WADEM Oceania Newsletter September 2017

Editorial

It is an honour and a privilege to be elected president of the world Association for Disaster and Emergency Medicine. It is a very poignant time for an organisation that has the words *disaster* and *emergency* in its title. The number of large scale emergencies and disasters certainly seems to be increasing; as changes in climate increase the frequency and force of natural phenomena, and major social changes lead to many of the world's poorest being either on the move and/or living in places and circumstances that only serve to increase their vulnerability to these events. The world has passed a tipping point where more of us now live in in towns and cities than in rural areas. This move to (rapid) urbanisation increases the impacts of disasters which, in these settings, have their own complexities and needs for preparation and planning; core themes for WADEM members.

I've often thought that one of WADEM's greatest assets is its name and that we must continually try to live up to it and be a truly worldwide organisation in composition, thought and action. As such, our organisation can inform practitioners, responders and indeed governments how best to prepare for, and respond to, these potentially catastrophic events. The Oceania Chapter lies close to where many of these events occur, and as such can ensure WADEM maintains a leadership position in influencing and improving the national and international responses.

Amongst WADEM's other assets are of course its journal, PDM, and its congress. Each goes from strength to strength and I am delighted that the next World Congress will be in Brisbane in 2019. It has been far too long since I visited this wonderful city; the last time being when I attended the IFEM meeting in 1988!

During my time as President I will look to support the work of the Board and Chapters and I am pleased with the progress already made by the Task Forces. It is very important that we maintain the momentum generated by each congress and convert every attendance into a membership. To do this we need to reach out to as wide a range of professionals as possible; across ages, specialities and countries. We need to look to what membership means and what it brings to the individual.

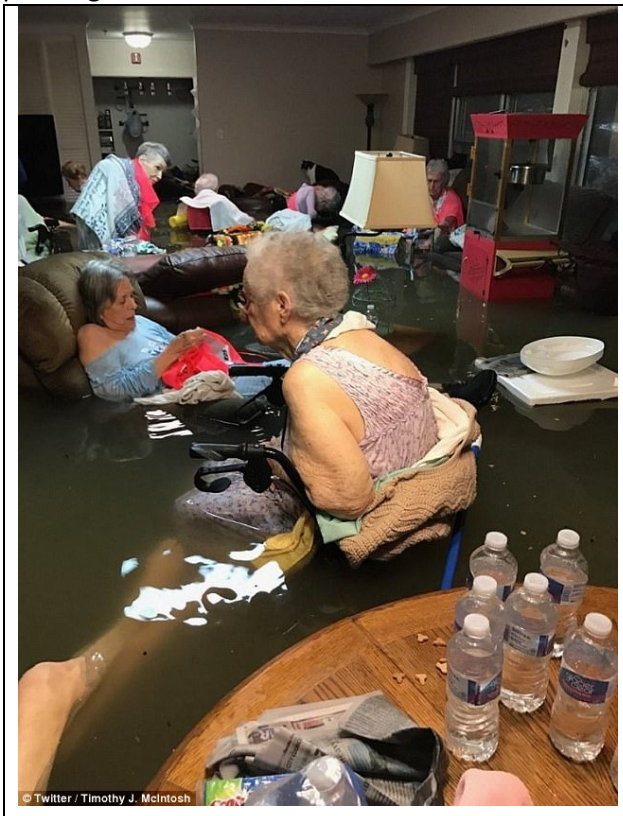
Toronto once again showed WADEM to be a true forum, a safe space, where individuals and organisations, who might not normally easily meet, can come together in an environment they know to have been founded solely on the exchange of knowledge. The work we are doing now to build on this will ensure that when we all meet in Brisbane the organisation will be stronger and its footprint even wider.

Best Wishes

Tony Redmond
President WADEM

Opinion

Most will have seen this horrific photo circulating in the aftermath of Hurricane Rita in Texas. It is pleasing to learn that all were rescued and are now safe and dry.



The after rescue photo above.

This serves as a very timely reminder of the need to consider aged care facilities in all emergency plans. It brings into question was there an emergency evacuation plan, and how were they to evacuate? The plans of both the care facility and the local emergency management authority certainly will be the subject of a searching enquiry and being the USA no doubt many lawsuits. **Officials had told the residents to wait in place as Hurricane Harvey hit,** this was based on the fact that the area had never flooded before.

Back in Oceania can we do any better? Here in Canterbury we are assessing Tsunami zones, evacuation routes and health care facilities in the zones in order to plan a response to likely tsunami event. However, I am reminded of emergencies in the past where evacuation plans for such facilities, consisted of moving the elderly outside. This happened once in the middle of winter. Hopefully tighter controls and audit procedures as well as experience from actual events have led to better plans and preparedness.

WADEM Membership

Adding value to WADEM membership

At present, those who join WADEM receive a discount to attend the bi-annual congress and a copy of PDM journal. The Oceania Committee is considering more active ways to support members.

The benefits associated with membership of WADEM have been discussed recently at various WADEM Board meetings, and concerns raised in that forum regarding the belief that a biannual congress and access to a journal that is freely available through a large range of online libraries will

be enough of an incentive for people to part with their hard earned money.

To not only survive, but to thrive, WADEM needs to remain engaged with the needs of the disaster and emergency medicine workforce, and to respond with innovative and sustainable professional development initiatives. This could include the provision of online presentations or webinars.

There has also been some discussion around the development of educational sessions that could be provided through the WADEM webpage.

There may also be a role for WADEM with regard to offering an online short course. The content and focus for this would need to be carefully researched - and it would of great benefit to understand the needs of our current membership, and to understand whether the development of such a short course would be of benefit and interest to our members.

WADEM Oceania will continue their commitment to supporting the 2019 Brisbane World Congress. The Oceania Committee are currently considering the development of some Oceania-focused workshops during, or preceding, the Congress. We would be interested in hearing from the membership as to what topics would be of most benefit, and whether members would be interested in having an Oceania stream for presentations at, or before, the Congress, which would provide a safe and collegial forum for the sharing of ideas and knowledge.

The WADEM Oceania Committee would like to hear your thoughts on these ideas regarding the development of professional development opportunities, and how we can best meet the needs of members during the upcoming Brisbane Congress.

We encourage you to contribute to this important discussion by sending your thoughts to Penny Burns or Erin Smith, The Chair and Deputy Chair of the Oceania Committee.

Penny: penny@sandyburns.com.au Erin: Erin.Smith@ecu.edu.au

Committee Election

OCEANIA CHAPTER COMMITTEE ELECTION

With the WADEM Congress being held in Brisbane in 2019 and the improved networking taking place between WADEM members in the Oceania region, it is essential that there is a keen and active committee to prepare for the conference and contribute to the chapter aims.
Self-nominations are sought, include a recent photograph (Peter Aitken) and a paragraph on current work and ideas for developing WADEM in our Region.

Committee Positions:

- Chair
- Deputy Chair
- Secretary
- Committee Members (5)

The incoming committee has the power to co-opt other members with connections to the region and/or special skills and contacts that enhance the committee.
Nominations are to be to uploaded to the following DropBox folder:

https://www.dropbox.com/request/CPBKx1yk98UdHDcr0OyW

Nominations Close 31 October.

Also WANTED!!!
An Editor/Collator for the Oceania Newsletter. Position requires collection of items from members and news media, drafting into a format that the incoming editor can develop and forwarding, if required, to our wordsmith for fine-tuning. Our wordsmith is Liz Noble, Professor Frank Archer's former Personal Assistant.
After seven years, Graeme wishes to take a break from this and the Secretary's role.

Exercises and Events

EXERCISE EXERCISE EXERCISE:
General Practices on the northern beaches of Sydney are being warned to prepare for a Zombie apocalypse. Reports from Indonesia of a highly infectious deadly HzNz influenza virus have put these practices on high alert after the admission of a mother and child to the local hospital with the diagnostic clinical symptoms of high fever, haemoptysis and a purpuric rash plus recent travel to Indonesia. Testing for the HzNz virus is underway but local General Practices are re-organising their staff and their practices to be ready in the event of a positive result. Luckily, local practices are well prepared following a recent planning workshop on the RACGP Pandemic Flukit, although there are rumours that 1 or 2 practices may have not felt it was worthwhile and there are extra concerns for their patients and staff. Most practices, however, are aware of where to look for accurate timely information, how to reorganise their practice to improve infection control, where to obtain resources for triaging and educating their patients, and how to manage their business and staff.

For those few practices without a plan yet the advice is to seek out a Zombie Apocalypse workshop near you or head to the RACGP Pandemic Flu Kit resources at:
http://www.racgp.org.au/pandemicresources

Pandemic preparedness is not the most exciting news in the disaster world but in the words of Professor Anne Kelso from WHO, "*There will one day be another pandemic, we just don't know when, or from where, or what it will look like."* Chances are it will be an influenza virus and that the frontline clinicians in most countries will be emergency departments in hospitals and general practitioners in the community. As disaster professionals we know that making decisions under the acute stress of the crisis is not as effective as having planned and prepared for the event.

In looking at how the management of a pandemic changes during the response, the most crucial lesson is the change from the **early response** where the influenza is not very prevalent and the characteristics of the virus are unknown, to the **later response** when the virus is ubiquitous and we are trying to protect those who are now known to be at higher risk of a poor prognosis.

In the early response:

- the aim is to prevent spread of the pandemic virus
- few influenza-like illness (ILI) presentations will have the pandemic influenza
- the course of the disease in terms of severity and morbidity is yet to be defined
- the case definition will require clinical signs **AND** epidemiological evidence of contact with a known case or travel to a high-risk area.
- collection of nasopharyngeal samples are still needed to:
    - confirm who has the disease
    - further understand the virus, and
    - commence development of a vaccine

In the later response:

- the aim is to protect those at high-risk of morbidity and mortality
- most ILI presentations will have the pandemic influenza virus
- the disease will be better understood including those most at risk
- the case definition will only require clinical signs and **no longer** require epidemiological evidence as the disease is ubiquitous
- sampling is no longer useful as most people will have the virus

Australian Practice Nurses Association North Sydney Nurses Network led by Registered Nurses Peta Niven, Christine Fewtrell, Ann Hayden, Amy Beavan, Jane Jaworski and Donna Pettigrew, with assistance from General Practitioners, Dr Kiril Siebert and Dr Penny Burns, ran the Zombie Apocalypse scenario workshop this month on the Northern Beaches to help practices understand what a pandemic actually is, how General Practice will be involved when it happens and how to produce a practice plan. It concluded with patient cases presenting to the practice to reinforce the lessons learned.

Emergency Management Website for GP Clinics and Pharmacies

The group I work with have developed an emergency management website for medical clinics and pharmacies to assist with their emergency planning, and to provide up-to-date information on current emergencies and topics of interest such as reports on the influenza season.

Contact Graeme at gmccoll@wadem.org for further information and a link to the site.

News from the Monash University Disaster Resilience Initiative

Third Claire Zara Memorial Oration, Tuesday 11 July, Pullman, Albert Park

MUDRI were well represented by Dudley McArdle and Caroline Spencer at this year's Claire Zara Memorial Oration. The third 'Claire Zara Memorial Oration' remembered Claire Zara and the ground-breaking work she undertook to bring voices to the men and women exposed to post-disaster domestic violence.

Mary Barry, the CEO of Our Watch, presented an impassioned talk about 'Why Gender Equality is important in Emergency Services'. Kate Siebert from Emergency Management Victoria, then chaired the session with Stephanie Rotarangi, Chief Fire Officer from the Department of Environment, Land, Water and Planning. Stephanie spoke about her experiences as a female Chief Fire Officer and focused on the emerging faces of safer, inclusive and connected emergency management.

Kristen Hilton, the Commissioner, Victorian Equal Opportunity and Human Rights Commission, followed and spoke about diversity and inclusion, and the enormous difficulties she experiences in achieving her goals in the emergency sector.

The session concluded with a lively Q&A Panel Session chaired by Dr Corinne Manning from Metropolitan Fire & Emergency Services Board.

Claire Zara was a PhD candidate at MUDRI. The oration is a regular contribution to the annual Emergency Services Foundation's Emergency Management Conference program in July. The Conference is the leading EM Conference in Victoria and is attended by 500 emergency managers. Dudley chaired the traditional closing debate between teams of senior emergency managers, designed to bring the conference to an entertaining and informative conclusion.

Claire Zara and MUARC Research Fellow Deb Parkinson, were recently Joint Recipients of the Mary Fran Myers Gender and Disaster Award.

Health & Disaster Risk Reduction: State of the Art & Implications for Australia
On Monday July 10 Frank Archer, Caroline Spencer and MUDRI PhD candidate Diana Wong, attended this contemporary and engaging workshop, which was attended by 30 experts from around Australia at University House, University of Melbourne.

Professor Virginia Murray, Global Disaster Risk Reduction consultant to Public Health England and panellists, discussed the critical intersection of health and disaster risk reduction and the implications of the Sendai Framework for Disaster Risk Reduction (SFDRR) for Australia.

> *'The globally increasing frequency and intensity of disasters and extreme climatic events highlight the need to effectively manage and reduce associated societal and population health risks. The Sendai Framework for Disaster Risk Reduction (SFDRR) is the principal global treaty to guide DRR efforts across 187 UN Member States between 2015 and 2030.'*

Topics included: • The international policy context - health within SFDRR • Australia's national risk profile and disaster health risks • Case studies on emerging threats • Practice reports across different health sectors to inform resilience planning and identify strategies for reducing Australia's health emergency and disaster risks.

Caroline and Diana have co-authored an outcomes paper with Virginia and 4 other key authors.

News from the Australian Institute for Disaster Resilience (AIDR) **National Recovery Workshop co-sponsored by AIDR and Red Cross**
The AIDR is currently coordinating a review of the Community Recovery Handbook, which was last reviewed in 2011. A copy of the current edition of the handbook can be found on the Australian Disaster Resilience Knowledge Hub at
https://knowledge.aidr.org.au/handbook-2-community-recovery/

This review does not involve a rewrite of the handbook but provides an opportunity to review and consolidate content, remove duplication, identify opportunities to include developments in recovery since the last edition, and identify parts of the current edition which can be included as part of the suite of handbook companion documents. AIDR aims to have a completed final draft of the handbook by the end of August.

AIDR offers professional development events. See https://www.aidr.org.au/events/

Knowledge Hub
AIDR has launched the new Disaster Resilience Knowledge Hub – an invaluable source of expertise

and information for government and communities working to prepare for, respond to, and recover from natural disasters. The new website recognises that preparing our communities for natural disasters is a shared responsibility that is in the interest of every Australian.

The Knowledge Hub will provide emergency management agencies, businesses, volunteers and everyday Australians with a one-stop-shop for Australian disaster resilience information. Resources such as the Emergency Management Library and Australian Journal of Emergency Management collections, and disaster resilience and emergency management handbooks and manuals, can be accessed through the Hub.

Additional resources and information will be added regularly, including guest collections from emergency services agencies and relevant national and international organisations. This will be an invaluable resource for students, teachers, researchers, historians and emergency services staff and volunteers to better understand lessons from the past and ways to mitigate risks into the future.

The Knowledge Hub can be accessed at www.knowledge.aidr.org.au.

The National Academies Press
Preparing for the Future of Disaster Health Volunteerism: Proceedings of a Workshop—in Brief
On April 26, 2017, the Forum on Medical and Public Health Preparedness for Disasters and Emergencies convened a workshop during a 4-hour session of the 2017 Preparedness Summit. Participants discussed potential characteristics of society in the year 2042 and the key resources, tools, and opportunities necessary to support the development of a robust, scalable, and regularly engaged disaster health volunteer workforce prepared for such a future. See final document for further information:
https://www.nap.edu/catalog/24859/preparing-for-the-future-of-disaster-health-volunteerism-proceedings-of

Debriefing Post Event

The response debrief
Debriefing post-event is an essential element and as important as the response itself. The lessons learnt or confirmed during this process need to be recorded (and circulated), and where indicated, acted upon. The tried and true format for this process is to sort the response into categories:

Positive; What worked well
Positive/negative; What worked but could be improved on.
Negative; What didn't work.

Based on my experiences, unless there has been a complete failure, most of the matter raised will fall into the Positive/Negative category. I was recently amazed to read a de-brief report that only used the 'Positive' and 'Negative' categories. Not only that, but a graph was used to highlight these. The graph used green for positive and red for negative, and indicated that there were very few positives in the response.

Such an illustration at first glance has a demoralising, even destructive, effect on those who were involved in the response. This then defeats one of the purposes of the debrief, which is to encourage participants to prepare for the next event.

The particular event was unusual due to its isolated location, transport difficulties, and the heavy workload that had to be continued elsewhere.

Debrief publication link; http://www.civildefence.govt.nz/assets/Uploads/publications/is-06-05-organisational-debriefing.pdf

Graeme

The Personnel Debrief

Our understanding of how people experience trauma, and how best to help them recover from it, has changed greatly in the past decade. Like many other disasters, the September 11, 2001 terrorist attacks, otherwise known as 9/11, resulted in a host of psychological repercussions. While New York rebounded strongly following 9/11, one of the painful legacies of the disaster is the lasting impact on the physical and psychosocial health of thousands of individuals who survived the attacks - including the first responders.

One of the most severe of these psychosocial impacts has been post-traumatic stress (PTSD), which is characterised by symptoms including trouble sleeping, difficulty controlling anger, losing interest in activities, flashbacks, emotional numbness. If not treated, PTSD can be debilitating.

Extensive research has been conducting following the 9/11 terrorist attacks exploring how people felt and how well various treatments have helped them overcome the impact. And from the literature we are learning that old styles of early psychological intervention - such as debriefing - may not be as effective as once thought.

At the time of the 9/11 attacks, the accepted protocol for handling large-scale traumatic events was to perform critical incident stress debriefing - to discuss what had happened and to assess how people are reacting psychologically.

In the past fifteen years, however, research has suggested that debriefing, no matter how well intentioned, may not be the most helpful way to make people feel better following a traumatic event. These debriefing sessions may be too brief to allow for adequate emotional processing and may inadvertently increase arousal and anxiety levels. They may also lead to people believing that they have "already sought help" and subsequently reduce the likelihood that these people will seek out more comprehensive psychological support if required.

This was noted in a cohort of paramedics and emergency medical technicians who have been involved in a long-term follow-up study exploring the ongoing physical and mental health impacts of 9/11. Approximately 60% of the 54 research participants indicated that they had been involved in debriefing activities immediately following 9/11, with only a handful going on to access other freely available support services within the five years following the terrorist attacks - despite persistent, and often times worsening, mental health impacts. When asked why they had not accessed support, many identified that they had - referring to the immediate debriefing activities (Smith, 2017).

Since the late 1990s, there has been a slow move toward what is known as "psychological first aid." This is essentially a "triage" approach that is designed to reduce distress, foster short- and long-term adaptive functioning, and link survivors with additional services. The focus of psychological first aid is on the immediate practical needs of individuals impacted by trauma. The reasoning behind this approach is that focusing on immediate stressors, such as locating family members or finding a safe place to shelter, can reduce the immediate upheaval associated with a disaster and mitigate the exacerbation of trauma from the event itself.

Following the Haiti earthquake in 2010, Sandro Galea, chair of the Department of Epidemiology at the Mailman School of Public Health at Columbia University noted that "psychological first aid is giving people what they need to rebuild their lives. It will mean restoring people to their jobs, restoring people to their schools, restoring families."
(https://www.scientificamerican.com/article/haiti-disease-mental-health/)

Reference
Smith E, Burkle FM Jr. Working towards wellness: Lessons from the 9/11 medics for Australian ambulance services. Presented at the Paramedics Australasia "Survive and Thrive" Conference, Melbourne, Australia June 2017

Dr Erin Smith, PhD, MPH, MClinEpi

Survive and Thrive –Promoting Paramedic Health and Wellbeing

Dr Erin Smith

On the 23rd of June, Paramedics Australasia joined with the Australian and New Zealand College of Ambulance Professionals and the Council of Ambulance Authorities to present a one-day symposium in Melbourne, Australia to promote paramedic resilience. The program was filled with thought-provoking, engaging and reflective presentations from ambulance service management, paramedics, academics and organisations such as the Black Dog Institute. Over 100 attendees listened to a presentation by Associate Professor Tony Walker, the CEO of Ambulance Victoria (AV) on how AV are addressing mental health and partnering with Beyond Blue to engage with their prehospital workforce to identify mental health needs and to develop useful mental health and wellness strategies. A/Prof Walker openly discussed his own approach to mental health resilience and reflected on why we are happy to have regular check-ups with our GPs, but don't take the same approach to our mental health. One of the key messages that resonated from Tony's presentation was the need have a regular "check up from the neck up"!

Academics presented on topics ranging from the lessons learned from the 9/11 paramedics to Australian-based research on burnout amongst paramedics. Of interest, female paramedics working in metropolitan ambulance services who had been working as a paramedic for around 15 years were the most at-risk group for burnout. During question time the increasing feminisation of the prehospital workforce in Australia was discussed – will this impact the mental health needs that ambulance services will need to address?

Perhaps the most powerful aspect of the program, however, were the personal mental health and resilience stories shared by paramedics. The take-home message was clear – we need to break down the stigma that is still associated with mental health. Paramedics need to feel comfortable discussing their mental health needs and have a range of support services available to them. There is no "one-size fits all" approach to this. Each Australian ambulance service needs to engage with their staff to understand their current mental health and wellbeing needs and what range of support systems they want.

It was acknowledged throughout the symposium that paramedicine has evolved significantly over the last several decades. A consequence of this evolution has been increased workloads, increased responsibility for front-line staff, elevated levels of paramedic stress, and burnout. In Australia, paramedic staff morale is low and the number of paramedics leaving the profession is on the rise. [1]

In Western Australia, five suicides of St John Ambulance (SJA) paramedics within a two-year period

prompted SJA to request three independent reviews into SJA's workplace and current organisational culture. These reports detail a "culture of bullying" and a "toxic" workplace, highlighting deep cultural issues.[2-4] A/Prof Tony Walker highlighted similar concerns in Victoria, where the paramedic suicide rate is around four times higher than that of the general public. The only profession with a higher suicide rate was veterinarians.

Workplace wellness was discussed by a range of presenters and is a topic that has been a focus of governments and employers internationally for a number of years. The last five years has seen a surge in the popularity of work-based health and wellbeing programs, with many employers implementing programs that incorporate a wide variety of activities to address the general health and wellbeing of workers, as well as work-related health issues.

The literature is clear about the catalysts of workplace "un-wellness" – poor workplace culture, ineffective management, lack of work satisfaction, work overload, lack of work-life balance, conflict with peers and bullying and harassment. This suggests that workplaces need to be placing more focus on intervening in these areas and demonstrating a commitment to implementing and evaluating the success of such programs. Based on current estimates, the return on investment makes it well worth any money spent. According to the Wellness Council of America, for every dollar invested in wellness programs, employers can expect to save $2–3 in healthcare costs.[5]

Ambulance service managers agree that employee wellness is an integral component of an effective emergency services workforce. The Emergency Medical Services Workforce Agenda for the Future identifies "health, safety, and wellness of the EMS workforce" as being critical for developing a thriving, achieving workforce.[5] As part of their routine work, paramedics experience complex exposures to a succession of challenging events, resulting in concurrent experiences of both physical and psychological trauma. Ongoing strategies are needed to address both these mental health and physical impacts simultaneously.

There is a wealth of information supporting the positive returns of health and wellbeing programs directed at worker lifestyle and general health. There also exists some very good, comprehensive advice on how to plan for, design, implement and manage organisation-specific programs. Environmental programs comprising physical safety initiatives and interventions geared around ensuring safe workplaces are reasonably well addressed in the literature. However, the volume of literature reporting on programs targeting organisational practices is lacking and there is little evidence of rigorous evaluation supporting the efficacy of many wellness programs.

The take-home message from this important Survive and Thrive Symposium was clear – we need to continue to focus on paramedic health and wellness and develop sustainable support platforms designed to improve paramedic resilience. These support platforms need to be accessible, supportive, reflective and engaging and they need to address both the physical and mental health needs of paramedics. This is vital for ensuring the ongoing wellbeing and overall effectiveness of our prehospital workforce.

References

1. Goodson H. A New Zealand Perspective on Organizational Culture in EMS. JEMS. Sat, Oct 1, 2016

2. Government of Western Australia, Office of the Chief Psychiatrist. Chief Psychiatrist's Review: St John Ambulance Paramedic and Volunteer Suspected Suicides. Western Australia, Australia, November 2015

3. Phoenix Australia. St John Ambulance Review of Workplace Mental Health Risks: Final Report. University of Melbourne: Melbourne, Australia 29th February, 2016.

4. Fong N, Taylor I, MacFarlane A. Review of St John Ambulance: Health and Wellbeing and Workplace Culture. Independent Oversight Panel: Western Australia, Australia, August 2016

5. Goetzel R. (Jan. 19, 2012.) Return on investment for workplace wellness. Wellness Council of America. Retrieved June 27, 2017, from www.welcoa.org/freeresources/pdf/rongoetzel011912.pdf.

6. U.S. Department of Transportation National Highway Traffic Safety Administration. (May 20, 2011.) The emergency medical services workforce agenda for the future. Retrieved June 27, 2017, from www.ems.gov/pdf/2011/EMS_Workforce_Agenda_052011.pdf.

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 (I'm pleased to announce) Sarah Weber 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.