



WADEM Oceania Newsletter. December 2016

Disaster risk reduction workshops for primary healthcare

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Overview

The people at greatest risk after a disaster, particularly in developed countries, are now those with: underlying cardiovascular and respiratory diseases; undergoing cancer treatment; unstable diabetes and mental health conditions; and renal diseases.¹ To help address this challenge, the United Nations Office for Disaster Risk Reduction's Office for Northeast Asia and Global Education and Training Institute (UNISDR ONEA-GETI) and the Northern Queensland Primary Health Network (NQPHN) partnered to deliver a series of six three-hour workshops from 7-10 November 2016 in Cairns, Mackay and Townsville, Australia.



The training materials used by UNISDR ONEA-GETI for the private sector were tailored for primary healthcare. The purpose was to help facilitate integration of the primary healthcare sector into disaster management. The target audience were: general practitioners; pharmacists; nurses; other health professionals; and,

stakeholders involved in disaster management.

The objectives included: increasing awareness of global trends; providing a stronger understanding of what your practice/organisation is doing well and what can be improved; identifying strategies for maintaining services; and, providing the tools required to develop a disaster plan.

There were 132 participants who attended the workshops in Cairns (n=53), Mackay (n=29) and Townsville (n=50). Nursing was the profession with the most representatives with 23%. This was followed by 15% Practice Manager, 12% Disaster Management, 6% Allied Health, 5% Practice Administration, 4% General Practitioner and 2% Pharmacist. Other participants included: elected officials; executives; managers; workplace health and safety officers; program leads; administration officers; and, academics.

1. Ryan BJ, Franklin RC, Burkle FM, Watt K, Aitken P, Smith EC, et al. Identifying and Describing the Impact of Cyclone, Storm and Flood Related Disasters on Treatment Management, Care and Exacerbations of Non-Communicable Diseases and the Implications for Public Health. PLOS Currents: Disasters 2015(1).

Evaluation

The workshops were effective in increasing the participants' knowledge about disaster risk reduction and the role of primary healthcare. Before the workshops no participants rated their knowledge about the topic as excellent and 42% had a good level, 40% adequate and 17% poor. In comparison, after the workshops 96% of participants rated their knowledge as either excellent (29%) or good (67%), and the remaining 4% had an adequate level of understanding. Also, 80% of survey participants indicated they had an opportunity to discuss disaster challenges and trends, 79% gained new ideas on how to develop and mainstream disaster planning, and 75% established new contacts and ideas.

A number of strengths were reported by the participants, these included: integration of global lessons; quality of information provided; focus on primary health care; diversity of examples; interaction between speakers and participants; application of international expertise in local context; and, the overview of prevention strategies. A weakness was the amount of content covered in the three hour workshops, making it difficult to explore in detail local application of the learnings.

The workshops highlighted the need for participants to have plans to maintain services before, during and after disaster. This includes: understanding treatment and care needs of patients (particularly people with chronic diseases); purchasing generators; having back-up information technology systems and ensuring close liaison with hospitals; emergency departments and other practices. Participants also indicated it was important to have up-to-date contact lists, staff need to be aware of disaster procedures, and the response needs to be coordinated.

Next steps

The participants were very complimentary of the initiative and a common theme was the need for follow-up workshops and activities. Based on this feedback and the evaluation results, the facilitators are now planning to deliver similar UNISDR ONEA-GETI workshops across Australia. It is hoped this can be complemented by specialised workshops; for example, the role of practices in supporting patient preparedness and recovery. This initiative could easily be expanded across Oceania using a train-the-trainer model. Such an approach would provide an important foundation for ensuring a consistent approach across the region, and most importantly, helping reduce the impact of disasters on the most vulnerable.

Research/ Evidence Corner

Asthma Storm discussion following a weather event in Victoria, Australia that caused many sufferers of asthma to be affected and resulted in several deaths. This event is discussed on the following link. <http://www.severeasthma.org.au/tools-resources/past-webinars/>

People in Disasters Conference.

From Australasian Journal of Disaster and Trauma Studies
Vol 20 People in Disasters Special Issue

Abstract: *Joanne M Deely & Michael W Ardagh*

The first International People in Disasters Conference was held in Christchurch, Aotearoa/New Zealand, from 24 to 26 February 2016.

The conference showcased the dilemmas of living and working within a disaster context, and best

practice approaches to response and recovery. The Canterbury earthquakes of 2010 and 2011, particularly the earthquake of 22 February 2011, were the disasters of most interest to delegates. Key messages driving this conference were: that people's narratives are healing; to learn from lessons of past disasters; that human-animal bonds are important; to trust each other; that shared leadership and decision-making works best; that ethnic minorities contribute to a holistic response and recovery; that long-term mental health care is required; and, to transform to a new future. These key messages were embedded in the conference themes: response, recovery, and resilience. New insight was provided on the value of community and cultural groups as first responders.

The significant role of community responses after the Christchurch Earthquake led to Aotearoa/New Zealand's Ministry of Social Development revising its disaster policy to support community initiatives. Other important topics included: 1) diminished psychosocial wellbeing, 2) treatments for disaster-related mental illness, 3) initiatives that have empowered the psychosocial recovery of Christchurch's population, and 4) resilient individuals and communities managing their own recovery.

This Special Issue includes papers on: caring for companion animals, compassion fatigue of nurses, promoting Māori psychosocial recovery, family violence, managing diabetes post-disaster, comparing community recovery projects in Aotearoa/New Zealand and Japan, wellbeing of older people, and post-traumatic growth. As Guest Editors for this special edition, we are delighted with the results of the conference and hope that the following papers will be useful to researchers and practitioners working in the fields of disaster response, recovery, and resilience.

Link to published presentations

<http://www.massey.ac.nz/~trauma/issues/2016-2/contents.htm>

Post-Earthquakes

Post-Disaster Support

In the follow up to the 7.8 magnitude earthquake that hit Kaikoura on New Zealand's South Island's east coast, some simple psychosocial support has occurred.

Firstly, from New Zealand's Prime Minister, John Key, and Sir John Kirwan, sporting legend and mental health awareness campaigner (Depression sufferer in the past):

Taken from 'The Press' Christchurch 26 November 2016.

The two Johns

Two JKs went in to offer support. We heard that John Key visited Waiau, the overlooked heart of the disaster, and consoled an upset local women with his prime ministerial hug. "I went down because I was having a rough morning and I thought I needed someone to give me some... sort of plan... to sort through it", Helen Beattie said. The other JK was former all black Sir John Kirwan, the face of mental health awareness campaigns. Kirwin visited shaken Kaikoura residents on Thursday and told them "it's good to cry, good to hug, good to talk about it – especially with kids".

At the same time, a local Doctor from the area visited isolated communities, along with a practice nurse and a mental health nurse. The Doctor and practice nurse are well-known in their community and were able to relate to and be trusted by locals they visited. Locals were able to tell of problems, theirs, families and friends, and be offered advice and referred to help if required.

Another Doctor had attended a community BBQ in a rural area and reported people were feeling very vulnerable. They have been through two years of drought-reduced prices for their farm products, this year was shaping better as their farms were greening up with good pasture growth and then the earthquake. Houses wrecked in some cases, roads blocked so they were unable to get

lambs to market place and tankers unable to pick up milk from their farms. Milk was being tipped onto pastures ruining them.

Plans are being developed to reach these communities with welfare and assistance, often from other farmers.

While none of the above is unique it does provide an insight into what a community goes through post-disaster and some of the problem-solving local support that can be offered, rather than flooding the area with unknown counsellors who may not understand the local situation.

Graeme.

The following from last newsletter's guest editorial contributor.

With the earth shaking and parts of the country flooded and cut off, it's natural to feel blue.

But according to a psychologist who specialises in disaster management, we can lift our spirits in a few easy ways.

Dr Sarb Johal, a psychology professor from Massey University, suggests those affected write a checklist of the things that give them warm fuzzy feelings in normal times. It may be having a laugh with friends, watching a funny movie, or going for a jog or to a yoga class.



Dr Sarb Johal, psychology professor at Massey University.

"The important thing is to then put those things into action," he says.

One of the most important things is to stay connected and to try to keep your routines going as much as possible. Keep in touch with friends, family, acquaintances, the community, and work colleagues, even if you can't physically meet them. Don't stay trapped in your head, or in negative thoughts. "Instead", says Johal, "be around those who make you feel good. Or, if it's your work or a hobby that brighten your spirits, try to do that".

"Stay hopeful and look to the future", says Johal. "As tough as it feels, don't be fearful of the future, and look forward to what the future may bring." Plan an event that you know leaves you feeling positive - a concert, comedy, or music that makes you happy. Avoid sad things - like films and television - if you're prone to the blues. "Go for a laugh-out-loud film or a romantic-comedy." "It's hopeful to have something to look forward to. It may be something you could do over the coming weekend, something that won't be too challenging for you to do either."

Most of us are not used to dealing with the lack of control that natural disasters bring, he explains. "We're used to having a lot more control and when that control is taken away, that can feel quite strange. We are less practised at using the skills that help us deal with situations that are out of

control, because for most of us, life usually feels pretty in control. We're used to the sky moving, and we go out and take an umbrella when it rains, but when the earth moves, that can have serious consequences. We're used to quite black and white thinking. We are for something or against it - Republicans, or Democrats -when actually, life is a lot more grey than that."

He adds that those whose lives are often out of control are usually better at dealing with the impact of natural disasters.

The Wellington-based expert suggests putting steps into place to feel as if you are in control. For example, know where to evacuate in a tsunami, and consider having an emergency supply of water, food and provisions. "That will make you feel better", he says.

As much as possible, distract yourself and disconnect from negative thoughts. "You have to manage that dance between distraction and attention, distraction and attention." Know that it is natural to feel stressed, as three disasters have come at once: the quakes, the tsunami risk, and the weather and floods. To minimise the impact of that stress two things are vital - sleep and good food. Sleep deprivation can make everything feel much worse.

"When I'm tired, I'm likely to see the world through a glass-half-full kind of way," Johal explains.

WHAT TO DO NOW

- * Follow a normal routine as much as possible
- * Eat healthy meals - be careful not to skip meals or to overeat
- * Exercise and stay active
- * Help other people in your community as a volunteer – stay busy
- * Accept help from family, friends, co-workers, or other people you trust – talk about your feelings with them
- * Limit your time around the sights and sounds of what happened – don't dwell on TV, radio, or newspaper reports on the events.

HOW TO REMAIN OPTIMISTIC

- * Support one another, especially family members and your community
- * Provide emotional support – comfort each other
- * Carry out practical tasks – tackling the jobs that need to be done a bit at a time and counting each success.

Sarb also contributed to the following New Zealand Government advice paper on psycho-social support

http://www.pmcsa.org.nz/wp-content/uploads/Briefing-paper-psychosocial-consequences-of-the-Kaikoura-earthquakes_1.12.16.pdf

Lessons Learnt

'TIPS' Experts provide advice based on their experiences.

These from Erin Downey WADEM Vice President for Congress. Erin is widely experienced in responding to a wide range of events in many countries.

In all my deployments, I learned to appreciate the value of anthropologists and the training we all could benefit from for better sensitivity and effective applications of our practices:

- In the Ebola context, their insight was necessary to bridging between faith in traditional healers to the protection against highly infectious disease

- In the Ebola context, their insight was necessary to bridging between in responsible and respectful burial of the dead
- In the Ebola context, their communication was needed to support the survivors being accepted back into their communities
- In the refugee crisis, their insight is needed in providing appropriate care in the cultural and religious context of mass migration
- In World Youth Day Mass Gathering (Warsaw, Poland) Pope Frances' messaging to 2 million youth, using technology terms, e.g., "download a good heart".

WADEM CONGRESS

The latest update from Erin Downey.

670 Abstract submissions from 62 countries.

- 47 From Australia
- 6 from Indonesia
- 5 from New Zealand.

There are 24 content areas.

- 12% Public Health
- 10% Lessons from the field.
- 10% Health Systems
- 7% Improving Emergency Medical Team Capacity
- 7% Disaster Medicine Principles.

WADEM OCEANIA NEWS

Regional Disasters.

Apart from the asthma storm mentioned earlier, there have been major earthquakes in Kaikoura (North Canterbury, New Zealand), Banda Aceh in Indonesia, and the Solomon Islands.

Kaikoura, a tourist centre, had all access blocked by large slips, and as the major transport corridor, disruption to the travel of people and goods arose. Banda Aceh, after the 2004 Boxing Day Tsunami, again suffered loss of life and major damage to buildings. In the Solomons there are concerns for the outer Islands which have lost communication.

Chapter Committee Elections

A mad rush of efficiency by Graeme resulted in the call for nominations 12 months before they are due. So relax and respond this time next year with your nomination.

WADEM Oceania Sub-Committee Group Meeting 3 minutes
1pm Monday 5 December 2016 (Sydney time)

New Zealand quakes update

- Main healthcare provision in Kaikoura by two GPs and young pharmacist who have had own homes damaged. Canterbury Primary Relief Group (CPRG) organising locum relief, matching needed skills, including emergency management. The GPs etc have their own locums that they usually organise, as well as semi-retired doctors with rural training able

to offer some locum relief. They have a small emergency / trauma department they cover so the locums need to be appropriately trained, e.g. have done the Prime training.

- Access in and out of the area still difficult with gale force winds grounding the fixed wing aircraft that was being used. Slips on road access are being monitored daily.
- Neighbouring area is also affected, particularly the farmers. The farmers had drought for 2 years and now, when growth has improved, they had the earthquake. It has caused land slips on the farms. Milk has had to be dumped as no pick-up transport available. Psychosocial teams are working across the whole area supporting existing services. Supporting, providing time out, assisting with insurance claims, etc. Current plan is to continue this to the end of January but it is likely to be extended. The psychosocial teams are using the local GPs who know the population. The male GP talked to the farmers, the female GP and practice nurse to the wives, and then they were introduced a Mental Health worker. There is also an ex-All Black in the area who has experienced depression and is able to talk publically about mental health. The response is local with light support externally as needed.
- Sarb Johal has done a video available on LinkedIn talking about the psychosocial impact of the last event on top of the previous quakes.

Thunderstorm Asthma in Melbourne update ES

- It was as though a tornado went through very suddenly and triggered bronchospasm in over 8000 people who were treated across Victoria – the ambulance service was quickly overwhelmed. Hospitals as far as 1.5 hours from Melbourne activated their disaster plans for EDs. Eight patients died due to the storm. It was devastating. Yesterday the state was on high alert for asthma. Ambulance Victoria responded to dozens of asthma callouts. (Newsletter contribution requested)
- Lidia reported on the fact that heat waves affect children more with respect to asthma than adults. (Newsletter contribution requested).

1. Newsletter

- Quarterly Newsletter themes for 2017 – flexibility for current events that arise as disasters always do.
- Joe suggested the theme of Long Term Health Impacts, particularly in follow-up to how New Zealand is going. PB...Long Term impacts of disasters both mental and physical health. GM Lots of young children have become anxious /traumatised...if the parents are not coping it reflects into the children...a funding issue for the health authorities as children are funded for so many contacts visits which are never enough. The effect on children in CHCH has been going on for 6 years since the 2010/2011 quakes. (Newsletter contributions requested).
- Joe...keeping the Oceania flavour could add the psychosocial effects on our Indonesian neighbours post ACEH.

- Erin...15-year cohort study on 911 is now finished and findings show the ongoing impact. It is astounding, including the intergenerational effects of PTSD and behavioural effects. These can't determine causation but show a strong relationship, including with the diagnosis of cancer. GM...Interesting to know what bearing affluence has on this. (Newsletter contribution requested).
- Possibility of some personal narratives to contribute to the newsletter. Names not mentioned until we have consent but including experience of UK bombings and 9/11 responder widow. (Newsletter contribution requested).
- Lidia suggested need for signed consent to document willingness to share without expectation of entitlements – to forward existing proforma.
- Caroline...30 years ago Ash Wednesday research evidence would be a useful contribution to the newsletter. (Newsletter contribution requested).
- Erin suggested another potential topic to address the current Mental Health First Aid push. PB suggested need to add PFA if talking MHFA. Overview of tools could be useful.
- Andrew suggested that given the volume of potential case reports we are accumulating, maybe towards the end of the year common themes could be identified that might influence practice. Some key messages/resources could be developed. Committee members could be paired up to review case reports. This could be a valuable resource at the end of the year.
- Graeme...care not to be too focused on psychosocial as WADEM Psychosocial section already exists.
- Lidia suggested we need to promote best practice in what we were. Graeme suggested short, sharp reports may give others direction for further research.
- Sarah Weber has agreed to understudy with Graeme in 2017 so we have newsletter continuity.
- Grateful acknowledgement to Liz Noble who does the fine-tuning of the newsletter.

2. Committee position drafts

- Suggested they are guidelines (ONLY) as the casual flexibility of the team is part of its value and attraction to members. Joe...The idea behind them was to provide a bit of guidance to new Committee Members who come in but not to be too prescriptive.
- The suggestion is that they are emailed to new members as guidelines only.

3. Upcoming conferences

- WCDEM Toronto Conference 2017. Lidia... An area will be set up in the main hall saying who is WADEM with posters about the membership, the committees, etc. The Oceania

group can have their own. The aim is to show how active we are as WADEM members and to encourage joining up. The poster should be about A3 size and portrait orientation.

- Lidia to send the template with additional notes on what should be in it. The aim will be to have a few Committee Members who are interested to work on it. Those who would like to contribute please email Penny or Graeme. GM suggested examples of the Newsletter should also be available.
- WCDEM Brisbane, 2019 - Lidia, Paul Arbon and Gerry Fitzgerald on the organising team. Lidia reported currently in waiting stage and will report back next meeting.

4. Other business

- Rowena reported on the Executive Board Meetings. The last Board Meeting finalised the composition of the Nominating Committee which will put together the list of people standing for election for the next Executive, which will take office following the Toronto meeting. Lots of discussion about the forthcoming Congress and convening a Standing Committee on Congresses, a little ongoing discussion on the strategic plan, and suggestions on the plan. Recurring issue of growing the membership base. The webinars were felt to be very successful and keen to have more.

Useful Resources

This item found by Rowena (Could these be useful for health surveys?)

Firefighting authorities have a new tool in their arsenal this summer – but it won't carry a fire hose, firefighter or water to dump on the flames. Emergency Management Victoria (EMV) is trialling drones to assess damage caused by bushfires and other emergencies, such as floods and storms. They can also take infrared footage to help firefighters determine whether buildings or trees still contain heat and remain a fire threat, or whether flood levees could be breached. A 3D camera can be used to produce modelling of damaged structures for impact assessment.

Des Bahr, Chairman of the National Safety Agency, said drones could make assessments from just a few feet above ground to as high as 6000 feet. The drones would deliver high definition footage that could be broadcast immediately to laptops, mobile phones and control centres around the state. Drones were a cost-effective and efficient tool, he said: "Today, firefighting aircraft are only used during daylight hours; we're obviously able to fly 24 hours a day."

Emergency Management Commissioner, Craig Lapsley, said the trial was about information integration.

Drones would be deployed in the aftermath of a fire to provide information about a fire's impact, including whether structures remained at risk of burning, hazardous trees, and whether agricultural assets left unscathed needed protection. Mr Lapsley said drones would allow assessments of places people could not get to, and possibly quicker decisions on whether landowners could return to their properties. "What we're trying to do first of all is look at how we get the information out of those cameras and sensors to people...onto their desktops so that they can make good decisions," he said.

Forest Fire Management Victoria is also trialling drones and recently flew one over a fuel reduction burn in the Otways. Senior Forest Fire Management Officer, Bodin Campbell, said it had performed well.

“It gives us that eye in the sky when we’re igniting the burn, which gives us better awareness of how the smoke column is developing,” he said. “That’s really important, and informs what your fire behaviour is going to be like. “Once the burn is complete, you then have the option of running a thermal imagery camera over the burn, and what that does is identify the hot spots that are still left...which could cause problems if the weather forecast drastically changed.”

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WADEM Climate Change Position

WADEM is interested in considering a statement on climate change as it is so relevant to our concerns about preparedness and resilience in the face of a growing number of climate-related disasters.

There has been a request for the Oceania Chapter to contribute to this or to actually write the document. It is suggested that, either way, the best approach might be to have a workshop session in Toronto to fine-tune any product that also then has a larger, more representative list of people as contributors.

The other approach is to have a series of rough statements that can be put to discussion and endorsed in Toronto.

If interested in contributing, please contact Penny Burns penny@sandyburns.com.au

Or

Peter Aitken Peter.Aitken2@health.qld.gov.au

A FINAL THOUGHT

Yes, this Newsletter is late, my apologies for that. As you are aware those in emergency management have planned/planning work and then there are occasions when that is dropped for actual responding. The latter has been my situation since 14 November and has now eased, as the Primary health group I work with are now on a watching brief.

However, I haven’t been the only one in our Oceania Region responding recently. Major earthquakes struck Banda Aceh in Indonesia, and the Solomon Islands.

Banda Aceh was, of course, the centre of massive destruction following the Boxing Day tsunami of 2004. A few years ago I met a remarkable Doctor from that region who, with limited resources, continued to treat those injured, with so much infrastructure, including health facilities destroyed, and a mass casualty situation he faced, his was a monumental effort. Still living in the area, he would have faced a similar situation post the latest earthquake. I am told that the emergency response was quicker this time.

No news from the Solomon Islands apart from remote islands being isolated and without communications for some days.

In the last few days massive flooding in Fiji destroyed villages, as well as damaging roading, isolating areas of the country.

All these, plus the Asthma attacks, have highlighted the vulnerability of our region.

REQUEST 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 ilsogno@snap.net.nz

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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.