



Ron McLeod  
Head of Inquiry  
GPO Box 158  
CANBERRA CITY ACT 2601

Dear Mr McLeod

Thank you for your letter of 5 March 2003 inviting an ACT Health submission to the Inquiry into the Operational Response to the January Bushfires.

The health response commenced promptly on 18 January 2003 and continued throughout the State of Emergency. There were a broad range of health issues to be addressed, including medical, mental health, public health, aged care and evacuation issues.

A report on the ACT Health response was prepared for the Territory Health Controller and this is attached for your information.

While the loss of four lives during the fires was tragic, it is much lower than we could have expected based on experience of other cataclysmic events that caused similar property loss. In analysing the bushfires, evidence suggests that some thing/s assisted in minimising the loss of life. These factors are difficult to identify, however, command and control structures may have assisted in this regard and ambulance and hospital services coped well with their busiest days on record. The response of Canberrans may have also assisted in minimising the loss of life. There are many accounts of people defending themselves, assisting others, making decisions of whether to leave properties and cooperating with each other and with authorities.

Again, thank you for the opportunity to contribute to the Inquiry.

Yours sincerely

Dr Penny Gregory  
Chief Executive

April 2003



**ACT State of Emergency  
18<sup>th</sup> to 28<sup>th</sup> January 2003**

**Health and Medical Aspects**

**Report of the Territory Health Controller**

Dr Paul Dugdale  
ACT Chief Health Officer  
(Territory Health Controller  
22/01/03 to 28/01/03)

February 2003

Dr Charles Guest  
Medical Director  
(Territory Health Controller  
18/01/03 to 22/01/03)

February 2003

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# Attachments

<b>Attachment A</b>	Emergency Management Health Sub-Committee Draft Minutes - 22 January 2002
<b>Attachment B</b>	Emergency Management Health Sub-Committee Draft Minutes - 29 January 2002
<b>Attachment C</b>	Nursing Home Evacuation Advice
<b>Attachment D</b>	Hospital presentations and admissions - Charts
<b>Attachment E</b>	Media Release - Health and medical aspects of the bushfire disaster in the Australian Capital Territory
<b>Attachment F</b>	Media Release - Health warning for high smoke levels
<b>Attachment G</b>	Media Release - Public Safety in Fire Damaged Areas
<b>Attachment H</b>	Asbestos Paragraph for Bushfire Recovery Taskforce Newsletter #1
<b>Attachment I</b>	Mask Information Sheet
<b>Attachment J</b>	Fact Sheet - Basic Hygiene
<b>Attachment K</b>	Fact Sheet - Food Hygiene
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<b>Attachment M</b>	Important Disease Control Information for GPs
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<b>Attachment O</b>	Media Release - Counselling Services for Fire Victims

# **Health and Medical Aspects, State of Emergency, Australian Capital Territory, January 2003**

## **Overview**

Dr Charles Guest, Deputy Chief Health Officer, who was on call on 18 January 2003, was called in to be the Territory Health Controller at the beginning of the emergency. He handed over the Territory Health Controller role to Dr Paul Dugdale, Chief Health Officer, at 4pm, Wednesday 22 January 2003. Dr Dugdale held the role until the end of the emergency period.

Four deaths occurred in domestic settings during the acute phase of fire.

The Canberra Hospital (TCH) received and treated three patients with serious burn injuries. They were transferred by air ambulance to Specialist Burns Units in Sydney. TCH treated record numbers of patients, with clinical problems including smoke inhalation, minor burns, fractures and other trauma.

Calvary Hospital managed similar emergency presentations, but was also potentially under threat by fire. Evacuation was planned but proved unnecessary. One residential aged care facility in the Weston Creek area was evacuated and residents were accommodated at hospitals and Evacuation Centres.

St John's Ambulance, volunteer General Practitioners and counsellors provided care at the Evacuation Centres. Many other volunteers also made a major contribution to the recovery effort. ACT Health received many offers of assistance from the Commonwealth Department of Health and Ageing and interstate Health Departments. NSW Southern Area Health Service provided valuable liaison.

All hospitals in the ACT and the surrounding region were on alert, and beds were available at all times for those needing hospital care. To maintain this capacity, elective surgery was suspended for two days across the Territory.

Information on basic hygiene was widely disseminated. Health warnings on smoke and air quality, first issued on 14 January, were repeated. Increased public health surveillance was undertaken during the recovery phase.

The water supply remained drinkable throughout the Emergency, except in Duffy and Chapman for several days when ACTEW advised that water should be boiled. The need for residents to boil water resulted from damage to a reservoir that had the potential to contaminate the water. Whilst the reservoir was quickly isolated, there was a risk that contaminated water had entered the distribution. Once microbiological tests had cleared the water of contamination the boil water advice was removed.

The Lower Molonglo Sewerage Treatment Plant was not operational for several days due to fire damage. No adverse health events were attributed to the delays in sewage treatment.

The Health Protection Service (HPS) building in Holder was largely destroyed by the fire. HPS functions, including environmental health, laboratory and forensic services, immunisation and radiation have been interrupted. Emergency response capabilities were retained and all emerging public health issues resulting from the disaster were appropriately actioned. The re-establishment of public health infrastructure will be a major challenge for ACT Health.

Various community health services were disrupted by the fires (further outlined in this report). Restoration is underway. Mental health issues will remain a priority in the phase of recovery.

The Emergency Management Health Sub-Committee met twice during the State of Emergency. Minutes are attached to this report (Attachments A and B).

Emerging issues will need to be addressed over the longer term. For example, there are many dead animals (stock and wildlife) that may have an effect on the safety and quality of waterways in the Murrumbidgee corridor when it rains and the corridor has been closed to swimming. There may also be an impact on Canberra's water supply when it rains due to microbial and physical contaminants. The Health Protection Service has been working with ActewAGL on contingency plans in this event.

# **Emergency Contacts/Committees**

## **Territory Health Controller**

The Territory Health Controller was Dr Charles Guest (18/01/03 to 22/01/03), until Dr Paul Dugdale, ACT Chief Health Officer took over this role at 4pm on 22 January 2003 until the end of the State of Emergency. The role was shared because Dr Dugdale was away from the ACT when the emergency commenced.

## **ACT Health Field Controllers**

The ACT Health Field Controllers during the State of Emergency were:

- Hospital Services – Dr Paul Dugdale, telephone 6205 0881
- Public Health – Dr Charles Guest, telephone 6205 8762
- Mental Health – Brian Jacobs, telephone 6244 3860
- ACT Community Care – Laurann Yen, telephone 6205 1937
- General Practitioner issues – Dr Clare Willington, telephone 6205 0832 or 0412 848 492
- Southern Area Health Service Liaison Officer – Kim Fletcher 0417 421 747

## **Health Protection Service**

- (02) 6205 1700 for enquiries and information about public and environmental health matters including food poisoning complaints, licensing and general public health information;
- (02) 6205 2155 for enquiries and information about communicable diseases and infection control; and
- (02) 6205 2300 for enquiries and information about immunisation.
- For all other Health Protection Service matters, please contact (02) 6205 1700.

## **Emergency Management Health Sub-Committee**

The Emergency Management Health Sub-Committee met on 22 and 29 January 2003 to discuss matters relating to the State of Emergency. The minutes from these meetings are provided at [Attachments A and B](#). (Please note that the minutes at Attachment B are not final, as the sub-committee members have not had a chance to comment on them).

Questions in relation to the sub-committee can be directed to the Office of the Chief Health Officer on telephone 6205 0883.

# Hospital and Medical Services

On 18 January 2003, The Canberra Hospital experienced its busiest day on record, with 280 patients presenting at the Emergency department.

Calvary Hospital was threatened by fire and an evacuation plan was prepared.

The Unitingcare Mirinjani Village (nursing home and retirement village) was evacuated and residents of the home were transferred to John James Memorial Hospital and Narrabundah and Erindale evacuation centres.

An advisory information sheet was prepared by the ACT Chief Health Officer to assist nursing homes to prepare in case evacuation became necessary ([Attachment C](#)).

To maximise the availability of hospital beds, elective surgery was suspended across the Territory between 19 and 21 January 2003.

## **Admissions and presentations during the State of Emergency (18/01/03 to 27/01/03)**

Due to the fires and the smoke in the air, people presented to hospital for various conditions, including smoke inhalation, respiratory problems, minor burns, motor vehicle accidents and injuries (such as injuries from fire fighting and fractures due to residents falling from roofs/ladders).

The following figures demonstrate the number of people who presented at the emergency unit of major hospitals and the number who were admitted to these hospitals. A small number may have also been admitted to other hospitals.

These figures do not provide the total number of adverse health effects experienced due to the fires and smoke, as some people may have presented to a general practitioner or not sought any medical assistance.

- The Calvary Private Hospital – 95 presentations and 9 admissions.
- The Canberra Hospital – 312 presentations and 39 admissions
- Queanbeyan District Hospital – 34 presentations, 1 admission.
- **In total** – 441 presentations and 49 admissions

Charts showing the presentation/admission data are provided at [Attachment D](#).

## **Interstate transfers**

Three serious burns victims were transferred to Sydney.

A mother and daughter were transported to Concord Hospital. As of 4 February 2003, both had left Intensive Care and were in a stable condition in the Burns Unit.

A man with burns was transported to North Shore Hospital. On 5 February 2003, he was reported to be in a stable condition.



## **Deaths**

There were four deaths in the ACT due to the fires (all in domestic settings).

## **First Aid**

St John Ambulance volunteers were deployed to evacuation centres and were available at all times to provide first aid to members of the community and emergency service personnel.

Community pharmacies also played a role in providing first aid assistance and medications. There was an increase in the number of people presenting with insect bites and rashes (perhaps from people cleaning up their gardens in preparation for fires) and sales of asthma medications and eye drops were high.

## **General Practitioner Issues**

Volunteer General Practitioners (GPs) provided medical assistance at evacuation centres and were available to assist in Emergency Departments if called upon.

Provision of normal general practice services continued during the State of Emergency.

Dr Clare Willington (GP Adviser, ACT Health) acted as General Practitioner Field Controller and worked in close collaboration with Dr Glynn Kelly (President, ACT Division of General Practice) to coordinate the GP response.

The GP Field Controller and the ACT Division of General Practice maintained good communication with St John Ambulance and with community pharmacists through the Pharmacy Guild.

## **Media Release**

Dr Charles Guest provided a media release on 19 January in relation to health and medical aspects of the bushfire disaster ([Attachment E](#)).

# Public Health Issues and Health Protection

The ACT Chief Health Officer, Dr Paul Dugdale, and the Medical Director, ACT Health Protection Service, conducted a media conference on 22 January 2003 to discuss public health issues relating to the bushfires.

## Smoke/Air Quality

The fires contributed to a serious decrease in air quality and the amount of smoke in the air varied depending on weather conditions.

The smoke presented a hazard for people with asthma and other chronic respiratory conditions.

On 14 January 2003, the Chief Health Officer issued a health warning to sufferers of asthma and other chronic health conditions. Urging asthmatics, in particular, to continue their medication and consult their general practitioner if they had any difficulties (Attachment F). The Health Warning was repeated during the State of Emergency.

## Water Quality

The roof of the Chapman drinking water reservoir was destroyed during the fires.

To ensure safety, residents of Chapman and Duffy were advised to boil water or use bottled water. ActewAGL provided bottled water to affected residents at no charge.

Environmental health staff of the Health Protection Service liaised with ActewAGL in relation to this matter. ActewAGL undertook cleaning, refill and testing of the water reservoir and Public Health Officers conducted on site inspections.

On 22 January 2003, ActewAGL advised that there was no longer a need for residents to boil water.

ActewAGL is undertaking ongoing monitoring and results are forwarded to the Health Protection Service to verify compliance with drinking water standards.

## Sewerage

Due to fire damage the Lower Molonglo Sewerage Treatment Plant was not able to function. ActewAGL carried out repairs and advised Canberrans to prevent/minimise water going down drains in order to prevent sewage overflow which could contaminate waterways and damage local ecosystems.

Environmental Health staff monitored the situation until the treatment plant was repaired and the sewage backlog was processed.

On 22 January, ActewAGL lifted the advice that residents should minimise water down drains.

## **Animal Carcass Disposal and Rural Sanitation**

Disposal of dead animals in rural and urban areas is a public health concern, as it can contribute to disease.

Mass burial of animals has been required in rural locations, however, this was not well coordinated and Public Health Officers are liaising with Environment ACT and rural landholders to find out locations of all the carcass burial sites. Public Health Officers continue to seek the location of burial pits and are working with rural residents to make sure there are no ongoing public health concerns in relation to those pits.

Liaison with Murrumbidgee River Corridor Management has been undertaken to prepare an emergency plan to close the river corridor in a rain event, and an appropriate media release is also being prepared. This action is in recognition of the likely run off and bacterial loads associated with dead and decaying animals. As many animals are in remote locations, it has not been possible to collect all the carcasses.

Public Health Officers are conducting visits to rural residents to ensure that there are no major residual public health issues, such as contaminated drinking water. Water analysis and other assistance will be made available as necessary.

## **Habitation of fire-affected rural settlements**

There was liaison between Public Health Officers and counsellors regarding concerns passed on to counsellors by residents of Uriarra settlement, such as lack of garbage disposal, dead animals and possible asbestos in the air.

Public Health Officers carried out a joint inspection with other agencies of the Stromlo, Uriarra and Pierces Creek rural settlements on 24 January 2003. There were no major public health issues, except for asbestos and Copper Chrome Arsenic (CCA - the substance used for treating the pine logs).

There was a lot of camping in Uriarra, which presented sanitation problems. However, a verbal report on 5 February indicated that all campers had gone.

## **Resident Safety**

The ACT Chief Health Officer and Territory Health Controller, Dr Paul Dugdale urged residents to use caution when returning to fire-damaged properties and buildings and when preparing homes for the approach of fires. A media release was issued on 24 January 2003 ([Attachment G](#)).

## **Fire-Affected Areas - Exposure to Toxic Substances (Including Asbestos)**

Residents remaining in fire-affected suburbs were concerned about exposure to toxic materials during high wind conditions. Advice was provided to residents in relation to precautions to be taken.

In particular, asbestos is of concern. Buildings over 20 years old are likely to have had fibro cement (AC) sheeting placed in wet areas or eaves.

Dr Dugdale and Ms Jocelyn Plovits, Commissioner of ACT Workcover, have prepared advice in relation to asbestos for the Recovery Taskforce newsletter ([Attachment H](#)).

Environment ACT advises that residents returning to damaged properties should avoid disturbing any burnt material to minimise dust being generated.

People visiting these sites may be exposed to dust, ash and possibly low levels of asbestos and should wear personal protective equipment such as gloves, solid shoes, protective clothing and a correctly fitted face mask or a damp cotton tea towel tied around the nose and mouth.

Dust masks were distributed to residents remaining in badly fire-affected areas, along with the media release about resident safety ([Attachment G](#)) and an information sheet about dust masks ([Attachment I](#)). Further masks are available at no charge from the Lyons Primary School Recovery Centre or can be purchased at pharmacies and hardware stores. The dust mask information sheet is also available at Lyons.

Residents have been advised that only BEPCON licensed builders with demolition endorsements can remove asbestos-containing rubble from the fire-affected sites.

Liaison between Environmental Health staff, ACT WorkCover and Environment ACT is ongoing in relation to safety of fire-affected areas.

## **Swimming Areas**

Recreational swimming areas have been closed to the public by Murrumbidgee River Corridor Management.

## **Public Health Advice**

Advisory fact sheets were provided to Canberra Connect and placed on the ACT Health website in relation to issues such as basic hygiene, food safety and gastro-enteritis (see [Attachments J to L](#)).

## **Food Safety**

Power outages contributed to food safety risks.

Public Health Officers conducted inspections of all affected food businesses, providing advice on potentially spoilt food and other public health issues.

Inspections of residential aged care facilities and child care facilities were also undertaken.

ACT No Waste provided food disposal hoppers at various locations to allow residents who had experienced power outages to dispose of spoilt food at no charge. Public Health Officers conducted daily monitoring of these sites.

## **Evacuation Centre Inspections**

Monitoring of evacuation centres and the Lyons Recovery Centre was carried out by Public Health Officers to ensure food safety and infection control measures were in place to minimise the risk of disease.

## **Disease surveillance**

In response to the emergency, ACT Health enhanced communicable disease surveillance and maintained daily contact with a range of health service providers to enable early detection of any disease outbreaks. No disease outbreaks were detected.

On 20 January, an information sheet about disease control was prepared for general practitioners ([Attachment M](#)).

Normal surveillance activities have now resumed.

## **Health Protection Service**

The location of the Health Protection Service, Howard Florey Centenary House in Holder, was destroyed by fire. Only the laboratory area was relatively unharmed.

There was a loss of equipment and records.

All health protection services that were important to protecting Canberra's health in the aftermath of the fires were provided throughout the emergency period.

Staff critical to the bushfire response were temporarily housed in the Moore Street Health Building and other staff were stood down until new accommodation was found.

Medium term accommodation has been found in Fyshwick, with all staff (except laboratory and radiation safety staff) being located there. It is expected that routine services will be re-established as of 10 February 2003.

## **Environmental Health**

Bushfire-related response was managed from a temporary office location in the Moore Street Health Building.

Routine business was suspended temporarily, with only urgent matters being addressed. Public Health Officers continued to respond to telephone enquiries, providing rapid response to high priority public health issues.

## **Laboratory and Forensic Services**

Due to fires at Howard Florey Centenary House, the ACT Government Analytical Laboratory's (ACTGAL) microbiology, toxicology and forensic services have not been operational.

The laboratories were not destroyed, however water, gas and electricity was disconnected for some time and access was difficult. The return of operations will be

phased in slowly. Some operations may commence in the laboratory during the week of 10-14 February 2003.

During the State of Emergency, measures were taken to deal with work that had been underway in the laboratory:

- all prepared media was discarded due to lack of refrigeration;
- stock cultures were transferred to an ACT Pathology freezer; and
- arrangements were made for temporary storage of samples and for urgent samples to be sent to Melbourne for processing.

## **Radiation Safety**

The radiation safety inspection service was rendered inoperative due to loss of equipment. Options for future operation of this service are being investigated.

Staff can still provide emergency response to radiation incidents.

## **Immunisation**

Immunisation services were affected, as the unit was located in Howard Florey Centenary House that was destroyed by the fires.

Vaccine deliveries were disrupted and urgent deliveries recommenced on 21 January 2003. Routine vaccine deliveries have now resumed.

Due to power outages, many general practitioners' refrigerators failed to operate. Urgent advice in relation to vaccines and immunisation was issued to general practitioners on 20 January 2003 ([Attachment N](#)). Communicable Disease Control staff assisted with assessing the viability of affected vaccines. Approximately \$12,500 worth of vaccine was discarded.

Child Care Benefits are not paid for children whose records indicate that their scheduled immunisations are not up to date. However, as it was determined that details of vaccines administered to some children under 7 years of age may not have been provided to the Australian Childhood Immunisation Register (ACIR), steps were taken to ensure that families would not be denied their Child Care Benefit payment in these cases.

The Communicable Disease Control Unit liaised with Centrelink and advice was provided to the effect that if parents received a letter from the Centrelink Agency Family Assistance Office regarding the Child Care Benefit payment, and their children are up-to-date with their scheduled immunisations, they should contact their local Centrelink Agency to ensure that Child Care Benefit Payments are not affected.

Immunisation services are now operating as normal.

## **Pharmaceutical Services**

Office and records at Holder were not destroyed, however, the office cannot be utilised at this time. This service has been relocated to Fyshwick and will be partially operational by 10 February 2003.

# Mental Health

Mental health issues have been given substantial attention, with 24-hour counselling services available through Lifeline on 13 11 14 and Health First on 6207 7777.

Outreach counsellors are located at the Lyons Recovery Centre and have been visiting fire-affected areas to provide support to residents. People requiring ongoing support will be referred to the most appropriate support service.

Information on counselling packs from Lifeline was passed on to the Division of General Practice and pharmacists.

Mental Health Services continued to operate as usual, however, with reduced staffing in some services. This was due to some staff losing their homes and others being seconded to provide counselling and support services at evacuation centres, to emergency services personnel and to others working to help those affected.

A medium to longer-term recovery strategy to be implemented by Mental Health ACT has been supported by Professor Beverley Raphael, State Director Mental Health Services NSW (an international expert on disaster response planning and recovery).

There is liaison with rural contacts regarding the need for counselling and matching up donations with identified needs.

A media release relating to counselling services was prepared on 23 January 2003 ([Attachment O](#)).

# Community Care

ACT Community Care contributed to the counselling services made available at the evacuation centres and Lyons Recovery Centre. The medium to longer term needs will be assessed and a service put in place in conjunction with Mental Health.

During the emergency, ACT Community Care staff based at the Canberra Hospital linked into the emergency plan by facilitating discharges for those able to go home and by taking additional patients from Hospital in the Home in order to free up those staff to attend to more acute patients.

Most ACT Community Care services continued to operate as usual as no facilities were threatened or lost.

The following outlines the status of selected community health services that operate in the ACT.

- Burrangiri Crisis, Respite and Day Care Centre for the Aged became operational from Saturday 25 January 2003.

- The following agencies have moved from the Grant Cameron building in Holder:
  - Fabric has moved to Respite Care ACT in Stapylton St Holder
  - Home Help and Handyhelp have moved to Finer Details in Fyshwick. Handyhelp can be contacted on 6287 4999.
- Council on the Ageing (COTA) services are available to older members of the ACT community. COTA can be contacted on 6282 3777. Services include:
  - information on all of the services available to older people in the ACT.
  - a free Housing Options Advisory Service for any older person wishing to discuss any issues related to housing and accommodation
- Any senior who has lost their Seniors Card should contact COTA about replacement. All ACT Government Shopfronts and Libraries are able to replace lost or damaged cards. (Free to eligible persons)
- Diabetes Australia offices at Holder are closed indefinitely. Calls are diverted to staff working from home. The service can arrange replacement, free of charge, of medical equipment or pharmaceutical supplies that have been destroyed in the fires.
- Women's Centre for Health Matters, Canberra Rape Crisis Centre, Junction Youth Health Service and Pregnancy Support Service were not affected by the fires.
- Karinya House for Mother and Babies was not affected by the fires. Services are available to mothers and babies (under the age of two years) who are homeless or at risk of homelessness. Support, counselling and material assistance to clients affected by the bushfires (food, baby clothes, basic home items) is also available.
- Men's Link services were also unaffected and are available to provide counselling support to young men (14-25 years).
- SIDS and Kids offices at Weston are closed indefinitely. Telephones are diverted to staff working from home and SIDS and Kids have contacted existing clients to assess the affect of the bushfires on them and offer support.

## Health Information

Health information was available from:

- [www.health.act.gov.au/bushfires](http://www.health.act.gov.au/bushfires)
- [www.canberraconnect.act.gov.au](http://www.canberraconnect.act.gov.au)
- Canberra Connect Call Centre – 132 281
- Health First (including counselling support) – 6207 7777
- [www.healthfirst.net.au](http://www.healthfirst.net.au)



## **Assistance with Bushfire Appeal Funds Distribution**

The Chief Minister's Department has accepted ACT Health's offer of assistance in assessing and disbursing funds collected through the bushfire appeal. Healthpact and Health Promotion Unit staff with experience in dealing with community organisations will assist in this once protocols and application processes have been determined by the Canberra Community Foundation Board.

**ACT DISASTER PLAN  
EMERGENCY MANAGEMENT COMMITTEE  
HEALTH SUB-COMMITTEE  
MINUTES - 22 JANUARY 2002**

***Apologies***

Robert Griffin – Director, Medical Services, Calvary  
Kate Keane - Emergency Management Support Officer, ESB  
Trish Saccasan -Whelan - SAHS, Goulburn BH  
Penny Farnsworth - Communications ACT Health  
Helen Tyrell - Clinical Liaison Officer, Calvary  
Klaus Czoban - Medical Services, AFP  
John Woollard - Director, Environmental Health ACT Health  
Marielle Ruigrok - ED, Calvary  
Damian Hiser - CE National Capital Private  
Kim Fletcher – SAHS Liaison Officer

***Present***

Jon Quiggin - ACT Ambulance  
Phil Lowen - John James Memorial Hospital  
Colin Webster - Australian Red Cross Blood Service  
Ross White - ADF  
Belinda Doherty - Canberra Area Medical Unit, ADF  
Wayne Ramsey - TCH  
Peter Warfe - Emergency Plan Consultant  
Jenny Brogan - ACT Community Care  
Debbie Booth - ACT Community Care  
Jeffery Bollard - St John Ambulance Australia  
Brian Jacobs - Mental Health  
Glynn Kelly - ACT Division of General Practice  
Richard Bialkowski - ACT Division of General Practice  
Paul Dugdale - Chief Health Officer  
Charles Guest - Deputy Chief Health Officer  
Penny Gregory - CE ACT Health  
Fia Norton - Secretariat

The Chief Health Officer commenced the meeting at 1500hrs, thanked members for attending and introduced Dr Peter Warfe who will be revising the Emergency Plan.

**Item 1: Welcome by Dr Penny Gregory**

Dr Gregory thanked members of the sub-committee for their hard work and over the emergency period. She noted that the Bushfire Recovery Taskforce would be formally announced on 23 January 2003. Dr Gregory added that she was extremely proud of the efforts of everyone.

Dr Guest (attending in the capacity of Health Controller) acknowledged Dr Gregory's leadership and thanked her for her hands on first response to the crisis.

**Item 2: Briefing from Territory Health Controller**

Dr Guest informed the sub-committee that detailed summaries of throughputs; logistics and epidemiology of the crisis would be processed in due course.

He noted that:

- ACT health services were calm and coping very well with the crisis even though infrastructure had been lost. He emphasized the coordination amongst the services;
- there is a need to plan staff rosters very carefully as the State of Emergency continues over a long period; and
- the Health Protection Service was partially destroyed in the fires but is coping – records have been lost and there have been issues with cold chain storage for vaccines.

**Item 3: Report from Members****ACT Ambulance Services**

Jon Quiggin the Director of the ACT Ambulance Service briefed members on the emergency situation, the position of the fire fronts and the chain of command within ESB. He informed members that an extreme fire threat to north and northwest suburbs was to be expected over the long weekend (25 -27 January 2003). The State of Emergency will be in place until at least Tuesday 28 January and residents are expected to be placed on high alert from Saturday afternoon 25 January 2003.

Summary of points:

- The 4 evacuation centres were used extensively but are now closed at night;
- A recovery centre has been established at Lyons Primary School;
- Updated information is available from Canberra Connect, the AFP and ESB;
- The Red Cross have 3108 people registered from the evacuation centres many of whom are homeless;
- Planning for disability house evacuations has been minimal and some work needs to be conducted before the weekend; and
- There are also issues being addressed around the evacuation of nursing homes.

**The Canberra Hospital**

Dr Wayne Ramsey from the Emergency Department at TCH informed members that the TCH had activated their disaster response operational mode at 1500hrs on 18 January 2003. By 0900hrs on 19 January 2003 the disaster centre was put on standby as the bulk of patients had been treated.

He noted that:

- Over 500 patients were treated and 60 patients admitted and that Saturday - Sunday (18-19) were by far the busiest days on record;
- It was also the weekend of the medical staff turnover with new-interns and ex-nursing and medical staff reported for work and did a fantastic job;
- The epidemiology was very specific, burns and falls from roofs accounted for many of the cases;
- A direction was given to postpone elective surgery but urgent surgery continued; and
- TCH were unable to discharge patients to free up beds and couldn't send people home because they couldn't get home. An extra ward (10A) was scheduled to open Monday and 30 beds were made available.

Lessons Learnt:

- The position of liaison officer in the Emergency Centre worked well.
- In the future, there is a need for more formal written updates about the emergency situation. It would also be helpful to put Local ABC radio on both the FM and AM band.
- Dr Ramsey suggested that it would have been useful for the Health Sub-Committee convene the day after the crisis.
- More planning needs to be dedicated to the possibility of the closure of Calvary Hospital as the evacuation of a second significant acute care facility, could have significant impact. Also, if there was an emergency on the north-side Calvary could be overwhelmed.
- A distinction needs to be drawn between evacuation centres, nursing homes, and hospitals.
- The re-supply of equipment from Totalcare worked well and is now extended to 48hrs of stock (from 24hrs).

Dr Ramsey concluded that he was impressed with the ACT response to the disaster, especially as it was the first time a state of emergency had been declared in the Territory.

#### John James Memorial Hospital

Phil Lowen noted that:

- John James took in nursing patients during the crisis and that there is an issue with this as the hospital has no underwriting insurance for non-private patients or volunteers. He noted that there is a need to address liability and regulation issues for action in an emergency.
- Nursing home patients also require extra staff and there was not enough information about the patients or their medications. The ambulances took 9hrs to move 15 nursing home patients.
- JJMH has its own laundry and hotel services; and
- the private sector role is not clearly defined in a disaster situation.

#### The ACT Division of General Practice

Mr Richard Bialkowski and Dr Glynn Kelly noted that:

- there is a need for formal information updates in an emergency situation;
- GPs were mobilised to go into evacuation centres to write scripts, and minor injuries were treated;

- the Division plans to survey of GPs about services they provided in their surgeries as a result of the emergency;
- some surgeries went without power;
- GPs were also mobilised for hospitals and space was provided at TCH Calvary, and Canberra After hours Local Medical Service (CALMS);
- there is an issue with ACT registered GPs practicing in another jurisdiction where a state of emergency is not declared in that jurisdiction; and
- there is a capacity for CALMS to be operated out of the Interchange General Practice in the case of an evacuation from Calvary.

#### Australian Red Cross Blood Service (ACRBS)

Colin Webster noted that:

- the demand for blood was not critical and donors were down by 40-50% because the emergency was in the ACT; and
- there is a need to examine blood handling in the future as during the crisis John James looked after bloods and pathologies for Capital Pathology when it was on emergency power.

#### Defence Forces – Canberra Area Medical Unit (CAMU)

Dr Belinda Doherty noted that:

- the local facility at Campbell is available for use, this consists of a hospital with receiving area and 28 beds, access can be gained either through the Main Entrance on Morshead Drive, or through the Gun Gate Entrance on Fairbairn Ave (the entry into the hospital is on Harrison Road); and
- a request for a field hospital would be denied at this time as there are no resources, however 2 patient transfer vehicles are available at CAMU and there is the opportunity to utilise a Hiace vehicle if needed (this is able to take 12 sitting patients).

#### St John

Jeff Bollard noted that:

- St John was present at the evacuation centers and the North Curtin replenishment point for the fire fighters;
- the main problem for them was the location of evacuation centres and nursing home patients came without medications and patient records, they also had minimal nursing staff;
- GP support at the evacuation centres was highly valued;
- at the height of the fires, Tuggeranong was isolated from the north side and people from Tuggeranong were not able to access TCH. This was a problem for at home patients who rely on power for their oxygen.
- supplies ran low on oxygen and saline, however interstate resources were available; and
- communication between evacuation centres and the Health Sub-Committee was poor and didn't flow through normal process. (Had to split operations of response and recovery for this situation).

## Mental Health ACT

Dr Dugdale welcomed Mental Health onto the sub-committee as it is now an autonomous service.

Brian Jacobs noted that:

- bed based services have experienced an increase in admissions. The Psychiatric Services Unit TCH is taking most of these - currently there are 10 persons admitted with a diagnosis of mania - this is considered a high number;
- Hennessey House and the Psychiatry beds at Calvary coped very well and still have a small capacity to take admissions ;
- the power and communications were a problem last weekend; and
- there was no access to the MH database meaning staff could not readily identify patients at risk.
- Professor Beverly Raphael from NSW Health Department is assisting in the recovery planning

## ACT Community Care

Jenny Brogan noted that:

- during the crisis there was a variability of staff;
- patient demand was for those needing medicines and insulin;
- counsellors and social workers are carrying a heavy workload which is an issue in a recovery phase over a long period; and
- private psychologists and GPs also who have skills in counselling could be utilised to relieve staff.

## **Item 4: Infrastructure capability issues**

Some gaps include:

- the loss of the Health Protection Service at Holder;
- the possible lack of hospital beds (which hospital liaison officers could identify if this is a significant problem); and
- the ability of ACT Community Care to discharge patients from TCH or Calvary in the instance of power outages or road closures. If there are more than 20 patients in facilities then perhaps another facility is needed.

## **Item 5: Revision of the current sub-plan**

ACTION:

- Members are encouraged to go through the through the action sheets from the last meeting at an appropriate time.
- The Bushfire debrief will occur after the state of emergency has been revoked.
- Members are asked to put together some notes to bring to the debrief.

There is the possibility of running the debrief and revision of the current sub-plan in conjunction with each other.

**Item 6: Next Meeting and Other Business**

The next meeting will occur on Wednesday 29 January at 3pm in the ACT Health Main Meeting Room in the North Building, 2<sup>nd</sup> Floor, London Cct.

A meeting will occur sooner if a crisis arises; members will be notified by the secretariat in the case of this situation.

The Territory Health Controller position was handed from Dr Guest to Dr Dugdale at 1600hrs (22 January 2003) for the remainder of the State of Emergency period.

**ACT DISASTER PLAN  
EMERGENCY MANAGEMENT COMMITTEE  
HEALTH SUB-COMMITTEE  
DRAFT MINUTES - 29 JANUARY 2002**

***Apologies***

Charles Guest - Deputy Chief Health Officer  
Jon Quiggin - ACT Ambulance  
Kate Keane - Emergency Management Support Officer, ESB  
Jeffery Bollard - St John Ambulance Australia  
Wayne Ramsey - TCH  
Narelle Boyd – SAHS/ACT Health Liaison Officer  
Klaus Czoban - Medical Services, AFP

***Present***

Phil Lowen - John James Memorial Hospital  
Helen Tyrrell – Medical Liaison Officer  
Robert Griffin – Director, Medical Services, Calvary  
Trish Saccasan -Whelan - SAHS, Goulburn BH  
Damian Hiser - CE National Capital Private  
Cindy Barry – National Capital Private  
Penny Farnsworth – Communications and Marketing ACT Health  
John McLaren – St John Ambulance Australia  
Howard Wren – ACT Ambulance  
Colin Webster - Australian Red Cross Blood Service  
Ross White - ADF  
Belinda Doherty - Canberra Area Medical Unit, ADF  
Donna Mowbray - TCH  
Jenny Brogan - ACT Community Care  
Debbie Booth - ACT Community Care  
Brian Jacobs - Mental Health  
Glynn Kelly - ACT Division of General Practice  
Richard Bialkowski - ACT Division of General Practice  
Paul Dugdale - Chief Health Officer  
Peter Warfe - Emergency Plan Consultant  
Fia Norton - Secretariat

***Acronyms:***

HCO – Health Controller's Office  
MLO – Medical Liaison Officer  
HLO – Hospital Liaison Officer  
CHO – Chief Health Officer  
DGP – Division of General Practice  
TCH – The Canberra Hospital  
Curtin – Territory Emergency Operations Centre  
Winchester – Territory Command Centre (AFP)



## **1. Previous Minutes**

The Health Sub-Committee passed the previous minutes.

## **2. Update**

The Chief Health Officer (CHO) updated the Sub-Committee on the current issues –

- A Bushfire Recovery Taskforce has been established. Sandy Holloway has been appointed as the Chair and Alan Thompson as Secretariat. The taskforce has 4 community members and the 5 government departments are represented.
- There were no immediate fire risks to the ACT, the fires to the NW of Canberra were well contained with grader work extensive. The main fire fronts were located at Burrinjuck, and south of Michaelago.

The CHO extended his thanks to the Health Sub-Committee and those who had been on rosters. He acknowledged the Medical and Hospital Liaison Officers' outstanding work at the Health Controllers Office (HCO). He noted that the roster at Winchester (manned by Health Protection Service [HPS] staff) had been suspended and that the HPS staff would be relocated to Fyshwick.

## **3. Specific Issues**

One of the co-ordination problems within the recovery phase of the disaster involved counselling services. Members noted that there was an overload of counsellors who may not have been suitable and that some counselling services were not operated efficiently. Members also noted that there were many individuals who needed debriefing in the recovery process. The Division of General Practice (DGP) offered help in developing a document through the CHO and Mental Health ACT about resources and expected problems, there are a range of different counselling needs from people in partly damaged houses, people who have lost their houses, to the majority of people who are returning to normal. Members asked that:

- There be a review of counselling advice to public;
- GPs receive information about salient mental health issues that could affect patients.

(Note that the Director of Mental Health ACT was not in attendance for this item, please see the Mental Health ACT comments in Agenda Item 5)

## **4. Initial Review of the Performance**

The TCH Deputy General Manager, Clinical was unable to attend but suggested that the committee review command, control, communication and logistics over the period of the State of Emergency.

### Command

a. Members noted that the lines of command operated fairly well, however when the State of Emergency was declared some officials used their own contacts rather than those on the Emergency Plan. There was also a delay in the dissemination of information on Saturday 18 January 2002.

b. Members noticed a tension between controllers at the Territory Command Centre (Winchester) and the Territory Emergency Operations Centre (Curtin). Some members noted that the split arrangement caused some problems including that:

- command and communication between those at evacuation centres, Winchester and Curtin faced some difficulties
- Evacuation of nursing homes which involved Police officers initiating the command to evacuate without the knowledge of Curtin.
- The Health Controller was not present at all times at Curtin as envisaged in the current Health Sub-Plan as he was often required at Winchester.

#### *Command Proposals*

- an examination is made of the impact of the split control structure on the efficiency and quality of emergency health responses;
- command links be strengthened between Winchester and Curtin; and
- a delegate for ACT Health Controller is allocated to the HCO on high risk/dangerous days to ensure decisions can be made when required.

#### Control Structure

a. Members agreed that the Medical and Hospital Liaison Officers (MLO and HLO's) working at the Health Controller's office assumed a much greater role than specified in the Health Sub-Plan and that their roles were crucial to the control of the emergency situation.

b. Members praised the cooperation between the Southern Area Health Services (SAHS) and ACT Health.

c. The roles of the Winchester and Curtin facilities were also discussed in the context of control. Members suggested that clear advice about the differences of authority and roles of police and fire officers be circulated especially in relation to evacuation procedures. For example the nursing homes Mirianjani, Kalparin, Barangeri, Goodwin, and a nursing home in Farrer were evacuated without notice of the Health Control Office. Members noted the need for alignment and consistency in evacuation planning and also the need to plan ahead of the time.

d. The Calvary Health Care evacuation plan was also discussed and members concurred that if at all possible Calvary be protected rather than evacuate. Discussion centred on how to pull people into areas that are sprinkled and what the triggers are for evacuation.

#### *Control Proposals*

- The hospital liaison control and monitoring role be further explored and expanded in the sub-plan;
- Medical Liaison Staff from NSW are available to work in the ACT Operation Control Unit and visa versa as the situation may require in the future;

- the criteria for evacuation, including the triggers, advice and order to evacuate be reviewed in the sub-plan; and
- community institutions review and receive advice on evacuation procedure during and before fire seasons.

#### Communication

- a. Members noted that the communication with the private sector by emergency officials was a major problem. There is little information about private hospitals in the Health Sub-Plan. In addition representatives from private hospitals informed the committee that they had not received formal communication that a State of Emergency had been declared.
- b. Members noted that GPs could be mobilised effectively by the Division of General Practice in the situation of an emergency.

#### Communication Proposals

- The role of the private sector in an emergency situation be further outlined in the emergency plan;
- Communication links with private (and public) hospitals are reviewed;
- A live exercise or simulation of an emergency is conducted regularly and both the private and public sector health services are involved.
- The Division of General Practice's emergency response plan is integrated into the Health Sub-Plan.

#### Logistics

- a. Members noted that the split communication between Winchester and Curtin could be improved by the establishment of a central server drive for the two centres.
- b. There were problems identifying patients (especially from nursing homes) as they were evacuated. Members suggested that the NSW protocol of accompanying patients with armband identification, copies of notes in plastic folders and photos.
- c. There were also logistical problems when GPs went into evacuation centres. Logistics for the emergency supply of medications could be set up to that when an emergency occurs there is no problem. It was noted that GPs attending hospitals had worked well.
- d. It was noted that Curtin needed the equipment to notify people such as radios, modems and multi lines of communication. There is a set-up list for the HCO developed by the MLO at **Attachment A**.

#### Logistics Proposals

- a central emergency server drive be established for Winchester and Curtin;
- evacuated patients from healthcare facilities be identified and accompanied by medication requirements;
- planning for medical logistics needed at evacuation centres and by GPs be progressed; and

- the set-up list developed by the MLO is followed and contact lists and logistics be regularly updated.

## 5. Debrief

### Mental Health ACT

- There were concerns raised about the quality of volunteer counsellors, particularly if they were going to debrief emergency services.
- Clarification was given on the priorities for counselling in the Health Sub-Plan; the first agency people are referred to for counselling is lifeline who can then refer clients to other services. Healthfirst was used as backup and was hooked into McKessons(?) (a Sydney based reinforcement). The effectiveness of lifeline was also discussed and it was generally thought to pick up most of the serious problems and have a history of appropriate referrals and admissions.

### Community Care

- Community Care were stretched in their counselling capacity to provide both support for community recovery and at the same time acute care.
- Broader issues included the need to update technology, the impact of power failures on quadriplegics, and the list of clients dependant on the public methadone program.
- Problems were encountered with discharges as:
  - there was a reduced number of community nurses,
  - some people that would normally have been discharged lived in areas that had been evacuated, and
  - there was a lack of safe and secure areas or facilities.
- It was noted that the provision of a safe and secure dementia facility was a crucial need for planning.

### Southern Area Health Services (SAHS)

The Disaster Health coordinator for SAHS briefed members outlining the following:

- There was an amazing willingness on the part of the NSW Government to assist without being intrusive, NSW offered hardware, hospital beds and personnel.
- There was less of a need for medical help and doctors than NSW beds, if ACT hospitals were overwhelmed then Queanbeyan could accept patients. If there was a need to accept nursing home patients then Queanbeyan could be turned into large triage centre.
- Sydney sent a nurse coordinator to triage at Queanbeyan on Sunday. Bateman's Bay, Moruya, and Kenmore Hospitals were also mobilised and it was noted that Kenmore is able to take secure patients and has a small but functioning forensic unit.
- The ACT MLO was very helpful and arrangements were made to put people in South Western Area Health Services if there had not been enough capacity in the South Eastern Area.
- If NSW had an overwhelming disaster then it would be good to have an ACT MLO.

- The Medical Retrieval Unit (MRU) in Sydney was happy to take critically ill patients to relieve SouthCare. The NSW MLO enjoyed working in the HCO and the cross-flow of information was very good.

#### The Canberra Hospital

- In retrospect it would have been helpful to have had a meeting of the Health Sub-Committee on Sunday 19 January 2003.
- TCH were not aware of some of the requirements of the HCO.
- There was an over-reliance on mobile phones in the emergency and these are unable to be used in the Hospital.
- TCH was not notified of the directive to cancel elective surgery

#### Defence

- There is the capacity for Defence to have a greater role in an emergency.
- The Defence MLO was not aware that they could have had a greater role. In future a Defence Health MLO will be provided to health control
- It is proposed that an emergency triage location is established in the Health Sub-Plan in the case of one of the ACT Hospitals being evacuated. The Canberra Area Medical Unit (CAMU) did have the authority locally to authorise the facility.

#### National Capital Private

Representatives requested that:

- information on government indemnities, legislation and legal and position of private hospitals in an emergency situation be developed and distributed;
- private hospitals be integrated into the disaster plan and communication be on a graded escalation;
- there be detailed action sheets in the plan for the private sector;
- a disaster exercise be planned including trigger points in the decision to cancel elective surgery; and
- there be default templates written into the plan.

#### Calvary

- Treated as many people out of hospital as they could, they cleared all emergency facilities.
- Most presentations were burns, asthma, eyes, and falls from roofs.
- The performance of staff was very good and communications within the hospital worked well, especially the microphone/loudspeaker system.
- As with most health services there were issues with staff going home to protect property.
- A major issue is how to manage evacuations of the outlying buildings at the precinct.
- There are many reasons not to evacuate Calvary. These include the fact that babies in incubators would be at risk, logistical difficulties and safety issues.

#### Australian Red Cross Blood Service (ACRBS) and St Johns

- There is a need to formalise the contact established between the Red Cross, St Johns Ambulance and the GPs as this relationship worked well in the emergency.
- Generators are an important issue for the ACRBS. At the moment generators are linked to natural gas which is a problem if gas lines go down.

#### Ambulance ACT

- The biggest issue was the evacuation, there was a lack of information about where disability housing was located and at what stage residents of these facilities would be evacuated. ACT Ambulance would not have had the capacity to evacuate these facilities in 4 hours.
- Even when all resources were deployed Ambulances physically could not reach some patients that had requested help.
- Liaison between the Health Controller, ACT Ambulance and cross-border services is critical. The NSW MLO situated in the HCO was an important part of this process.
- Funds should be diverted into co-ordinated activity between health services and the private sector.

#### Division of General Practice (DGP)

- The DGP received no prior warning about the emergency. There was also a problem in getting through to contact the command centre.
- The initial response was to contact GPs individually; a call was also aired over the radio to get volunteer GPs.
- GPs went into evacuation centres and dealt with minor injuries, and medication prescriptions, and were on standby for Canberra and Calvary hospitals
- Canberra and Calvary were on standby to provide space for General Practitioners if their practice burnt down. This was not required.

### **6. Other Business**

It was noted that the hospitals would conduct their own internal debriefing exercise.

### **7. Next Meeting**

There will be further opportunities to revise the performance of agencies and the plan at the next meeting.

## **Proposals for Subsequent Consideration**

### *Command Proposals*

- an examination is made of the impact of the split control structure on the efficiency and quality of emergency health responses;
- command links be strengthened between Winchester and Curtin; and
- a delegate for ACT Health Controller is allocated to the HCO on high risk/dangerous days to ensure decisions can be made when required.

### *Control Proposals*

- The hospital liaison control and monitoring role be further explored and expanded in the sub-plan;
- Medical Liaison Staff from NSW are available to work in the ACT Operation Control Unit and visa versa as the situation may require in the future;
- the criteria for evacuation, including the triggers, advice and order to evacuate be reviewed in the sub-plan; and
- community institutions review and receive advice on evacuation procedure during and before fire seasons.

### *Communication Proposals*

- The role of the private sector in an emergency situation be further outlined in the emergency plan;
- Communication links with private (and public) hospitals are reviewed;
- A live exercise or simulation of an emergency is conducted regularly and both the private and public sector health services are involved.
- The Division of General Practice's emergency response plan is integrated into the Health Sub-Plan.

### Logistics Proposals

- a central emergency server drive be established for Winchester and Curtin;
- evacuated patients from healthcare facilities be identified and accompanied by medication requirements;
- planning for medical logistics needed at evacuation centres and by GPs be progressed; and
- the set-up list developed by the MLO is followed and contact lists and logistics be regularly updated.

## **Summary of Important Issues Raised in the Debrief**

- Concerns were raised about the quality of volunteer counsellors, particularly if they were going to debrief emergency services.
- The existence of a secure alternate dementia facility is a crucial need for planning.
- TCH were not aware of some of the requirements of the HCO.
- An emergency triage location should be established in the Health Sub-Plan in the case of one of the ACT Hospitals being evacuated.
- Information on government indemnities, legislation and the legal position of private hospitals in an emergency situation be developed and distributed.
- Private hospitals should be integrated into the disaster plan and communication be on a graded escalation.
- A disaster exercise should be planned including trigger points for evacuation and for the decision to cancel elective surgery at hospitals.
- A major issue at Calvary is how to manage evacuations of the outlying buildings at the precinct and how to protect the precinct from fire.
- There is a need to formalise the contact established between the Red Cross, St Johns Ambulance and the GPs as this relationship worked well in the emergency.





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## CHIEF HEALTH OFFICER

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### **Advisory Notice – in the Case of an Evacuation**

*Please note – this is not an alert to evacuate.  
It is advice to assist in the event of an evacuation of your establishment  
and to assist you to prepare for such an event.*

### **Evacuations of Nursing Homes and Hostels**

Following notice of evacuation, immediate action by the senior member of staff on site to:

- Contact the Senior Administrator of the Nursing Home/Hostel, who will assess the need for additional staffing.

Senior member of staff on site to prepare the following information:

- Number (total) of patients who need to be evacuated;
- Of the total:
  - the number who can walk;
  - the number who can walk with assistance;
  - the number in wheelchairs;
  - the number who can be transported on a bus;
  - the number who will need ambulance transfers (ie. stretcher).

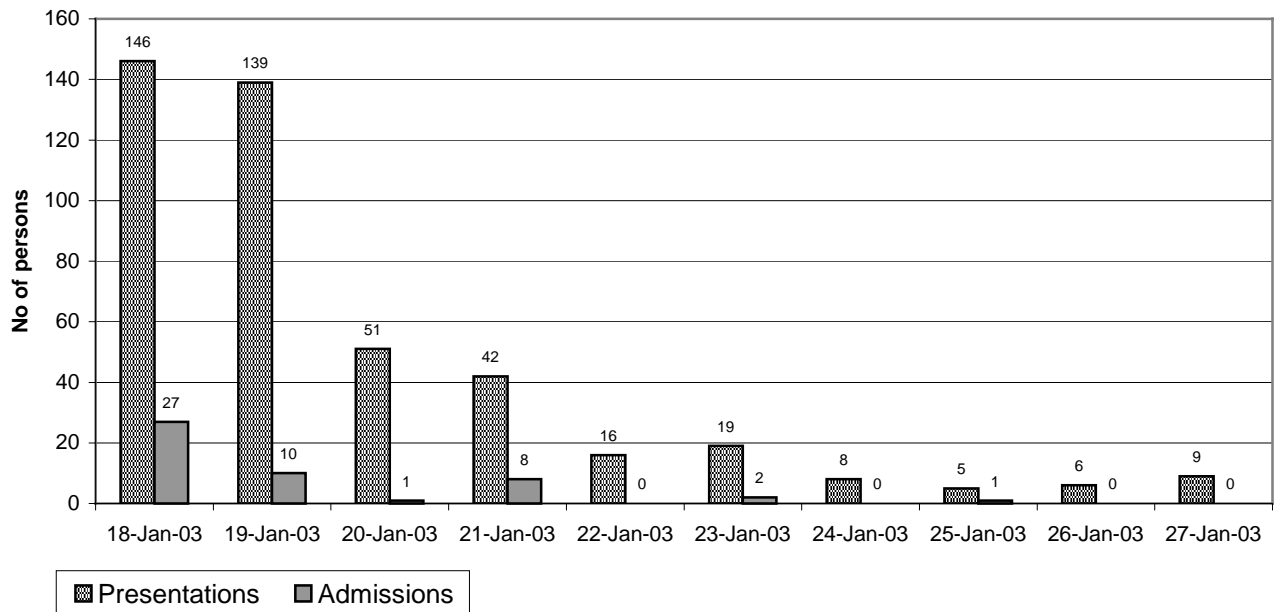
Items to be prepared prior to transfer:

- All patients to have wrist bands stating their name and the name of the nursing home/hostel;
- All files to go with patients;
- All medications to go with patients;
- All essential supplies to go with patients (eg. incontinence pads, stoma bags, urine bags, dressings, etc).

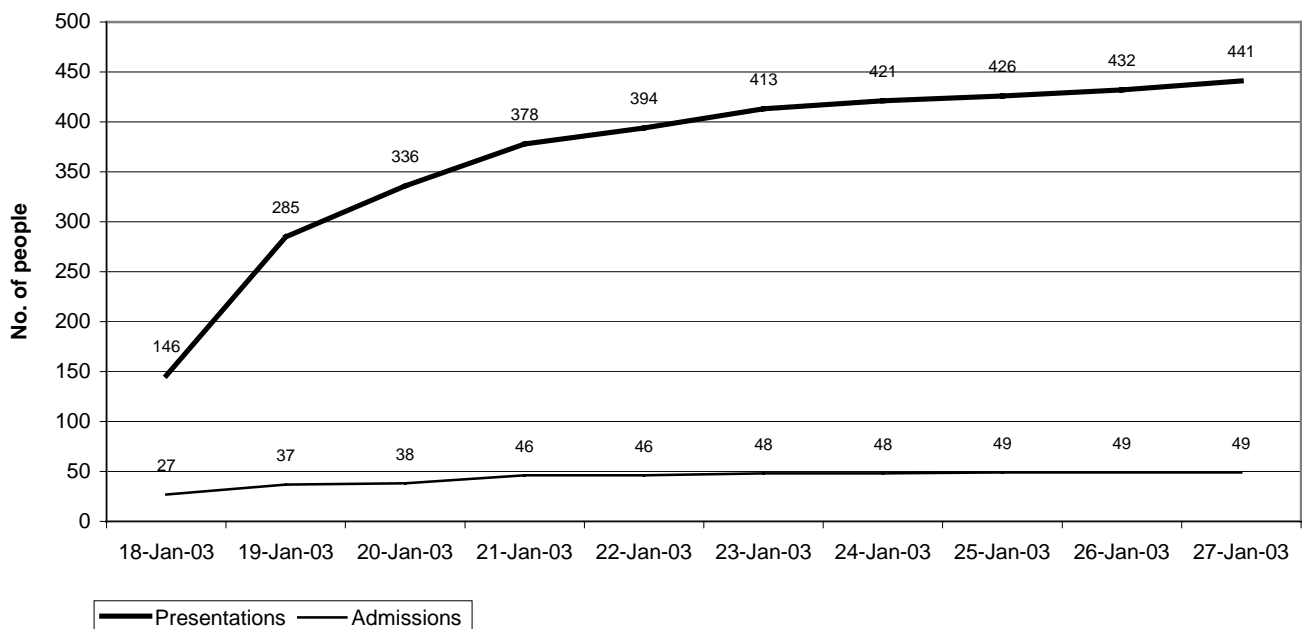
Please note:

- Patients may not all go to the same location. At least one member of staff to go with each group of patients.
- Each staff member should carry contact details for the senior administrator of the nursing home/hostel.

**ACT Bushfires - Presentations and Admissions**  
Total for each day of State of Emergency (TCH+Calvary+Queanbeyan)



**ACT Bushfires - Presentations and Admissions (cumulative)**  
(TCH+Calvary+Queanbeyan)



# **CHIEF HEALTH OFFICER MEDIA RELEASE**

## **Health and medical aspects of the bushfire disaster in the Australian Capital Territory**

The Canberra Hospital (TCH) received and treated three patients with serious burn injuries during the height of yesterday's fire storm. They were transferred by air ambulance to hospitals in Sydney. Two are in a critical condition, the third is in a serious condition. The Hospital registered and treated some 280 people, the most intensive day of emergency service in the hospital's history. The clinical problems included smoke inhalation, minor burns, fractures and other trauma. To date, three people have died in the disaster.

Calvary Hospital was busy with similar emergency presentations, but has also been threatened by fire. An evacuation plan is ready, but this has not been needed so far. All hospitals in the ACT and the surrounding region are on alert.

Beds are available for those needing hospital care. To maintain this capacity, elective surgery has been suspended across the Territory. The restoration of electricity to a nursing home in the Weston Creek area will reduce today's pressure on hospital beds.

Recovery Centres were established, to help care for people who were evacuated during the fire. General Practitioners have provided medical care at these Centres. These doctors and other volunteers have made a major contribution to the recovery effort.

Basic hygiene will be important to prevent disease during the recovery phase. Hand-washing is important, particularly where large numbers of people are consuming food. Refrigerated foods should be discarded if they were spoiled during the power failures.

The water supply remains drinkable, except in suburbs where ACTEW has advised that water should be boiled.

The Health Protection Service Building in Holder was largely destroyed by the fire, so the re-establishment of public health infrastructure will be a major challenge for ACT Health.

*Charles Guest  
Acting Chief Health Officer  
19 January 2003, 1830 hours*

# **CHIEF HEALTH OFFICER MEDIA RELEASE**

## **Health warning for high smoke levels**

ACT Chief Health Officer, Dr Paul Dugdale, has issued a warning to sufferers of asthma and other chronic health conditions in light of high smoke levels over Canberra caused by bushfires in the Namadgi National Park.

Dr Dugdale has urged asthmatics, in particular, to continue their medication and consult their general practitioner if they have any difficulties.

“The amount of smoke over Canberra increases the risk for people with asthma and other chronic respiratory disease,” Dr Dugdale said.

“People with these conditions should not perform vigorous exercise during this period and, if possible, should stay inside.

“We are monitoring presentations for smoke-related conditions at both ACT public hospitals and there is no change to the normal pattern of presentations to accident and emergency at this stage.

“We hope that the wind direction will shift soon, possibly this evening, and clear the air,” said Dr Dugdale.

**ends 14 January**

# **CHIEF HEALTH OFFICER MEDIA RELEASE**

## **PUBLIC SAFETY IN FIRE DAMAGED AREAS**

People returning to damaged houses and buildings or sites where homes have been destroyed should exercise extreme care, the ACT Chief Health Officer and Territory Health Controller during the state of emergency, Dr Paul Dugdale, said today.

Dr Dugdale also urged caution to people protecting their homes against further fires.

"Following the fires, our hospitals have treated at least eleven fractures, 21 lacerations, four minor head injuries and fifteen other falls. Most of these have been due to falls off ladders and roofs.

"All fire damaged properties have a number of potential hazards, with rubble, broken glass and other sharp objects, uneven surfaces and unstable walls and floors.

"If you are planning on visiting a damaged home or site, wear suitable clothing, including strong gloves, sturdy boots, long pants and long sleeves. Given the large amount of dust and ash, eye wear and a dust mask are also recommended.

"Be cautious at all times when on the site, and particularly when lifting objects or near potentially unstable structures. Take particular care with children and ensure they remain safe and supervised at all times.

"Pay close attention to surfaces you are walking on to ensure they are stable. If you are attempting to walk on the roof of a damaged house, check that the ceiling cavity has not been damaged and that the roof is structurally sound before placing any weight on it.

"If in doubt, consult an expert before attempting to enter any part of a damaged structure," said Dr Dugdale.

"People preparing their homes for further fires also face risks.

"If climbing a ladder, get another adult to steady the latter at the bottom.

"Wear non-slip soles and do not walk on a wet roof after it has been hosed down.

"People cutting back shrubs and trees should also be sensible with chainsaws and other tools," said Dr Dugdale.

"Canberra has witnessed more than enough trauma in the last few days. We do not want to see any more injuries, so be very careful."

*Issued 24 January 2003*

*For interviews with Dr Dugdale contact 6205 0881*

# **MASK INFORMATION SHEET**

Badly fire damaged house sites contain fine ash, dust and may also contain asbestos fibres. Asbestos sheeting was commonly used in the construction of wet areas (bathrooms, laundries). Asbestos fibres are heavy fibres that settle quickly and are not released into the air when dampened down.

People visiting these sites may be exposed to dust, ash and possibly low levels of asbestos. People at adjacent properties may also be exposed during high winds.

A correctly fitting P1 dust mask provided the wearer with protection from dust and low levels of asbestos that may be present on the badly damaged house sites. These masks are on sale at pharmacies and hardware stores, and available free from the recovery centre at Lyons Primary School. A damp cotton teatowel tied around the nose and mouth is also effective.

Masks should be disposed of with normal household garbage after being placed in a plastic bag.

The P1 masks are not suitable for people removing asbestos-containing rubble from the fire affected sites. This operation should be left to professional contractors using clothing and breathing protection.

If you are concerned when you see demolition occurring near your house – remember the demolition process requires these products of combustion to be dampened down as part of the process. You may wish to close windows and doors.

For further information members of the public can contact the ACT Environmental Health Service on 6205 1700.

Contractors and other workers should contact ACT Workcover on 6205 0200.

Dr Paul Dugdale  
ACT Chief Health Officer  
27 January 2003

Paragraph for Bushfire Recovery Taskforce Newsletter #1

**Asbestos removal**

Houses more than 20 years old have a high likelihood of containing asbestos cement sheeting in wet areas and under eaves. The remains of badly fire damaged houses may contain loose asbestos fibres which are a health risk for people visiting the site. Dust masks should be worn, and are available from hardware stores or the recovery centre at Lyons Primary School.

During demolition works larger volumes of asbestos may be exposed. In the interests of safety, residents are asked to employ a licensed demolition contractor to carry out their demolition work. The ACT Government appreciates that people are keen to get on with the job, however, public safety must come first and builders licensed to undertake this specialist work will ensure safe removal, transportation and disposal of waste. Residents can contact WorkCover on 6205 0200 or BEPCON on 6207 6309 for further information.

Paul Dugdale  
ACT Chief Health Officer

# Basic Hygiene



Hand washing is generally considered to be the most important way to stop the spread of infectious diseases, such as gastroenteritis.

## **When should I wash my hands?**

- Before preparing food;
- Between handling raw and ready-to-eat foods;
- Before eating;
- After going to the toilet or changing nappies;
- After touching ears, nose, mouth, hair or other body part;
- After smoking;
- After using a tissue or handkerchief; and
- After playing with pets.

## **How do I wash my hands properly?**

- Use soap and running water. Warm to hot water is best.
- Wet hands thoroughly and lather with soap.
- Rub hands vigorously for at least 10-15 seconds as you wash them.
- Pay attention to back of hands, wrists, between fingers and under fingernails.
- Rinse hands well under running water.
- Dry hands with a disposable paper towel or a clean towel. To minimise chapping (reddening, roughening or cracking of skin) of hands, pat dry rather than rub them. Electric hand driers may be used. If cloth towels are used select a fresh towel each time or if a roller towel is used, select a fresh portion of towel.
- Turn off the tap with the used paper towel, if applicable.

For further information, contact the ACT Health – telephone 62051700
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# Food Hygiene



Food poisoning can be a serious health problem. If food is not stored or handled correctly, bacteria can multiply to dangerous levels. Every person whose job involves handling food has a responsibility to prevent food poisoning.

## **What are the risky foods that might cause food poisoning?**

- Dairy products- milk, cream, cheese, yoghurt
- Cooked rice and pasta
- Prepared salads, coleslaws, pasta salads
- Meat, including poultry
- Eggs
- Seafood
- Smallgoods

## **Safe food storage and handling**

The following tips should be used to prevent food poisoning:

- Store food below 5oC or above 60oC to prevent growth of bacteria
- Before handling and preparing any food wash your hands thoroughly
- Do not handle raw and cooked foods with the same implements (tongs, knives, cutting boards) unless they have been thoroughly washed between uses
- Keep all kitchen surfaces and equipment clean
- Defrost food by placing it on the LOWER shelves of a refrigerator or use a microwave oven. As a last alternative, you may defrost food by placing it under cold running tap water - but note that the defrosting of foods in buckets or sinks containing still water is not recommended.
- Thoroughly cook all raw foods
- Place cooked food in a refrigerator within an hour of cooking it
- Refrigerate raw foods BELOW cooked or ready to eat foods to prevent cross contamination
- Thoroughly wash raw vegetables before eating
- Reheat food until the internal temperature of the food reaches at least 75oC
- Protect food from insects, rodents and other animals.

## **Kitchen hygiene**

Kitchen hygiene is important to prevent food poisoning. All surfaces, such as crockery, cutlery, bench tops, stoves and sinks need to be kept clean.

- To clean a kitchen surface, remove all visible soiling using detergent and warm water
- If you use disinfectant, follow the manufacturer's instructions. All diluted disinfectants should be used immediately after preparation, as diluted disinfectants deteriorate on standing
- Mops should be cleaned in detergent and warm water and stored dry
- Cleaning sponges should be changed frequently
- Floor spills should be mopped up using single-use paper towel which is discarded after use
- Dishes should be washed in warm to hot soapy water and rinsed in hot water. Change your tea towel when it becomes dirty or wet

## **Gloves**

- If you are using gloves, make sure to change your gloves:
- If they become contaminated or if they tear
- When switching between raw and ready-to-eat food
- When changing jobs
- After taking the rubbish out
- After sweeping, mopping and cleaning

For further information, contact the ACT Health – telephone 62051700
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# Gastroenteritis



## What is Gastroenteritis and how can I get it?

Gastroenteritis (“gastro”) means inflammation of the stomach and small intestines. Gastro is an illness which may cause some or all of the following symptoms:

- diarrhoea;
- stomach cramps;
- vomiting;
- nausea;
- fever; and
- headache.

## What causes gastro and how is it spread?

The most common germs that cause gastroenteritis are bacteria, viruses and certain parasites. Gastro occurs when these germs are taken in by mouth and this may happen in any of the following ways:

- From person to person. This may occur directly by close personal contact or contact with the faeces of an infected person, or indirectly by touching contaminated surfaces such as taps, toilet flush handles, children's toys and nappies.
- Eating contaminated food.
- Drinking contaminated water.
- Airborne through vomiting, coughing and sneezing (mainly viruses).
- Handling pets and other animals.

People and animals can carry the germs which cause gastro in their faeces without having any symptoms. These people and animals can still pass the disease on to others.

## I think I may have gastroenteritis—What should I do?

If you have symptoms of gastroenteritis, report them to your doctor. This will ensure that you receive proper treatment and advice and that steps are taken to reduce the spread of the disease. Food handlers, child care workers and health care workers with gastro must not work until symptoms have stopped. Food handlers are required to submit a doctors certificate to ACT Health PRIOR to returning to work.

## How can I avoid getting gastro?

By following the guidelines below, everyone can do something to avoid getting gastro.

## Careful Hand Washing

Everyone should wash their hands thoroughly with soap and hot running water for at least ten seconds:

- before preparing food;
- between handling raw and ready-to-eat foods;
- before eating;
- after going to the toilet or changing nappies;
- after smoking;
- after using a tissue or handkerchief; and
- after playing with pets.

For further information, contact the ACT Health – telephone 62051700
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# **Important Disease Control information for GPs**



The Communicable Disease Control Section (which includes the ACT Immunisation Unit), located in Mulley Street Holder, was totally destroyed by fire over the weekend. All staff are safe and a temporary worksite is currently being established in the ACT Health offices in Civic. Information on Immunisation and Disease Control services will be regularly provided to all health care providers including ACT General Practitioners (via faxstreams from the ACT Division of General Practice), Accident and Emergency Departments and HealthFirst.

***Advice for today, Monday 20 January 2003:***

## **ACT Notifiable Diseases**

The Communicable Disease Control Section Information Line is now operational on telephone 62052155. For urgent public health matters, including notifications of meningococcal infection or measles, please page the Public Health Officer on-call on 62690495.

## **Surveillance for other conditions**

Medical Practitioners and health care facilities are encouraged to report any cases of gastrointestinal illness, or cluster of illness (fevers, rashes, skin complaints), to the Communicable Disease Control Section on pager 62690495.

Basic hygiene will be important to prevent disease during the recovery phase of the bushfire disaster. Handwashing is important, particularly where large numbers of people are preparing and consuming food. Refrigerated foods should be discarded if they were spoiled during the power failures.

The water supply remains drinkable, except in suburbs where ACTEW has advised that water should be boiled.

Hand hygiene is the single most important factor in preventing the spread of disease. Information sheets regarding hand and food hygiene are attached for your information and use.

**Dr Charles Guest**  
**20 January 2003**

For further information, contact the ACT Health – telephone 62051700
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# Important Immunisation information for GPs



The Communicable Disease Control Section (which includes the ACT Immunisation Unit), located in Mulley Street Holder, was totally destroyed by fire over the weekend. All staff are safe and a temporary worksite is currently being established in the ACT Health offices in Civic. Information on Immunisation and Disease Control services will be regularly provided to ACT General Practitioners (GPs) via a faxstream from the ACT Division of General Practice.

***Urgent advice for GPs for today, Monday 20 January 2003, follows:***

## **Breakdowns in the vaccine cold chain**

Some general practices may have lost power to vaccine refrigerators over the weekend, other practices may be requiring urgent deliveries of vaccines or advice regarding immunisation issues. General practices who have experienced power failures, or any change in vaccine refrigerator temperatures (outside of the recommended storage range of 2-8o degrees) should seek advice from the Immunisation Info Line on telephone 62052300.

- **Please keep vaccine supplies refrigerated until advice has been provided by the Communicable Disease Control Section.**
- **Please do not discard any vaccines unless otherwise advised by staff from the Communicable Disease Control Section.**
- **If only exposed to heat, most vaccines may be viable. When seeking advice, please have a list of all vaccines available, information on the minimum/maximum temperatures of the fridge and duration of power failure (if known).**

## **ACT Vaccine Delivery Services**

The ACT Vaccine Delivery Service will begin to provide urgent supplies of vaccines to all immunisation providers from Tuesday 21 January 2003. For today only, please telephone urgent orders to the Vaccine Delivery Service on 62051737. The Service will be able access orders submitted via facsimile from tomorrow. Please consider ordering only essential supplies until further notice.

## **ACT Immunisation Records**

Prior to the bushfire disaster, ACT Health was in the process of decommissioning the ACT Immunisation Register and directing immunisation details directly to the Australian Childhood Immunisation Register (ACIR). This plan is currently being revised. In the interim, please complete an ACT Immunisation Record Form and retain this information at your practice until further notice.

**Dr Charles Guest**  
**20 January 2003**

For further information, contact the ACT Health – telephone 62051700

## **MEDIA RELEASE**

# **COUNSELLING SERVICES FOR FIRE VICTIMS**

Counselling services are available 24 hours a day to fire victims and people affected by the fires through both Lifeline and Health First.

Counselling support is available through Lifeline on 13 11 14 or Health First through their Health First Bushfire Counselling Service by calling 6207 7777.

Canberra residents affected by the fires will be able to talk to a counsellor 24 hours a day.

The Community Recovery Centre, opening at Launceston Street Lyons, on Friday (24/1), will offer personal support and counselling services. The phone number for the Centre is 6205 5733. Outreach teams are also going out to affected areas every afternoon to provide counselling and support.

With a disaster situation, it is normal for people to experience a range of emotions as they work through things eg dealing with grief as a result of loss. Generally people have coped well.

People who need ongoing support will be referred to the most appropriate support service.

Mental Health ACT is also providing core mental health services and assisting with the disaster response and recovery processes, which includes participating in the psychological first aid response and providing staff counselling to those involved in the disaster response.

Associate Professor Cathy Owen, the ACT's Chief Psychiatrist said a great many people have been affected, and continue to be affected, by the fires that hit Canberra.

"It is very important that people who have experienced a trauma, or who feel stressed or anxious, seek appropriate support. It is also important that those who are involved in fire and community protection and recovery take adequate breaks and de-brief when necessary.

"Counselling is available to all people affected by the fires, and anyone who needs to talk should ring one of the 24 hour support lines. Where necessary, we will arrange ongoing support for people," said Associate Professor Owen.

The medium to longer-term recovery strategy to be implemented by Mental Health ACT has been supported by Professor Beverley Raphael, State Director Mental Health Services NSW, and an international expert on disaster response planning and recovery.

General information on the bushfires is available through Canberra Connect on 13 2281 or at [www.canberraconnect.act.gov.au](http://www.canberraconnect.act.gov.au)

*Issued 23 January 2003*

*For interviews with Dr Owen, please contact Penny Farnsworth on 6205 0837 or 0417 481 407.  
For enquiries about the Community Recovery Centre please contact Karen Churchill on 0417 529 706.*