



OCEANIA NEWSLETTER June 2014

WELCOME!!!

A valuable insight this week from the manager in charge of rebuilding Christchurch's infrastructure post earthquake, an engineer recognising that the work of he and his team was about 'people'.
(More later in this newsletter)

How often have we all stressed that the response and recovery aspects following a major event are always about people, providing services and support to assist them cope. Now other professions have become aware of this. Perhaps politicians will be next, all factions working towards the common good rather than points scoring, particularly in an election year. Here in Christchurch we even have 'has been' political figures providing income for lawyers as they fight, through the courts, the Anglican Church's right to decide the fate of their own ruined building.

On a positive note it has been pleasing to note that the WADEM Board and Officer's are working on initiatives to extend the appeal of our organisation and collaborate with others to share knowledge and expertise. (Some of this will be covered in the latest WADEM International Communiqué due to be issued)

For me, WADEM has always been about sharing, mostly I have been on the receiving end gaining information to help with my work from others with vast experience and knowledge. This has always been willingly given and much appreciated. The future of WADEM depends on this giving and receiving; if we are to attract and retain new members we need to offer value for them. We don't have funding to share but there is a vast reservoir of knowledge and practical experience,

New members must be actively encouraged to contribute to our organisation by seeking access to our pool of knowledge and also contribute their skills to help others.

Cheers

Graeme

Presidents Message

Greetings All

There have been lots of activities from Oceania Chapter members in recent weeks - things have been busy everywhere (just for a change)

I have just returned from Hong Kong for the International Conference on Emergency Medicine (ICEM). While the International Federation of Emergency Medicine (IFEM) may be seen as a 'competitor' by some there are particular synergies between the 2 groups as well with IFEM being an organisation of organisations and WADEM being an organisation of individuals. Inevitably there is significant overlap and I managed to catch up with a number of WADEM members both Oceania and internationally while in Hong Kong. The WCDEM in Cape Town (April 2015 in case you forgot) was being advertised with significant interest at the booth. Hope to see you there.

Work continues on the WHO sponsored project on "Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters". Ian Norton (our man in Geneva) is doing fantastic work on this project and has just returned from the East Asia Summit where this was discussed again. The presentation on this at ICEM also generated a lot of interest.

Joe Cuthbertson has continued to progress the formation of the Emergency Medical Response Section - great stuff Joe.

We also have fresh contributions to the newsletter from Penny Burns who has managed to find time away from her PhD to pen a GPs insight to disasters.

This is just a small sample of the work being done by WADEM members, and just those in the Oceania Chapter. I know there are lots more and far too many to mention all of them. One of the very real benefits of WADEM is the development of professional networks. This provides awareness of activities, opportunities for involvement in projects and all of us to learn from each other.

The Oceania Chapter Newsletter is always happy to hear from members about what they are doing and projects they are involved in. Send us an email and let us know in 25 words or less (we won't keep you to that if you go over and give us 50). I am sure we (the Oceania Chapter Editorial Committee) can come up with a suitable prize for the best entry. Of course if you want to give us a full report like Penny you are more than welcome

Look forward to hearing from you all - remember '25 words or less' on what activities or projects you are doing in your corner of the world regarding disaster management.

Peter Aitken.

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*

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| | |
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G.P. Responses

The Scene in the Surgery after a Fire:

This is a fictional reconstruction based on a collection of real experiences with the aim of describing working in general practice after a fire.

Day 1 was shocking. That first morning after the fires the waiting room was full of patients and the atmosphere was tense. People were presenting with minor burns, cuts, minor fractures, asthma exacerbations, eye irritations and for replacement of lost scripts. People had left their homes in a hurry and left behind scripts, medications, medicare cards and identification. Most of the patients in those first days were locals so identification wasn't necessary.

There was no way of knowing who would present. Many people who had appointments booked didn't show up, even a few who really needed to. Those particular patients were phoned to come in, but they didn't want to waste the doctors' time when there were others in greater need; there was a feeling of "survivor guilt" in being alive and well. Some patients didn't answer the phone. This left staff uncertain whether their house had burnt (as the phones just rang out), if they had left the area, or the worst case, they had perished in the fire. Every phone call the reception staff made held moments of tension followed by relief when someone answered, or ongoing uncertainty when no one answered. When patients presented, staff would carefully try to discover if other family members and neighbours were known to be alive. It was a surreal period. Front desk staff were not trained for this experience and were placed in the frontline in dealing with distressed familiar locals.

A nearby evacuation centre had requested a doctor, so one of our doctors spent the day there leaving us understaffed.

That morning, news arrived from a patient of a neighbouring practice that that practice had been destroyed. The patient was looking for some medication and some routine blood tests. We supplied a lot of their patients with scripts. Establishing dosages and medications took extra time without available records; no one seemed to know if there were back up records available or where they were. The local pharmacist was very important in providing details and was dispensing medication to regulars without scripts.

The phone continued to ring all day. There were calls from other professionals, wanting to help, but we didn't feel that it was useful. We didn't know them, they didn't have a place to see patients and we had available familiar local professionals. Police were coming in daily to the waiting room, in pairs, looking for people, wanting to identify the dead. It was unnerving. The dentist was being asked for dental records.

There were mixed emotions in the waiting room; blank faces, teary faces; scared faces; quiet children. Many people were not eating or sleeping well.

That was just day one!

Animals in Disasters

Management of Animals in Disasters

by Mel Taylor and Penny Burns

Events during Hurricane Katrina have changed the way disaster managers in developed countries consider the management of animals in disasters. Tens of thousands of animals were abandoned in New Orleans, but their pictures were displayed on media across the country. Stranded owners

refused to leave their homes without their animals, resulting in extra casualties. It is estimated that fifteen thousand domestic animals were rescued. Federal legislation passed H.R. 3858, the Pets Evacuation and Transport Standards Act of 2006 (PETS Act). This has resulted in the inclusion of animal evacuation in state and local disaster management plans. It authorizes provision of rescue, care and shelter for owners and their pets during a disaster.

More than half the households in Australia own a domestic pet and studies have shown that pet ownership can increase risk in evacuation. Animals (pets, livestock and wildlife) also impact on the roles of multiple responder groups in disasters. In addition to documented cases of failure to evacuate and threats to public (and responder) safety, responders have to increasingly deal with animal owners who have expectations and demands regarding the needs of their animals in disasters. Responders also need to manage large-scale animal disaster management situations in the context of livestock. These situations present logistical and practical considerations during response, issues of animal welfare and mass euthanasia considerations.

Research in this area is urgently required as there is a paucity of evidence to guide policy development and training needs.

Management of Animals in Disasters Research

The overarching goal of the Managing Animals in Disasters (MAiD) project is to enhance the safety and well-being of responders, animal owners, and communities, and to improve animal welfare emergency management.

The project is being funded by the Bushfire and Natural Hazards Cooperative Research Centre and aims to identify and build best practice approaches to emergency service engagement with animal owners, and the management of owners and their animals in natural disasters. Initially, the project is considering all types of animals and owner groups, e.g. household pets, horses, small and medium animal enterprises, and agricultural stock.

The project will also address challenges in the coordination of disaster response, given that there may be many additional 'responders' involved, such as Primary Industries agencies, local councils, veterinarians, animal rescue groups, and enthusiastic (untrained) members of the public!

The project will provide evidence-informed support tools to assist operational response, communication and professional development, and may include on-line training resources.

Further information can be found at:

<http://www.bnhcrc.com.au/research/resilient-people-infrastructure-and-institutions/237> If you are interested in hearing more about the project, please join the 'Friends of MAiD' mailing list, by contacting Mel Taylor (melanie.taylor@uws.edu.au).

+ A survey taken in the US a few years ago studied factors that would stop health care workers reporting for duty post a major event. It found that care of pets to be the most common factor. 'Graeme'

Celebrate the Older Adults in Your Community and Get Them Involved in Emergency Preparedness!

Older adults have made countless contributions and sacrifices to ensure a better life for future generations. Since 1963, communities across the country have shown their gratitude by celebrating Older Americans Month each May. This celebration recognizes older Americans for their contributions and demonstrates our nation's commitment to helping them stay healthy and active. This year's theme for Older Americans Month is "Safe Today. Healthy Tomorrow." The theme focuses on injury prevention and safety to encourage older adults to protect themselves and remain active and independent for as long as possible. For more information on this month long celebration, visit [click here](#).



National Wildfire Community Preparedness Day



Every year, wildfires destroy several hundreds of homes across the United States. Yet, some homes survive. According to the US Department of Homeland Security's website, <http://www.ready.gov>, those that survive, do so not necessarily because of luck, but because owners had prepared for the possibility of fire. Saturday May 3rd, will mark the first National Wildfire Community Preparedness Day, launched by the National Fire Protection Administration (NFPA). On its website, the NFPA has shared resources to assist communities and home owners prepare for wildfires. The website also includes an interactive map indicating where events for Wildfire Community Preparedness Day are taking place across the country. The NFPA asks individuals in communities across the country to "commit a couple of hours, or the entire day" to learn about Wildfire Preparedness and the actions that contribute to reducing the risk of wildfires.

Applicable to Australia?

Middle East Respiratory Syndrome (MERS)

On May 11, 2014, a US case of the Middle East Respiratory Syndrome (MERS) was confirmed in a traveller who came to the US from Saudi Arabia. This patient is also a healthcare worker who travelled from Saudi Arabia to Orlando via London, Boston and Atlanta. On May 18, health

officials verified that the patient tested negative for active MERS-CoV infection, was no longer symptomatic, and posed no threat to the community; the patient was considered to be fully recovered and was discharged from the hospital. The MERS situation in the US represents a very low risk to the general public. In an effort to identify the MERS virus, the CDC has:

- Enhanced surveillance and laboratory testing capacity in states to detect cases
- Developed guidance and tools for health departments to conduct public health investigations
- Provided recommendations for healthcare infection control and other measures to prevent disease spread
- Provided guidance for flight crews, Emergency Medical Service (EMS) units at airports, and US Customs and Border Protection (CPB) officers about reporting ill travellers to CDC
- Disseminated up-to-date information to the general public, international travellers, and public health partners

Mental health wards clogged with the homeless

The Press Christchurch 28 May 2014.

An entire ward of mental health patients are living in a hospital to avoid homelessness, costing the Canterbury District Health Board at least \$13,000 a night. The CDHB is trying to deal with the "urgent dilemma" created by the city's social housing shortage.

At a CDHB meeting yesterday, specialist mental health services manager Toni Gutschlag said the housing shortage was causing "significant problems". On any given night, up to 25 patients were staying in Hillmorton Hospital - when they did not need to be there - because of a lack of affordable housing options. "That's a whole ward", Gutschlag said. When the mental health wards run at full capacity, patients with less acute needs were shifted to have a "sleepover" in other wards, she said.

It costs about \$500 a night per patient to stay in mental health units. However, the overall cost of the problem would be much higher than that, CDHB chief executive David Meates said. On top of the 25 patients clogging up the hospital services, there were about 100 other mental health clients in the community living in unsafe accommodation or sleeping on the streets, he said. The health board could never close its doors on these patients or knowingly discharge them to the streets, Meates told the board. "There is not an alternative here, there is no other hospital to send or divert these patients to". Many potential solutions had been discussed, including setting up temporary portacom villages on CDHB land to house the homeless, Meates said.

Demand for CDHB mental health services continues to grow at rates significantly higher than those experienced at other DHBs around the country, Gutschlag told the board.

Healthy Cup (FIFA World Football Cup) Brazil.

"HEALTHY CUP" app is part of an innovative project to improve public health surveillance in the Brazilian Unified Health System (SUS), named participatory surveillance. It is a free Web application, designed for use on mobile devices and web browsers.

It's a simple process that relies on voluntary participation by visitors or residents in Brazil, reporting their health status through information on 10 signs/symptoms (fever, cough, sore throat, shortness of breath, nausea and vomiting, diarrhoea, joint pain, headache, bleeding and rash) during the FIFA World Cup Brazil 2014. "HEALTHY CUP" was developed in Portuguese, English and Spanish to be a complementary channel for health information and services to users, enabling the participation of all.

This project is an initiative of the Surveillance Department of the Ministry of Health in partnership with the Departments of Health of the venues of the matches and other national and international institutions such as the Skoll Global Threats Fund, TEPHINET, HealthMap and ProMED.

Para dispositivos com iOS – procure na App Store – [Clique aqui!](#)

Para dispositivos com Android – procure na Play Store – [Clique aqui!](#)

OPINION

Wrong Words or Wrong Context.

In describing process and progress in emergency management are the wrong words being used or are they being used in the wrong context?

The term resilience is a case in point. Many of us of the Old Boys Brigade¹ have always applied 'resilience' to mainly being all the work that is done in mitigation or preparedness pre-event. How well we have built river stop banks, training given to responders, information on self care and support supplied to the public (What checks are made to see if this is followed?) etc. Thinking has been if all this is in place then we have 'resilience' and have the strength to respond to and cope with a major emergency.

Little thought was given to the post-emergency situation as people struggle to cope with the damage caused, delays in supply of essentials, lack of or poor public information, health issues, frustrations dealing with Councils and insurance companies, over crowding, poor living conditions, stress and mental health conditions.

Living through a major event has clearly demonstrated that the 'Old Boys' resilience version is too simple and, while important, generally takes far less time, energy and finance than what is required to support people and encourage their resilience and ability to cope post-event.

Recovery is the term used for the process post-event, again is this a true and correct context for what actually happens?

Do people, services, infrastructure and the like really recover? Frequently those from outside and affected area comment 'You must be getting back to normal'. After quelling a desire to use strong language in response, you try to seek what 'normal' are they talking about. Is it pre-event, an advance or progress from last year/month/week? 'Normal' is forever changing and 'new normals' are being faced in life and coping all the time and they sometimes change daily.

This is definitely not recovery in the way that it is expected to imply, of getting back to where people and services were before the event. It is more correct to say post event a **transition** to a new space, attitude, life style, infrastructure, etc, takes place.

Hopefully that transition can be a smooth process but it is frequently delayed by issues as described in the third paragraph above. Also, further adverse events can delay the process where progress is halted to allow the urgent clean up from subsequent events to take place.

If we must use the term 'recovery, at least recognise that the journey involves a transition of change in standards, normals and future. The work of those involved in advancing this journey

¹ Ex Military and Police Members who become emergency managers (Like me, Graeme)

must take cognisance of the changes in people's lives and the fact that the affected often need to pause and take support along the way. Health services and workers are often perhaps the last call for support in this process, not simplified by going through the same circumstances themselves.

Graeme McColl.

EDUCATION AND TRAINING OPPORTUNITIES & PROJECTS

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>

Visiting Scholar Presentation
Monday 28 July, 9.00-11.00am
Venue: Sturt Campus, North Building
Room: N001 (Staff and Function Room)

“Novel Corona Virus (MERS) Outbreak in the Middle East”

By:

Dr Maurizio Barbeschi
World Health Organisation

Dr Maurizio Barbeschi leads the Deliberate Events and Mass Gatherings (DEMG) group in the WHO Global Alert and Response Operations. This team provides strategic advice on high visibility/high consequence events to the Department of Global Capacity, Alert and Response (GCR), Health Security and Environment Cluster (HSE) of the World Health Organisation (WHO) in Geneva, Switzerland.

Dr Barbeschi's role is to provide strategic coordination of the safety and security implications of the GCR activities, including the central coordination of the programme of alert and response for mass gatherings (MG) – which recently provided support for the World Youth Day in Sydney, Australia, the London Olympic Games, the Hajj and the 2014 FIFA World Cup in South Africa and many more – and the WHO Virtual Interdisciplinary Advisory Group on MG.

SECTION NEWS

Nursing Section

Facebook

We have set up a Nursing Section Facebook page:

<https://www.facebook.com/groups/749200571786965/>

we wish to use this web page to let you know what is happening in the world of Disaster Nursing – however it will be up to all members to contribute to this page and to let us know what is happening in your part of the world - please email links, conference information or anything you wish to share with the group to Odeda Benin-Goren at odedab@gmail.com or Karen Hammad at karen.hammad@flinders.edu.au

Cape Town – April 2015

As you all know, the World Congress will be held in Cape Town in April next year. For this conference the Nursing Section will meet as always and we are in negotiations to host a nursing workshop if possible. We also have interest from the Emergency Nurses Society of South Africa to come to the conference or join us in a workshop - so watch this space, and we will update you on what we are planning.

Disaster Myths & Quotes

Duncan Gibb, General Manager of Stronger Christchurch Infrastructure Rebuild Team (SCIRT) Responsible for the rebuild of the infrastructure (water, waste water and sewage) in Christchurch post earthquake, was quoted in The Press Christchurch 14/6/14

'It took me a long time to realise but engineering is about people. If the city's roads, pipes, drinking water, sewer effluent – if that is not in place and acting efficiently and effectively, how confident can you be about your house, business and community? You really need it.'

Workers from this team are 47% through the work required and have repaired 262 km of wastewater pipe, 355,433 sq m of roading. 80% of design work is completed with at times \$40m to \$50m design work being completed per month.

The following from urologist, Dr Lydia Johns-Putra, in Christchurch for a conference at the time of the February earthquake and involved in carrying out amputations in a confined space to rescue a man trapped, was reported in the Press Christchurch 23 June 2014.

'Johns-Putra said she found herself watching the "surreal" scene until she realised she could help Coker.'

"There were still ongoing aftershocks. Leaving him any longer would have had it's own danger of more injury to him...but I certainly would say [amputation wasn't] something we rushed into as a light decision".

Her experience was "life-changing".

"I'm embarrassed to think that because clearly other people's lives were changed much more. I had no physical scars and I went back to work and back to normal, but I know firsthand how quickly things can change for people".'

Read more at (Paste in your browser)

www.stuff.co.nz/national/10187866/Awe-inspiring-acts-of-courage#SÃ©quence_1

WADEM COMMUNITIES of INTEREST

The following WADEM Sections provide contacts and information for members interested in the specific area/skills. More such areas of interest are likely to be established in the future.

Nursing Section

Contact: alison.hutton@flinders.edu.au

Osteopathic Physician Section

Contact: William Bograkos irisbo@comcast.net

Psychosocial Section

Contact: James Shultz or Tracey O'Sullivan jamesmichaelshultz@gmail.com, tosulliv@uottawa.ca

Mass Gathering Section

Chair is Paul Arbon.

Contact paul.arbon@flinders.edu.au

Emergency Medical Response Section

Contact; joecuthbertson@hotmail.com

Proposed Section: Disaster Metrics

Contact frank.archer@monash.edu

CALENDAR OF EVENTS

| | |
|-------------------|--|
| 2014 | |
| 2 – 5 September | <p>Australasian Fire and Emergency Services Wellington New Zealand http://www.afac.com.au/events/conference/home</p> |
| 17 – 19 September | <p>Asia Pacific Conference on Disaster Medicine Tokyo Japan http://www2.convention.co.jp/apcdm12/registration/index.html</p> |
| 2015 | |
| 21-14 April | <p>Save the Date. WCDEM Cape Town, South Africa</p> |
| 10-14 May | <p>Aero Space Medical Association Conference in Orlando Florida USA http://www.asma.org/annual-meetings/future-annual-meetings</p> |
| 2016 | |
| 24-26 February | <p>People in Disasters, Response, Resilience and Recovery. Christchurch, New Zealand. For expressions of interest and further information. www.peopleindisasters.org.nz (Web site recently updated.)</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: Erin Smith.

Q. Nickname?

A. I don't really have one! Boring, I know.

Q. Where are you working?

A. I am currently doing some consultancy work with various agencies across the university and government sector. My focus is on curriculum design and delivery of education within the disaster health field.

Q. What three words best describe you?

A. Ambitious, inquisitive, emotional!

Q. What is your best disaster experience?

A. I don't have one!

Q. What is your worst disaster experience?

A. I was living in tropical north Queensland when Cyclone Yasi hit. Yasi was a very powerful and destructive tropical cyclone that made landfall in northern Queensland, Australia on the 3rd of February, 2011. It caused severe damage to affected areas with estimated maximum gust winds of 290 km/h (180 mph). Thousands of residents in the path of the storm, including myself, were urged to evacuate by the Queensland Premier. Thirty thousand people were evacuated from Cairns (where I lived), including all patients from Cairns Base Hospital and Cairns Private Hospital who were airlifted by the Royal Australian Air Force and other agencies (such as the Royal Flying Doctor Service) to Brisbane. The Queensland state emergency coordinator warned residents that they would be on their own for up to 24 hours as the conditions would be too dangerous for emergency responders. Waves as high as 12 m (39.37 ft) were predicted to hit the north Queensland coast as the storm surge caused by Yasi combined with a high tide of up to 7 m (30 ft) above average. My home at the time was a block away from this coast line, so I was in for a nervous wait to see if my home and possessions would survive. Luckily, the eye of Yasi passed much further south than anticipated (original projections had it making landfall over my head!). Port Douglas, where I was living, sustained moderate damage and was littered with debris, but we escaped relatively unscathed. Living through Yasi gave me a very different perspective to disasters - as someone directly impacted by one!

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

A. Oprah Winfrey, Condoleezza Rice and Hilary Clinton.

And **Jamie Ranse**

Q. Nickname?

A. Ransey

Q. Where are you working?

A. I work at the University of Canberra as an Assistant Professor in Nursing. Additionally, I work casually in the local emergency department.

Q. What three words best describe you?

A. Questions such as this are always difficult. I had to ask two people to help me describe myself, their answers were: 'Medium build, bald' and 'not much hair'.

Q. What is your best disaster experience?

A. Assisting in the Canberra Bushfires in 2003. This was my first experience of assisting in a disaster as a nurse. This experience sparked my interest in wanting to better understand the role of nurses in disasters. Subsequently, I have undertaken a number of research projects (and now undertaking a PhD) related to the topic of the experience of nurses who have assisted in disasters.

Q. What is your worst disaster experience?

A. It was the week prior to Christmas, 2007. It was a hot summer's day in Canberra, the Capital of Australia. The temperature peaked at about 39°C. My daughter (aged 18 months at the time) and I had spent the day shopping for a Christmas gift for my wife. We had the most spectacular gift and I decided to make the 30 minute drive to our home from a major shopping complex. This decision was made under pressure as my daughter had vomited on her last change of clothes, I had no spare nappies or baby wipes, food supplies were limited and she had been screaming for the past 20 minutes. I paid for my parking at a ticket pay station, loaded my shopping and daughter into the car, and proceeded to make my way to the boom gate exit. I get to the boom gate and could not locate my exit ticket. I proceeded to look in my wallet, between the seats of the car, in the shopping bag – but the exit gate ticket had disappeared. As cars started to line-up behind me at the exit gate, I pressed the call button to speak to an operator - with the hope that they may let me out. After a 3 minute discussion with the gate operator it was clear that I would need to pay for a lost ticket – equivalent to the full price of a day ticket. With a near naked, screaming, hungry child in the back seat, I conceded and paid for the lost ticket. This was my worst disaster experience! My daughter fell asleep in the air-conditioned car on the way home. Upon arriving at home, I lifted my daughter from the car seat, there was the original ticket...

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

A. I would have to say my three young children (aged 7, 5 and 3). They are great company, ensuring every day is interesting and challenging. Plus, I am sure I will be left with the ration pack and instant coffee for myself, and possibly the pineapple pieces off the cold pizza.

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 live with my elderly mother and we are both very worried about the prospect of chemical terrorism and the use of dirty bombs. We avidly follow TV news on conflicts around the world and read all news reports on the subject.

We are scared of when such events will happen in our peaceful residential community and want to know what to do if it does.

Can you help me please?

Rupert J. Armstrong.

Dear Rupert,

Aren't we all lucky that we live in a peaceful part of the world and that is the state I expect to remain long after I have departed this life.

My lengthy research on chemical incidents has found that we don't need terrorists to release chemicals, we have more than enough spills through accidents. Luckily these are in rural areas and transport corridors so not likely to affect your peaceful community. The worst offenders are often farmers, you would be amazed at what happens in those sheds of theirs. When I was a young girl let me tell you what those handsome brutes did in those sheds was.. but I digress.

Without wishing to distress you, I do have concerns about chemicals, in particular what seems to be the most common test for spills by the uninitiated; in our region it appears the test used is to sniff the air, notice a smell, find the source, touch or move it and then gather around it discussing what to do next. You would think that these silly young men would know better.

At any sign of a chemical smell move well away and call the appropriate authorities and they will approach with protective clothing and breathing apparatus and use approved safety methods to deal with the problem.

For your own protection I suggest you check your nearby areas for factories and storage areas that may hold chemicals, they should have signs on their gates to indicate the range of chemicals on site. Using the codes displayed you can 'Google' to find if there is a likely danger. Remember though that these firms will be subject to regular inspections to ensure that they comply with safety regulations.

Having done such a neighbourhood survey you will be aware of possible dangers and any direction of spread.

I'm sure that you will be safe in your peaceful community as I expect any such dangers will be many kilometres away from you. If in the unlikely event you do think there has been a spill telephone the emergency services and then go inside and shut all doors and windows and wait for an all clear.

So, darling, don't worry about chemical terrorism and dirty bombs but do take the time to assess possible causes for emergencies in your area be they chemicals, flooding or whatever.

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 WADDEM members and even non-members internationally.

Any suggestions regarding material for content, or suggestions to improve this Newsletter are welcome.

Please forward contributions to Graeme McColl at 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.