



OCEANIA NEWSLETTER

June 2015

WELCOME!!!

WCDEM 19 in Cape Town is now behind us and, in my opinion, a great success. I found the presenters and subjects to be a vibrant collection of positive action, planning, experiences and knowledge-sharing a significant shift from the sometimes self-congratulatory speakers from other conferences.

These were warts and all subjects, speakers telling of the problems they had to deal with and the action they and others took based on real life experiences. I congratulate them for their work and presentations and also the organisers, led by Erin Downey and the EMSSA team, for hosting this congress.

Since returning I have gathered valuable experience in sourcing and supplying aid to an overseas destination; in my case, health supplies to Vanuatu. I liaised with both the Ministry of Health and a team establishing a new clinic in that nation, and then sourced material that THEY wanted. That was the easy part; I had to store some hospital beds in my garage and then sweat on finding shipping for them. Vanuatu is not on the main shipping routes and you have to rely on goodwill to find container space. Luckily, a local Christchurch company does business in Vanuatu and generously offered container space for 2 beds and an examination couch. They are now sailing off to Port Vila, the Capital, and will be used in a new clinic being established at the Tanofiu school. This clinic will serve several villages and save the necessity of a trek into Port Vila for assessment of minor ailments, part of the aim of enhancing services post-disaster.

The only sad part was I sourced several more good hospital beds but have no way of shipping them to Vanuatu for use in the hospital. The lesson from this is the need to organise transport early when arranging resources. The clinic is still seeking items such as kidney dishes, so if you have a source please contact me and I will advise of contacts in Vanuatu to liaise with.

More on Vanuatu later in this newsletter.

Of course, the Vanuatu situation is old news now, overtaken very quickly by the terrible situation in Nepal. International aid has flooded to the country and hopefully will provide shelter, food and health services prior to the soon onset of the monsoon season. A comparison between this earthquake and the Christchurch event highlights to me the absolute importance of building codes and safer structures.

All should consider the guidelines for safer hospitals promoted by WHO. I know that Ben Ryan in Cairns is working on using these guidelines and we in New Zealand have used them in the past. The objective now is to extend their use and follow up to the many nations not only in Oceania but world wide.

I have heard some second and third-hand reports that the WHO policy on Foreign Medical teams (FMT) worked well once the dust settled in Vanuatu. A report from someone involved in this would be appreciated and be of interest to members not only in our region but also world wide. Ian Norton, a WADEM member from Darwin, has been working on FMT guidelines for the WHO.

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*

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OCEANIA NEWS

SUCCESS! For the Oceania Bid for WCDEM 2019.

The WADEM Board has selected the Oceania Bid for WCDEM to be held in Brisbane in 2019.

Vivienne Tippet presented the Oceania case to the Board in Cape Town and presented the board with plastic Koala's and Kiwis to highlight the joint acceptance of the bid and the spirit of ANZAC.

A committee has been formed to promote and develop the conference. Others will be co-opted as we progress towards the actual event.

Gerry Fitzgerald - Chair
 Lidia Mayner
 Peter Aitken
 Rowena Christiansen
 Vivienne Tippet

Graeme McColl
Megan Dwyer (Queensland Brisbane Convention Centre)

Oceania members elected to WADEM Board and Executive.

Board:

Lydia Mayner
Kristine Gebbie
Alison Hutton
Rowena Christiansen

Executive:

Paul Arbon (Past President)
Peter Aitken (Vice President Communities of Practice)

EVENTS/PROJECTS / PROGRAMMES / RESEARCH / COURSES REPORTS

Management of disease following the earthquake in Nepal

Healthcare facilities in areas affected by the earthquake and subsequent aftershocks in Nepal are facing ongoing challenges in managing diabetes, heart patients and tuberculosis. Many medications, particularly for TB, are only effective if they are administered daily and any lapse in treatment may render them ineffective, or worse, contribute to resistant strains of disease. In many areas of the world this is already a challenge in the day-to-day environment, and in Nepal the challenge is even greater given the level of destruction their infrastructure recently endured.

Reduced access to care, coupled with increases in high blood pressure (reportedly linked to the earthquake), and damaged infrastructure has prompted the WHO to constantly monitor drug availability to ensure medication levels are sufficient for the population.

Nepal earthquake fault 250 times larger than Christchurch's .

The fault that erupted during the magnitude 7.8 earthquake in Nepal was approximately 250 times larger in area than the 2011 Christchurch earthquake. The Nepal earthquake was centred about 80km northwest of the capital Kathmandu and claimed over 4,000 lives.

Associate Professor of active tectonics at Canterbury University, Mark Quigley, said that while more violent shaking may have been felt in some places during the Christchurch earthquake, the Nepal quake was significantly larger.

The Nepalese earthquake occurred on a shallowly dipping thrust fault. 'The fault was more than 200km long and more than 150km wide down the fault plain,' he said. The fault was approximately 250 times larger in area than the Christchurch earthquake faults and more than 30 times larger than the combined length of faults in the Darfield earthquake. The shallow nature of the fault meant a lot of Nepal was within 15km vertical distance of the earthquake.

'More than 76 Million people would have been exposed to strong ground shaking during the Nepalese earthquake compared to 435,000 people exposed to strong shaking in the 2011 Christchurch earthquake,' Quigley said.

Very strong shaking would've gone on for 90 seconds, compared to 10-15 seconds for the magnitude 6.3 Christchurch earthquake and 30-40 seconds for the 7.1 magnitude Darfield (Christchurch) earthquake in September 2010.

Less violent than Christchurch.

However, at its peak, the Nepal quake was likely to have been less violent than the 2011 Christchurch Shake. The intensity of shaking is recorded by peak ground acceleration, which is measured in terms of Gravitational force.

In the Christchurch earthquake, the peak ground acceleration was 2.2 recorded, in the Nepal quake the highest recorded acceleration was 0.6, in the Darfield September 2010 shake it was 1.25. Approximately 92,000 people were exposed to violent shaking in the Christchurch earthquake compared to approximately 4,000 in the Nepalese earthquake.

Source. The Press Christchurch May 2015.

Canterbury (Christchurch) mental health changes post earthquake as at April 2015.

- 43% increase in Adult community mental health presentations
- 37% increase in emergency presentations
- 69% increase in child and youth mental health service presentations. (Would be higher without schools programme.)
- 65% increase in Rural mental health presentations.

Source: The Press, Christchurch 25/5/15.

Study Shows it Pays to be Prepared

Author: Benoit Stryckman, Health Economist, GAP Solutions, Inc. supporting the Office of Emergency Management, HHS Office of the Assistant Secretary for Preparedness and Response

Published Date: 5/12/2015 5:05:00 PM

Category: [Public Health Preparedness](#); [Hospital Preparedness](#); [Innovations](#);

Governments, hospitals and other members of the public health community often wrestle with how to demonstrate the value of preparing for disasters. ASPR's recent collaboration with a regional coalition in south-eastern Pennsylvania provided a unique opportunity to measure the costs and benefits, and it resulted in one of the first economic evaluations applied to preparedness.

And, as it turns out, it truly does pay to be prepared.

Public and private health organizations created the Surge Medical Assistance Response Team, or SMART, to address local disasters in southeast Pennsylvania. SMART is a multidisciplinary, collaborative effort that includes a wide variety of volunteers who augment surge capacity at hospitals and alternate care sites.

Working closely with SMART, we were able to evaluate both the cost of the resources they had available and the cost of responding to their local disasters in recent years. This regional response team produced positive returns on the region's investment after only six years. The break-even point for each community would vary depending upon a number of factors.

We also studied innovative ways that regional emergency response teams could be funded. Some regional disaster response organizations across the country have relied on membership models to make up for decreases in public funding. We applied that model to SMART, and found that their model still worked. In their model, a 10 percent decline in public funding could be offset if each participating hospital paid \$410 and each long-term care facility paid \$148 in annual membership fees. Even if there was no public funding, hospitals would only pay \$4,096 and long-term care facilities would pay \$1,484 each year in membership fees. Through this membership structure, all of the entities that rely upon the regional response team for support would share a portion of its cost.

We concluded that not only can public health entities support regional response teams through membership fees, but also the model could attract private funding because of positive financial return on investment.

We outline several financial models that could be used and ways of measuring the value of preparedness in a paper published in [Disaster Medicine and Public Health Preparedness](#).

We don't know when or where disaster will strike, and that makes it difficult to precisely measure the value of preparedness before disasters. However, the unique opportunity we recently had to evaluate the economics of a specific regional response program and the costs associated with its responses to recent disasters, demonstrates that its value can be ascertained. Most importantly, what we learned is that preparedness pays off pretty quickly.

Exercise 'Sydney CBD'



Sydney Central Business District (CBD) and North Sydney Emergency Evacuation Sub-plan were exercised on Sunday 24 May 2015. Exercise 'Sydney CBD' is a multi-agency emergency management exercise involving more than 500 personnel. The exercise was designed to test a real life situation that could occur on a typical Monday morning at 0800 within the CBD, although for logistical purposes the exercise occurred on a Sunday morning.

The exercise simulated a large gas explosion in a city building resulting in the implementation of the CBD Evacuation sub-plan and required the evacuation of 300 persons from a city building and surrounding streets. Following the explosion, emergency services were made aware of multiple

patients trapped in vehicles as the result of falling debris; several persons found deceased under rubble and patients reportedly trapped in underground railway corridors.

Emergency responses were tested, along with utility provider responses (gas, water and electricity providers), and communications between services, the evacuation plan and the ability of Ambulance to triage some 45 victims that are reported to have injuries, utilising the TrackMi patient tracking device by scanning the SMART Triage Tags. Sydney Hospital stood up their Incident Management Team to address potential business continuity plans given their close proximity to the lockdown areas (less than 50 meters).

TrackMi is software capable of collecting any information from any incident or disaster, located on a platform with a secure server and software that work together with our existing systems, is real time and location aware. TrackMi has not been used in the pre-hospital environment before so this was the first test of the system. We were fortunate enough to have the assistance and support online of the National Critical Care and Trauma Response Centre, TrackMi coordinator. It provided accurate, timely information on numbers triaged, priority, and destination. We will be testing this system further on the 11th June 2015 in Exercise Poseidon.

A full exercise evaluation report will be prepared.

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

Deputy Director | **NSW Health Emergency Management Unit**

Office of the State Health Service Functional Area Coordinator

Charles Blanch, NZ MoH Director of Emergency Management.

(Abridged report on deployment to Liberia and Foreign Medical teams, from the NZ Mat bulletin, used with permission)

World Health Assembly has just met in Geneva from 18th – 26th May, and one of the most significant items was the mandate from member states for the World Health Organization to revise its approach to managing health emergencies in light of the ongoing response to Ebola Virus Disease in West Africa.

Foreign Medical Teams (FMTs) are a key element in the development of arrangements to rapidly deploy a global health emergency workforce to sudden onset disasters and acute public health emergencies, and possibly even complex humanitarian emergencies (war and conflict). These will be key changes to the international environment that NZMAT needs to be able to operate in.

I've just returned from three months sabbatical working for WHO coordinating Foreign Medical Teams providing Ebola virus surge clinical capacity in Sierra Leone, and the same coordination frameworks that were being used for a public health emergency were also those in place for FMTs during the response to both Cyclone Pam and the Nepal Earthquake.

Over the next 12 months we are likely to see work to codify the arrangements for FMT coordination, including the development and rollout of a global FMT registration platform with a process to verify the stated capability of teams. Capacity building with Ministries of Health in vulnerable countries to ensure they are able to request international assistance and effectively coordinate responding teams is critical in enhancing the sovereignty of an affected country, and this is very evident within the South Pacific.

NZMAT will be working with partner agencies to ensure that we continue to meet and operate within relevant international technical standards and a coordination framework.

VANUATU UPDATE

It is pleasing to learn that the Vanuatu Ministry of Health are controlling donations of health supplies being donated to the country. They require clearance that the supplies are actually needed and then there are strict criteria to be met before goods are accepted.

An interesting discovery at WCDEM Cape Town was that details of the Nation of Vanuatu are not widely known, once being referred to as 'an island that hasn't been heard of.' What was missed was that the nation of Vanuatu consists of many islands, a number of which were scenes of some of the fiercest battles during World War II. Relics from that time are still found in the jungle and in the ocean around the islands. The population of the nation is over 220,000, with tourism being the main source of foreign currency.

Report on NZMAT deployment to Vanuatu

(Abridged and used with permission)

Tropical Cyclone Pam that hit Vanuatu was a Category 5 cyclone, and one of the most powerful ever seen in the Pacific, it made landfall in Vanuatu on 13th March 2015. The next day, the first member of the NZMAT Initial Assessment Team (IAT), Dr Tony Diprose (NZMAT Clinical Lead), departed New Zealand on the RNZAF Hercules bound for Port Vila, Vanuatu. He was joined 2 days later by two further team members to coordinate New Zealand Health assistance.

A NZMAT team of 11, made up of doctors, nurses and USAR logisticians departed New Zealand on March 25 for a deployment to Vanuatu as part of the New Zealand Government response. Upon arriving in Port Vila, the NZMAT team boarded the HMNZS Canterbury to make their way to the island of Epi in the Shefa Province of Vanuatu.

During the deployment, the NZMAT team disembarked the HMNZS Canterbury to provide a morning clinic at Rofo Bay and a 4-day deployment to Port Kuimie, as well as providing day clinics at various outer islands where access to healthcare is not easily accessible. While off the HMNZS Canterbury, the NZMAT team lived on field ration packs and learnt how to get creative with their meals from their USAR and NZDF colleagues.

VANUATU

Villagers anticipate visit from their god

In an isolated village at the end of a long muddy track, on one of the most remote specks of land in the world, dedicated believers are preparing for a visit from their god – the Duke of Edinburgh.

Followers of Vanuatu's Prince Philip Movement believe the Duke is descended from one of their spirit ancestors, and some are convinced the cyclone that ravaged the Pacific nation in March was nature's dramatic curtain-raiser to his arrival next year.

The villagers of Yaohnanen on the island of Tanna – where a shrine carries framed portraits of Prince Philip draped with the Union flag – believe he will, at least, visit them and, at best, take up residence among them.

Anticipation is building because a self-proclaimed prophet



Followers of the Prince Philip Movement believe the Duke is descended from one of their spirit ancestors. Photo: REUTERS

named Fred Nasse predicted that a "great event" would happen on Tanna in 2016 and would attract

the world's attention.

New Zealander Andrew Finlay, an aid worker with the Tear Fund charity, which is helping the island recover from the devastation of Cyclone Pam, said: "I was talking to an elder who told me the event predicted by Fred would be the arrival of Prince Philip next year. He also believed the cyclone had been a precursor."

"Prophet Fred, as he was known, died a few years ago. He was highly respected and several of his predictions came true."

"He predicted a large lake around the volcano would drain, and it did. He predicted there would be no cyclones for seven years, and that came true."

"So when he predicted the world would converge on Tanna for a great event in 2016, they have no reason to doubt it. It's a short

leap to connect that to Prince Philip."

The Prince Philip Movement started with a visit the Queen and Duke made to Vanuatu in 1974. A warrior named Chief Jack Naiva, who died in 2009, was one of the paddlers of a war canoe that greeted the royal yacht Britannia. He became convinced that Prince Philip was the descendant of a Tanna spiritual ancestor.

Other islanders follow the John Frum Cargo Cult, named after a GI, "John from America". They see the arrival of aid from the outside world after Cyclone Pam as the fulfilment of another prophecy.

Telegraph Group

Yaohnanen tribesmen show off their pictures of a 2007 visit with Prince Philip.



Of Greek Gods and Cult Worship. All making Vanuatu an interesting place to respond to. (*Re Greek God, Prince Phillip is Greek by birth*)

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 access by clicking on the following link –

<http://research.wadem.org>

NEW ONLINE COURSE OFFERING FOR HEALTH PROFESSIONALS

Flinders University, together with the National Critical Care and Trauma Response Centre (NCCTRC), have formed a partnership to develop this program which will provide tertiary level disaster education to health care professionals, including nurses, doctors and paramedics. It will be fully online.

As of Semester 2, 2015, (27 July) Flinders University will be offering this new course: Master of Disaster Health Care.

The program

The Master of Disaster Health Care is designed for domestic and international students who have obtained a bachelor degree in a health profession and who wish to expand their knowledge, preparedness, and response capability for local, national and international disaster events. Students can choose either a course work or research pathway in a nested program with exit points at graduate certificate and graduate diploma levels. This program is unique in that it is the first program in the region which provides health care professionals an operational focus to disaster response at a tertiary level.

Eligibility

You must hold an approved bachelor-level degree or equivalent qualification in a health profession from an approved tertiary institution and have not less than two years' professional experience in the health care sector following completion of the degree or equivalent qualification. In addition, you must demonstrate that you have:

- Completed an NCCTRC-approved MIMMS (Major Incident Medical Management and Support) Commander course within the past two (2) years;

AND

- Completed an NCCTRC-endorsed AusMAT/NZMAT Team Member Training Course within the past two (2) years.

OR

- Been deployed to a declared disaster as part of an Australian Government team (or approved equivalent) within the past two (2) years.

How to enrol

We hope that you will take the time to consider this exciting opportunity. For more information about the program you can view our webpage

http://flinders.edu.au/nursing/studentsandcourses/nursing/postgraduate/master/master_home.cfm

Enrolment Inquiries:

P (+618) 8201 5340

E sonm.pgprograms@flinders.edu.au

www.flinders.edu.au/nursing

Topic Contact:

Dr Julian Grant, Senior Lecturer Nursing
School of Nursing & Midwifery, Flinders University
P (+618) 8201 5340
E julian.grant@flinders.edu.au

United Nations – Safety & Security Courses

The UN Department of Safety and Security offer two free online courses:

The courses take a few hours to complete and cover topics such as personal security, risk assessment, how to react to threats and coping psychologically.

To participant in these online courses involves creating an online account via the UNDSS site.

Access these courses at: <https://training.dss.un.org/courses/login/index.php>

Monash Disaster Resilience Initiative



Preliminary Announcement

Monash Disaster Resilience Forum

Thursday 30 July, 2015, 9am to 5pm

(Note: Change of Date)

Advancing Community-led Resilience

Venue: Monash University Council Chambers
Chancellery Building A, 27 Chancellor's Walk (formerly Building 3A)
Clayton Campus, Wellington Road, Clayton

We seek EXPRESSIONS OF INTEREST (EOI) from people or groups wishing to present their community-led resilience building activity.

This year we shift our focus from 'three-minute' showcase presentations to **longer showcase presentations** to allow more time for presenters to share ideas, innovations, challenges and solutions.

We will showcase two different types of presentations:

1. six successful community-led resilience building activities that are up-and-running
(10 minutes + 5 discussion)
2. six emerging community-led resilience building activities as work-in-progress
(5 minutes + 5 discussion)

To maximise your showcasing opportunity, an interactive discussion will follow each presentation and help presenters further promote and discuss ideas and share experiences with Forum participants. Receiving feedback from an audience engaged with community-led resilience building activities provides presenters with a rare opportunity to further their ideas, overcome challenges, discover new directions or find that unexpected piece of wisdom.

*To present your resilience activity on Thursday 30 July, tell us about your showcase activity in 150 words. Email your EOI to caroline.spencer@monash.edu by **COB Monday 29 June**, and include your name, organisation and contact details. We will notify successful presenters by Monday 13 July 2015.*

This Forum kicks off with contemporary speakers at the forefront of research and practice:

Mr Toby Kent, Melbourne's Chief Resilience Officer, Rockefeller Foundation
100 Resilient Cities Project

Dr Meead Saberi, Monash City Science Research Group, Monash University
How big data helps build community resilience

Prof Judi Walker, Monash School of Rural Health, Monash University
Community resilience – a rural perspective

RESEARCH ASSISTANCE REQUIRED

Consider becoming part of the WADDEM 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.

Establishing a Minimum Data Set for Mass Gathering Health WCDEM - Workshop 20th April, Capetown, South Africa

This April, Oceania members were involved in organising workshops at WADDEM in Capetown, South Africa. On the Monday afternoon prior to the conference Paul Arbon, Malinda Steenkamp and Alison Hutton, all from the Torrens Resilience Institute at Flinders University, ran a workshop to discuss the establishment of a minimum data set for mass gathering research. This workshop was attended by 50 people from a wide variety of countries, and was a success. The main topics covered were why we need a minimum data set in this area, and we asked participants to think about what data points are necessary for measuring health security, legacy and public health. This was a challenging task, however, we did gain agreement that a minimum data set was necessary and we made a good start on key data points. There is a lot more work to do in this area but we are up to the challenge. If you would like to know more about this project please email malinda.steenkamp@flinders.edu.au

Alison Hutton
Associate Professor
Torrens Resilience Institute
Flinders University

The role of Oceania members in the WADEM Nursing Section

The Nursing Section of WADEM has 96 members – and to keep this group going eight people are nominated bi-annually before each congress to be part of the Nursing Section Executive. Between 2013 – 15, four of this nursing section were from the Oceania Chapter; Alison Hutton, Nyree Parker, Jamie Ranse and Karen Hammad.

During this time, this group established a social media presence, developed a membership strategy that was taken up by the wider WADEM Board, made links with the International Council of Nurses to review the ICN Disaster Nursing Competencies, and surveyed the nursing membership to ascertain their expectations of this group.

As I am writing this piece I have one more day in the position of Chair of this group, and even though at times it has been a frustrating experience to try and manage a group across time zones, I am proud of what this group has done. Additionally, I want to thank this great group in sticking with the management of the Section in trying circumstances (Skype – do I need to say more)!!!!

For the 2015 – 17 period, the Oceania Chapter still has a presence; Nyree Parker is sticking around and she will be joined by Virginia Plummer from Monash University, and Hui Hui Yin from Flinders University. The number of Aussies on the Nursing Board reflects the strength and commitment to disaster nursing from members of the Oceania Chapter – three cheers to these members.

Ally Hutton
Chair – Nursing Section
World Association for Disaster Emergency Nursing
2013 - 15

WCDEM 19 REPORTS

Julie Zarifeh & Lev Zhuravsky

Overall, the Congress provided important updates on clinical and organisational components of disaster and emergency medicine and showcased best practices in the field. The format included plenaries, breakout and poster sessions.

Presentations covered topics such as hospitals in disaster, clinical leadership and pathways in disaster response, pre-hospital care, trends in disaster education; as well as mental health in disasters and tools for building community resilience.

WADEM Congress provided a great vehicle for shared learning, collaboration and networking. Attending this Congress in the future would benefit anyone with interest in disaster medicine, emergency care, adaptive capacity building and resilience.

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: 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)

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

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

If interested in a WADEM student club at your university

Contact: William Bograkos irisbo@comcast.net or Knox Andress knoxandress@yahoo.com

CALENDAR OF EVENTS

2015

23-25 October

Chinese Society for Disaster Medicine
Shanghai International Forum of Urban Safety and Disaster Medical
Rescue. Shanghai China.
Zhongxinzhao1999@163.com or hpzhangly@163.com

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 20 th World Congress for Disaster and Emergency Medicine. WCDEM Toronto, Canada
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A COFFEE WITH

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

This issue: Vivienne Tippet

Q. Nickname?

A. ...there are probably many used to describe me that I never hear!

Q. Where are you working?

A. Queensland University of Technology and the Centre for Disaster and Emergency Management

Q. What three words best describe you?

A. Enthusiastic, compassionate & terribly funny!

Q. What is your best disaster experience?

A. Working with the community in Brisbane after the 2011 floods - that mud army was something else!

Q. What is your worst disaster experience?

A. Standing silent and stunned with Queensland Ambulance and Emergency Services staff in front of live feed TV on the morning of September 11, 2001

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

A. Malala Yousafzai, the Dalai Lama & Angela Merkel

Volunteers wanted to introduce themselves in 'Coffee with'.

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,

All this modern technological nonsense is leaving me confused and I worry that I'll never again keep in touch with what is happening in the world. The young are leaving me behind and I just can't understand what they are talking about.

My sister Mary's son Joseph is an example; he has told me that he has over 50,000 friends on his bookface and some of those who are in Nepal have sent him messages that they are safe after the earthquakes. He has never ever met any of them in person so how can they be true friends and that number is equal to the population of my city and I don't know all of them.

He also tells me there are also apes, twitters, apples, one phones, bookfaces and tags for hash. Sounds more like a shopping list .. or a zoo. I don't have one of those fancy one phones or whatever they are, mine is attached to wires in the wall. I don't have one of those books for my face either.

What happened to letters, radio broadcasts, newspapers and newsletters? With the prices of these things I barely afford them on my pension. I have to rely on just looking out the window, or ask Mrs Maloney next door what to do. It seems that no one is going to tell me when there is an emergency or what to do when one happens.

We have had many storms and flooding in my city lately, luckily none reached me but I am left with the worry of what if they should.

Yours sincerely

Francine

PS I have posted this to you from that nice post shop down the road and they even apologised for the price of their stamps.

Dear Francine,

This technology age as the young call it is really something isn't it, and it can be so confusing for those of us brought up with real conversations and real friends. My late husband tried so hard to bring us knowledge of this new age, he had every gadget seemingly possible to bring information into the house. Alas, it didn't inform him that he was walking into the path of the bus that ran him over.

I will say that I do enjoy my mobile telephone, it does keep me in touch with the world as I roam, I even take it out into the garden with me so I can call for help in case of an accident. My local emergency coordinator has my neighbours' and I programmed to receive alerts of any major happenings in our area so we are aware we need to take care or even move out in serious cases. That is marvelous as none of us move as fast as we used to.

These 'mobile devices' can also give you the chance to create the new and previously unrealized joy of knowing what Kim Kardashian, and her stepfather, who is now her stepmother, are thinking about eating for breakfast today. I'm more of a Princess Kate and the babies fan myself. While I can check my latest Women's Weekly for this information it is so much nicer to get it instantly from the internet on my mobile phone.

However, enough of that powder puff talk, it is time to get serious about getting you informed of adverse events in your area. While looking outside is always the first step in being aware of your surroundings, your second choice of asking Mrs Maloney is also good as long as she doesn't revert to her famous reading of tea leaves for her information.

The other thing is really to get yourself a mobile telephone, these days my dear they are not all that expensive to buy and run. The trick with this new stuff is to start with simple use and build up your knowledge and experience from there. A bit like I used to do with young men as a girl, those were quite different sorts of applications or so called 'aps' though.

My final suggestion, and in fact a strong recommendation, is that you get in touch with your local emergency management, police and fire services who all provide communications alerts for areas in times of emergency, and national broadcast alerts should be provided by government when required. Your local government or council staff can be useful (believe it or not) by being able to provide relevant emergency contact details for your area.

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.

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.