based on the above challenges we can then provide a solution through the learning methods approach of disaster health management. We can describe the real problem and situation of disaster through online learning, interactive video, simulations, and live exercise, field trips, discussions based on real cases, and other methods. In some studies, disaster cases developed based on the local situation. Learning models to integrate the role of physicians in disaster management continue to be developed in disaster health management. Studies in disaster management learning are geared to provide the best understanding for medical students about health disaster management, able to describe their role in the future of health disaster management, and be able to retain the knowledge of disaster management in spite of the long term between the occurrence of first disaster to next disaster.

Disaster Curriculum for Medical Students, Faculty of Medicine UGM
Since 2010, the Faculty of Medicine UGM has developed a block 4.2 about Health System and Disaster. Block 4.2 is the second block in year 4. This block is part of Phase 2 of the medical curriculum, entitled Transition from Theory to Practice.

In this block, students learn about the health system and disaster management, which are closely related. A health system is a collections of components organized to accomplish a set of functions

in health. The health system can be analyzed from a normal situation perspective. However, due to natural and man-made disasters, the system can be disturbed or even destroyed. Block 4.2 is divided into two modules and five weekly themes. The modules are: (1) Health System, and (2) Disaster Management. In Module 1, there are three weekly themes discussing: (1) The Concept of Health System, (2) Physician Payment Mechanism and Quality of Care, and (3) Leadership and Communication. In Module 2, there are two themes: (1) Disaster Management and (2) Disaster Medicine.

To achieve the goals of this block, particularly in module 2, we develop problem-based learning beside lecture and tutorial-based learning, such as disaster practitioners for guest lecture, practice session, and disaster exhibition in one week. Disaster exhibition always invite Disaster and Humanitarian NGOs, Local Disaster Management Agencies, District Health Offices, Red Cross, etc. All disaster exhibition participants and student were in direct communication. This exhibition always becomes a favorite session chosen by students.

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References:

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People in Disasters Conference.
Christchurch 24-26 February 2016.
The full programme with speakers and abstracts is now available on the web site.

Key speakers include Virginia Murray on Sendai issues, Sir John Holmes on the politics of humanity.

Web site for information www.peopleindisasters.org.nz

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 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: http://www.wadem.org/nursing/comm/july_14.pdf.

Osteopathic Physician Section
Contact: William Bograkos irisbo@comcast.net

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

Mass Gathering Section
Chair is Alison Hutton
Contact alison.hutton@flinders.edu.au

Emergency Medical Response Section
Contact; joecuthbertson@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

Students are WADEM's future. Growing student membership and participation in WADEM is fundamental. To encourage student membership, the WADEM Executive Committee approved a recommendation from the Membership Committee proposing a WADEM Student Club Pilot Project at the University of New England (UNE), Biddeford, Maine, U.S.A.

Similar to the original Club of Mainz, the Student Club proposal was for a regularly occurring student forum on a college or university campus for discussion, study and advocating issues related to disaster health and medicine

The proposed student club model proposes 3 or more WADEM student members sponsored by at least one college/university faculty member who would liaise with WADEM's Membership Chair. The club would meet at least four times a year. Students from the multiple college disciplines are encouraged to participate and join. Student club members benefit from a special $30.00/YR (USD) WADEM student membership rate as opposed to $75.00/YR (USD) student rate.

UNE club leadership includes faculty sponsor Dr. Stacey Thieme and founding student club co-commanders Sam Broder and John Levasseur. The club held an organizational meeting and later an initial planning meeting November 17, 2015. 12 UNE students attended, most representing other UNE campus student clubs. Short and longer-term goals were developed, including mechanisms for club outreach on campus.

The next round of UNE student club leaders Victoria Huckestein and Cameron Bubar are reported to be transitioning into their new roles with much excitement and anticipation.

A special thanks to Dr. Stacey Thieme and WADEM member Dr. Bill Bograkos who has been a significant advocate of this project. Bill is also the Osteopathic Physician Section Vice-Chair.

If you are interested in more information about starting a WADEM student club on your campus, please contact Knox Andress kandress@wadem.org

Knox Andress, RN, BA ADN FAEN
WADEM Membership Chair
WADEM Board of Directors

CALENDAR OF EVENTS	
2016 24-26 February	People in Disasters, Response, Resilience and Recovery, Christchurch, New Zealand. For expressions of interest and further information. www.peopleindisasters.org.nz
18-21 April	16th International Conference Emergency Medicine. (ICEM), Cape Town, South Africa. www.icem2016.org

2017 25 – 28 April	**Save the Date** 20th World Congress for Disaster and Emergency Medicine. WCDEM Toronto, Canada

NSW HEALTH EMERGENCY MANAGEMENT EDUCATION CALENDAR 2016

Last updated: 27/01/2016

	January	February	March	April	May	June	July	August	September	October	November	December	
S										1			S
S					1					2			S
M		1			2			1		3 PH			M
T		2	1 MIMMS-T WSLHD		3			2		4 MIMMS-T WSLHD	1		T
W		3	2		4 ETS -W & MIMMS-W	1		3		5	2		W
T		4 DM Forum	3		5 DM Forum	2		4 DM Forum	1	6	3 DM Forum	1	T
F	1 PH	5	4	1	6	3	1	5	2	7	4	2 MIMMS-T NBMLHD	F
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S	3	7	6	3	8	5	3	7	4	9	6	4	S
M	4	8	7	4	9	6	4	8	5	10 MIMMS-T*	7	5	M
T	5	9	8	5 AUSMAT Requal	10	7	5	9 ETS-SI**	6	11	8	6 MIMMS-A**	T
W	6	10	9	6	11 MIMMS-A	8	6	10 ETS-SI**	7 HS-W	12 MH-W	9	7 MIMMS-A**	W
T	7	11	10	7	12 MIMMS-A	9	7	11 ETS-SI**	8	13	10	8 MIMMS-A**	T
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W	13 MIMMS-T CCLHD	17	16 ETS-SI	13	18 MIMMS-T NSLHD MU	15	13	17	14	19	16	14	W
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F	15	19 MIMMS-T NBMLHD	18	15	20	17	15	19	16	21	18	16	F
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T	21	25	24	21	26	23	21	25	22 ICS WSLHD	27 AUSMAT-I	24	22	T
F	22	26	25 PH	22	27	24	22	26 MIMMS-T NBMLHD	23	28 AUSMAT-I	25	23	F
S	23	27	26 PH	23	28	25	23	27	24	29	26	24	S
S	24	28	27 PH	24	29	26	24	28	25	30	27	25 PH	S
M	25	29	28 PH	25 PH	30	27	25	29	26	31	28	26 PH	M
T	26 PH		29	26	31	28	26 MIMMS GIC	30	27		29	27 PH	T
W	27		30	27		29	27 MIMMS-GIC	31	28		30	28	W
T	28		31	28 ICS WSLHD		30	28 MIMMS-GIC		29			29	T
F	29			29			29		30			30	F
S	30			30			30					31	S
S	31						31						S

AUSMAT-OTRN	AUSMAT OT Nurses Course
AUSMAT-T	AUSMAT Team Course
AUSMAT S&A	AUSMAT Surgical and Anaesthetics
AUSMAT L	AUSMAT Logistics
AUSMAT TL	AUSMAT Team Leader Course
AUSMAT-Requal	AusMAT NSW TM Requalification Day
ETS SI	Emergo Train System Senior Instructor Course
ETS E	Emergo Train System Educator
ETS-W	Emergo Train System Senior Instructor Workshop

MIMMS-T	MIMMS Team Members Course
MIMMS-A	MIMMS Advanced Course
MIMMS-W	MIMMS Instructor Workshop
MIMMS GIC	MIMMS Generic Instructor
DM Forum	Disaster Managers Forum
ExMan CT	Exercise Management Counter Terrorism Course
HLO	Health Liaison Officer Training
Airport Fam	Sydney Airport Familiarisation Day
MH-W	Mental Health Workshop

ICS	Incident Control System
CBR	Chemical Biological Radiological
HS W	Health Share Workshop
	Tentative date
	Course administrated locally in LHD

* Selected AusMAT Participants given priority
**Course will only run if 20 participants are enrolled 8 weeks from start date

A COFFEE WITH

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

This issue: Genevieve Brideson

Q. Nickname?
A. I don't actually have a nickname – people just shorten my name to Gen.

Q. Where are you working?
A. Currently a full-time PhD student at Flinders university. My thesis is currently titled "The Flight Nurse – an undisclosed profession".

Q. What three words best describe you?
A. Generous, hard-working, tenacious.

Q. What is your best disaster experience?
A. Going on a search and rescue mission looking for 2 injured motorbike riders in far North South Australia – we found them and both were treated and survived in spite of the weather and conditions.

Q. What is your worst disaster experience?
A. When a young man was fatally injured in an underground mining accident and although we (Dr and myself) tried everything we had available, were unable to save his life.

Q. Which 3 people would you most like to share your ration pack, cold pizza and instant coffee with?
A. Ration Pack – Dr Bruce Paix – an amazing medical retrieval consultant and colleague from SA.
Cold Pizza – Dr Russell MacDonald – Chief Medical Director of Ornge in Canada- to discuss the way health services are provided to remote and rural regions in Canada and comparisons in Australia.
Instant coffee – The honourable Sussan Ley– National Minister for Health- we would have lots to discuss on the funding of aeromedical services in Australia and the way services are delivered to remote and rural regions.

And

Shane Bolton – Emergency Management Clinical Facilitator and Business Continuity Program Manager

Q. Nickname?
A. Straps.

Q. Where are you working?
A. Emergency Management Unit - Department for Health and Ageing – SA Health.

Q. What three words best describe you?
A. Besotted Father (2.5 y.o. and 6-month old), pragmatic, analytical.

Q. What is your best disaster experience?
A. Mass Casualty Incident – Motor Vehicle Crash – I was part of a 5 person (2 x Dr and 3 x RN) aeromedical trauma retrieval team that deployed to Kangaroo Island for a 2-car, 13-person vehicle crash, 8 of which were children under 12 y.o. It is fair to say that it was a chaotic and dynamic event, especially for KI, with the two rotary winged aircraft doing multiple flights to the local hospital as well as to the mainland. I was tasked to fly back in a smaller helicopter with all of the left over equipment which was crammed into the back of a Bell 206 Jetranger. As I didn't have a patient on board, we no longer had priority for flight path and my pilot was an ex-military pilot – without giving too much away, I had a 40 min 'joy flight' that money couldn't have been bought…!!! (PS. All of the patients made a good recovery and were discharged).

Q. What is your worst disaster experience?

A. Black Saturday Bushfires (2009) – aside from the sheer enormity and devastation, I was the Gold (State) Commander for St John Ambulance Australia SA and oversaw the deployment of 2 general teams and 3 incident management support teams (65+ staff in total) across 7 days. My own fatigue and exhaustion (18 hour days for 6 days straight), was a big factor in influencing my approach towards policy and systems for command, leadership and operational roles during significant emergencies both with St John and SA Health.

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

A. My daughters (except the coffee), Judge Judy, Euan Ferguson (former CFS/CFA Chief Officer**).**

VOLUNTEERS to take part and talk about themselves in the regular coffee section are required!! Approaches to members recently have met with little response. We all want to know about our fellow members.

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,

My friends and I had a deep discussion last night regarding disasters and people's responses and perceptions of them. The question we had difficulty with and were divided on was which was the worst and most stressful experience for people; is it the sudden onset disaster such as an earthquake or a more expected one such as predicted flooding, fires or cyclones?

I undertook to contact someone with knowledge of such matters and immediately thought of you. My friends and I would really value your opinion on this.

Kind regards

Kevin.

My dear Kevin,

I can just imagine your meaningful discussion and it is my perception that some alcoholic refreshments might have been on hand, so firstly I can advise that no matter how bad you feel now you will recover. I also get the impression it was one of those male games of who is the biggest; my late husband tried that once but I cured him.

Now to your question, quite frankly, all disastrous cataclysmic events place stress on people, and this is not necessarily related to the size or type of event. A person's perception and current state of mind and circumstances at the time can play a huge part in the affect the disaster has on them. The larger, more deadly gruesome events, are likely to have a greater effect on those who experience them but remember Kevin that a child sitting halfway round the world simply watching it unfold on television can be powerfully affected.

Events such as floods, fires and cyclones in most cases do allow those in danger areas to receive warnings in time to take action, but not always with the former two.

Cyclones can be predicted and their paths traced, allowing some preparations, even evacuations,

to take place. However, the strength of the event can change so dramatically. Preparations for such events do help people feel just a little more in control during the event but regardless, such enormous acts of destruction place great stressors on individuals, whether by needing to evacuate hurriedly and leave their possessions or animals behind, or protecting their property and wondering if they will die doing so. In some cases, amongst the poorer regions there is little they can do other than shelter until the event passes.

So events that can be warned against do produce stress on individuals, before, during and post event. (However, the latter could result in a sense of relief as the disaster missed them.) So yes, there is that extra stress pre-event involved but it can be more stressful during and after the event if you aren't prepared.

Just remember though that all disasters cause varying levels of stress on people and everyone's aim should be to help and care for all those affected to ensure that they receive support to assist in their wellbeing. My cousin Marg was pregnant during a huge flood called ?Katrina, some name like that, and ended up very stressed trying to wade to safety through flood water belly in front. She thought she would die. She got sugar diabetes of pregnancy and the doctor told her it was due to the stress. (Young Penelope my GP knows of studies to support this).

I did provide continuous support for my late husband when he was stressed from reading his imagined symptoms in his medical dictionary. In his case, a gin and tonic (for me), and turning on loud music so I couldn't hear him, worked wonders.

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

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.