



# PLANNING for DISASTER MANAGEMENT

An emergency preparedness guide for  
**Primary Health Networks** and others  
supporting the local General Practitioner  
response during emergencies

Sharing the experience of Wentworth  
Healthcare, provider of the Nepean Blue  
Mountains Primary Health Network



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# Introduction

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Disasters are part of the Australian landscape. Bushfires, floods, cyclones, and drought re-occur consistently across the continent. Primary Health Networks (PHNs) and general practitioners (GPs) are scattered across Australia and are inevitably involved when disasters strike their local communities.

To date there has been limited guidance to support the systematic involvement of GPs within the broader disaster response system.

In October 2013, large bushfires swept through the NSW Blue Mountains. The response was unusual in its inclusion of NSW general practice networks within the response system, most crucially Wentworth Healthcare, provider of the (now) Nepean Blue Mountains Primary Health Network (NBMPHN).

The lessons learned by GPs and Wentworth Healthcare during the fires highlighted the need for GP preparedness to improve response and recovery outcomes. This led to the development of a living discussion document 'Emergency management: the role of the GP', created with input from the various GP groups. Following on from this, Wentworth Healthcare developed procedures, resources and templates for use as part of their disaster preparedness strategy.

Clarity and implementation of a process for disaster preparedness has enabled a more proactive and coordinated approach to local emergency management with a distinct role for both the Nepean Blue Mountains Primary Health Network and local GPs when responding to a disaster.

It has been recognised that the lessons learnt and tools developed by Wentworth Healthcare may be useful for other Primary Health Networks, GPs and GP organisations as they consider development of a disaster preparedness response for their local region.

This Primary Health Network emergency preparedness guide has been developed to document and share Wentworth Healthcare's experience and approach to disaster preparedness. The guide can be used and adapted by others, with acknowledgment of Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network, to strengthen communication and coordination and formalise the role of the Primary Health Network and General Practitioners before, during and after a disaster.

# Background and Context

## 01

### 1.1 Nepean Blue Mountains Region

Wentworth Healthcare, provider of the **Nepean Blue Mountains Primary Health Network**, operates across the communities of four local government areas (Blue Mountains, Hawkesbury, Lithgow and Penrith). The organisation's mission is to *empower general practice and other healthcare professionals to deliver high quality, accessible and integrated primary healthcare that meets the needs of our community, with a vision of improved health and wellbeing for the people in our community.* Wentworth Healthcare is a not for profit public company limited by guarantee and initially traded as Nepean-Blue Mountains Medicare Local (NBMML) before transitioning to provide the Nepean Blue Mountains Network Program from July 2015.

More information on Wentworth Healthcare and the Nepean Blue Mountains Primary Health Network can be found at [www.nbmphn.com.au](http://www.nbmphn.com.au).

Wentworth Healthcare supports approximately 450 GPs located in 130 General Practices across the Nepean Blue Mountains region which covers 10,000 square kilometres with a population of approximately 360,000 people. The Nepean Blue Mountains region's eastern boundary is located 70 kilometres west of Sydney at Penrith and extends to the west through the Blue Mountains and Hawkesbury in the north, to Lithgow, which is approximately 165km from Sydney at its westerly boundary. The Hawkesbury extends to the north adjoining the Singleton, Cessnock and Central Coast council areas.

The region encompasses a mix of urban, rural, bushland, industrial and commercial lands, as well as the Hawkesbury/Nepean river system and vast tracts of National Parks. The region experiences extreme heat in the Penrith and



Hawkesbury areas, and extreme cold and snow in the upper Blue Mountains and Lithgow. These conditions leave the region vulnerable to natural disasters and adverse weather conditions such as bushfires, flooding, heatwaves, drought and snowstorms. For example, in October 2013 the region experienced major devastating bushfires. In contrast, 12 months later in October 2014 the upper Blue Mountains experienced a snow storm that saw the major highway closed. In 2016 the Hawkesbury experienced significant closures of roads and major river crossing bridges due to flooding, and in January 2018, a record high temperature of 47.3°C was recorded in Penrith. Currently much of the region is classified as drought affected.

Each City Council has a Local Disaster Plan. These areas, in turn, are protected by NSW State services such as the Fire & Rescue NSW, Rural Fire Service, Police Force, State Emergency Services and corresponding emergency plans such as Bush Fire Management Plan, Storm Plan and Disaster Welfare Plans.

## 2.1 Responding to the 2013 Blue Mountains Bush Fires

On 17 October 2013, bushfires swept through the leafy suburbs of Springwood, Winmalee, Yellow Rock in the Blue Mountains, destroying 196 homes and damaging a further 132 homes. A further 9 homes were destroyed by a separate fire on the same day, further west in Mount Victoria. There were mass voluntary evacuations of whole suburbs and neighbourhoods, with many residents re-locating to emergency evacuation centres. The main evacuation centre was established at a local club in Springwood. The entire City of Blue Mountains local government area was declared a natural disaster area.

The wider Blue Mountains community was still on high alert for the 6 days following, with catastrophic conditions forecasted for Wednesday 23 October 2013. As a result, all schools across the local government area were closed for the day. Residents were urged to prepare their homes and/or re-locate to evacuation centres, or leave the area, before the adverse weather conditions arrived.

In his piece "After the Fires", local resident Ben Curran recalls how the disaster unfolded:

*On Wednesday 16 October 2013 the State Mine Fire started near Lithgow and weather conditions were deteriorating. As winds intensified, on Thursday 17 October 2013, around 1:38pm the RFS social media notification started to spread "Crews are responding to reports of a new fire in Springwood in the Blue Mountains".*

*Around 2pm an Emergency Warning was issued within the Springwood area. Around 2:30pm spot fires were reported along Hawkesbury Rd. Within the next 60 minutes a significant number of homes were completely destroyed as well as beloved pets and countless wildlife injured or destroyed. Schools were in lockdown and*

*children were being evacuated. This hot and windy Thursday afternoon in October was the start of what was to be one of Springwood, Winmalee and Yellow Rock's most devastating bush fires on record. It was a fire that sent a community into a 10 day long battle of fires, fear, anxiety, disruption, impaired sleep and total physical exhaustion. Around 200 Blue Mountains families lost absolutely everything. Throughout the community, everyone knew someone who was directly impacted. We came together to support friends and families in need, however every resident was feeling the significant pain and suffering that had engulfed our community and put our everyday routine lives on hold.*

### Initial Response from Wentworth Healthcare during and immediately following the disaster

While there was a coordinated and well-resourced response from emergency services and the Local Health District (LHD), the role for general practitioners was not clear and the need for primary health care support at the crowded emergency evacuation centres was identified early on. Many people had fled their homes without their regular medication or scripts, whilst others were experiencing minor cuts, wounds, respiratory complaints and elevated anxiety.

The Local Health District Health Services Functional Area Coordinator (HSFAC) contacted the CEO of Wentworth Healthcare (the then Nepean Blue Mountains Medicare Local), to identify if assistance could be provided at the evacuation centres by GPs. Wentworth Healthcare quickly mobilised several local GPs, through a call out to doctors in affected and neighbouring local government areas in the Nepean Blue Mountains region,

and through the existing GP Networks in the Blue Mountains, Hawkesbury and Penrith. A volunteer roster was created. Wentworth Healthcare coordinated doctors to be stationed at the evacuation centres 24/7, to be available for people who required minor medical assessment and treatment.

The Wentworth Healthcare CEO had a coordination function which required liaison with the LHD HSFAC, the GP Liaison Officer located at the State Health Emergency Operations Centre and local area GPs. GPs can act as the eyes and ears of the community and provide information on need back to the LHD and State HSFACs e.g. reporting outbreaks of disease, concern re asbestos etc.

We also liaised with general practices in the affected areas, to advise and communicate any changes to their opening hours. For example, one GP lost his home in the fire, so his solo general practice was closed temporarily and a nearby GP took care of his patients for a couple of weeks.

The situation at the emergency evacuation centres was monitored daily, until the crisis passed. A week after the event, the demand for GPs to be on hand at evacuation centres eased and the operation was disbanded.

During this period, Wentworth Healthcare liaised with peak organisations such as the NSW & ACT Royal Australian Collage of General Practitioners (RACGP) and the NSW Australian Medical Association (AMA) to ensure coordinated messaging to GP members from all organisations. This included who to contact locally through Wentworth Healthcare during the disaster and the identification and promotion of existing patient education resources from the peak bodies relevant to the health effects of bushfires and disasters that GPs could use with their patients to support them immediately and over the longer term recovery period. For example public health information about safety of asbestos, and information on management of media watching for parents.

In the weeks following the disaster, Wentworth Healthcare worked quickly to secure additional funding for counselling services for local residents (see case study on opposite page) and focused on the immediate recovery phase of the disaster. This included liaison with organisations supporting the community

following the bushfires such as the Wellbeing Sub-committee of the Bushfire Recovery Committee, Mountains Community Resource Network, Local Health District and others.

## Learning from our experience to be better prepared

It was recognised that there was a need to evaluate the response to the 2013 bushfires, better formalise the role of primary healthcare organisations and General Practice in responding to a disaster and to consolidate learning, to be better prepared in the future.

Wentworth Healthcare formed a working group to evaluate its response to the bushfires, document lessons learned and formalise an Emergency Coordination Plan. Amongst others, Wentworth Healthcare worked closely with Dr Penny Burns, a General Practitioner who is a recognised expert in the area of disaster medicine and the role of the GP.

The working group was comprised of:

- Wentworth Healthcare (Nepean Blue Mountains Primary Health Network)
- NSW & ACT RACGP Disaster Response Representative and GP
- Western Sydney University
- Local GPs & disaster volunteers
- Nepean Blue Mountains Local Health District

The working group identified the need for:

- Formal arrangements to be in place for GP coordination in an emergency /disaster.
- Better understanding by GPs and other agencies of the GP role in such instances.
- Communication with the public on general practice closures and changes to opening hours
- Training and education for GPs in major incident medical management and the 'chain of command' approach to disaster management.
- Training for general practice managers and staff in preparing for, and responding to a disaster.

- The role of Primary Health Networks as a coordinating role for GPs to be acknowledged and articulated.

A discussion paper was developed entitled *Emergency Management: The role of the GP* which had input from the committee members and peak bodies. This described the emergency preparedness and response environment (which can be complex for those new to the environment) and the possible roles for GPs and PHNs in preparing for, responding to and recovering from a natural disaster.

From this, Wentworth Healthcare developed a *GP Emergency Management Coordination Procedure* to better define the role of the Primary Health Network and clearly articulate the process of coordination before, during and after a disaster. Practical actions taken to implement this included:

- Training for General Practice on disaster preparedness and in Major Incident Medical Management Support (MIMMS), which is an internationally recognised qualification
- Participation in relevant regional and state committees
- Development of a volunteer register of GPs for disaster response which is updated annually (prior to the high risk bushfire season)
- Development and compilation of resources and tools required by GP volunteers at emergency evacuation centres.

The procedure and practical actions taken are described in more detail in the following section to assist other PHNs that may like to implement a similar approach in their region.

## Case Study: Mental Health Recovery Initiative

As well as providing GP support during the 'response' period of the disaster, Wentworth Healthcare identified and responded to the need for better access to additional mental health assistance in the recovery phase.

Wentworth Healthcare submitted an application to the Department of Health to access 'Access to Allied Psychological Services' (ATAPS) funding under the Extreme Climatic Events category. The service was established in February 2014, utilising the existing workforce of mental health professionals who were contracted to Wentworth Healthcare to provide psychological services. Additional counselling services were made available for residents emotionally impacted by the bushfires, irrespective of the degree of physical loss.

Access to the service was via a referral from a GP and residents could access up to 12 sessions in a calendar year with a private mental health clinician (psychologist, mental health social worker, clinical psychologist, or mental health nurse). There was provision for additional sessions to be provided based on the clinical need of the client. Session fees were paid directly to the clinician by Wentworth Healthcare, however the provider may have charged the client a small co-payment of up to \$10 per session.

Existing ATAPS Providers were required to submit a brief application detailing the clinician's training and experience in the area of trauma and national disaster to provide the bushfire service. Applications were assessed for recentness and appropriateness of training and experience. A total of 45 allied health professionals skilled in the areas of trauma, grief and loss, and anxiety/depression provided the service.

In order to build capacity within the workforce, several professional development opportunities were offered to the workforce, including two workshops conducted by a national expert in disaster recovery Dr Rob Gordon.

The ATAPS Bushfire service operated from February 2014 to December 2015 to support Blue Mountains residents in their recovery journey. In total, 480 referrals were made, resulting in 2,273 sessions being delivered to over 290 individuals, by a workforce of 45 mental health professionals experienced in working with people affected by trauma.

# 03

## Disaster Preparedness

### 3.1 What Primary Health Networks can do to be Prepared When a Disaster Strikes

#### #1 Training for General Practice

##### Training for GPs and General Practice Staff on preparing for a disaster

**Our experience:** A community development organisation partnered with Wentworth Healthcare to run workshops on *'Preparing for a Disaster – is your practice ready?'* with guest speakers from the rural fire service and a local GP. The workshops were attended by GPs, practice managers and nurses and included topics such as:

- Developing and reviewing business continuity plans
- Consider how to communicate key information to staff and patients
- Contingency planning for different scenarios
- Identifying and supporting vulnerable patients to be prepared
- Know what to expect of emergency services e.g. SES & RFS

These workshops were facilitated and funded through a community development organisation which had been provided with resources to support recovery, following the bushfires. The workshops held were well-received and very though provoking for participants.

The RACGP's resources on *'Emergency Planning and Response in General Practice'* were also widely distributed and publicised to all general practices in the region.

##### Specialised training to build GP leaders and champions in the topic area

**Our experience:** Training in Major Incident Medical Management Support (MIMMS) was offered to GPs in the Nepean Blue Mountains region. MIMMS courses teach a systematic approach to disaster medical management.

MIMMS is an internationally recognised qualification, and is a pre-requisite for people heading overseas to help international disaster relief efforts.

The training was provided by the Disaster Manager from the Nepean Blue Mountains Local Health District. Salary backfilling was provided to GPs on the volunteer disaster register to attend the one day workshop. Workshops are held biennially.

**Suggested action:** Consider incorporating General Practice preparedness training into existing GP education calendars or events by partnering with local emergency services organisations and GP leaders.

Opportunities are likely to exist for GPs to attend MIMMS training by talking to the Disaster Manager at your Local Health District or equivalent.

#### #2 Participation in Regional and State Committees

**Our experience:** To ensure a whole of health region wide approach is maintained, Wentworth Healthcare participates in the Local Health District's Emergency Management Executive Committee. This increases the profile or and awareness of the role of primary care in an emergency. Wentworth Healthcare also represents Primary Health Networks at the RACGP's NSW/ACT GP Disaster Management Committee.

**Suggested action:** Other PHNs may like to consider developing links with their Local Health District (or equivalent) Emergency Management personnel and explore opportunities to participate in relevant committees and planning.



### #3 Call for GP Volunteers for Disaster Response register

**Our experience:** Every year, Wentworth Healthcare distributes an expression of interest (EOI) to all General Practices in the region, to identify those who are willing to assist if a disaster situation occurred. GPs willing to be added to the register will be contacted in the event of a disaster to provide medical assistance at a designated emergency evacuation centre, on a voluntary basis.

The register is updated annually, usually a month before the high risk bushfire season in our region (other regions may choose a different local risk as the trigger to update the list annually).

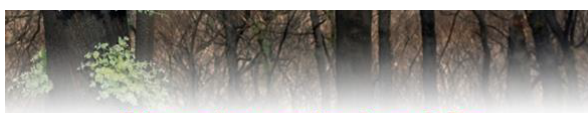
The EOI document is sent via fax, electronically and as a hard copy to GPs. It was initially launched by including the EOI flier as an insert in the regular Wentworth Healthcare GP publication which also included an article from a local GP on their experience as a GP volunteer.

Whilst the register is small (about 10 GPs and four nurses) this is adequate to be able to provide an initial response if a natural disaster occurred (for a few days). In the event of a disaster, the PHN would put out another call for additional GPs to step forward. It is predicted that many more GPs would likely volunteer to at that time if required.

The volunteer register enables Wentworth Healthcare to quickly mobilise people in the event of a disaster. The GPs on the register are contacted in the event of a disaster to provide medical assistance at a designated emergency evacuation centre. GPs will be allocated a designated area in the evacuation centre to assess and treat people.

Hard copies of the register are kept in multiple places in the event the electronic version is not accessible when needed at the time of a disaster.

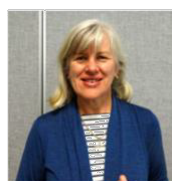
**Suggested action:** Other PHNs could consider development of a GP volunteer register to identify those willing to assist at emergency evacuation centres in the event of a disaster. Nepean Blue Mountain PHN's EOI documentation, sample GP register and associated promotional and training materials can be found in Section 5 of this report.



### Disaster role for GPs

In our region floods and bushfires are major risks. Queensland's Cyclone Debbie – resulting in five deaths and many injuries – is a recent reminder of how prone Australia is to natural disasters. The 2013 Blue Mountains bushfires revealed a lack of formal arrangements in place for GPs to help in an emergency.

Local GP Dr Sue Owen spent four hours at an evacuation centre the day after the fires devastated the area. Although her experience was brief, it was enough to spur her and other GPs on to highlight the need for a co-ordinated GP response in future disasters. The end result was the development of a NBMPHN GP Emergency Management Coordination Procedure that benefits the entire region.



#### GP's View Dr Sue Owen

I acknowledge that a GP's role in immediate disaster response is limited compared to some other frontline services, however, it is still important and needs coordination.

During the 2013 bushfires in the Blue Mountains the then Medicare Local (now NBMPHN) was asked to respond to the emergency but had no framework to do so, relying on a phone around to see which GPs were available. The downside of this was that other services were not sure where we fitted into the disaster and Evacuation Centre responses, which was unsatisfactory for all involved.

When I arrived at the Evacuation Centre the day after the fires, it was unclear to whom I should report. While everyone was busy undertaking their own activities, the Centre seemed to be running efficiently. There did not appear to be a clear role for the GP that day. I had no identification to indicate I was the GP on duty nor was there a place to 'set up stall'. I circulated the Centre, asking if people needed any attention and introduced myself to volunteers so that they knew I was there for them to send people to.

My tasks that day were to assess a few minor injuries: a couple of people with respiratory problems, writing some scripts and treating conditions that were not apparent the day of the fire (or not deemed important enough by the patient to require attention).

Obviously most major problems had been triaged down to Nepean Hospital the previous afternoon. Psychological first aid is something most GPs are good at and in this situation it was important. I spent time just chatting to people – many of them in fear of what might happen rather than necessarily having lost their homes.

I think we were lucky, as there were many factors that minimised the physical injuries and conditions. In other circumstances I imagine I would have been treating more people.

It wasn't until about a year after the fires, when fellow Blue Mountains GP Dr Louise McDonnell and I were interviewed by Dr Penny Burns (who was doing a PhD examining GPs' roles in disaster response), that we realised we needed to develop a plan. In response to us highlighting this, we worked with NBMPHN to develop a GP Emergency Management Coordination Procedure, which has involved collaboration with many people, including representatives from the Local Health District and State services.

I encourage GPs to volunteer to be available to attend an emergency Evacuation Centre in an official capacity.

There are two main ways in which GPs can respond in an emergency or disaster – within their own practices e.g. extending hours/ covering patients of practices affected by the disaster or within Evacuation Centres. Both these roles will be coordinated via the PHN and State GP Liaison Officer so GPs involved will be kept informed and supported. Clear lines of communication have been developed.

It is important that we are part of the initial response, as well as the ongoing care of our patients following a disaster.

#### Find out how to help

The PHN has recently been calling for GP volunteers for Disaster Response. Volunteers would medically assess people attending evacuation locations and will be provided with:

- A Pre-emergency Information Pack
- A high-visibility tabard (vest) with "Doctor" emblazoned on the back
- Resource Kit with basic clinical supplies at each location/evacuation centre. It is expected that GPs bring their own doctors bag and script pad.
- Debriefing session at an appropriate time following the incident

Find out more information and/or express your interest by visiting the [NBMPHN website](#).

#### #4 Development and compilation of resources and tools required by GP volunteers at emergency evacuation centres.

**Our experience:** It is important GPs have the resources and tools they need to treat patients, if they are required to attend an emergency evacuation centre. Our learnings from 2013 highlighted the need to ensure GPs are provided with documentation on their expected role at an evacuation centre and that they are easily identified when at the centre. There are also some essential resources required in addition to those in a regular 'doctor bag' that GPs are expected to bring with them. This includes patient summary forms and prescriptions pads, required in triplicate.

In response, Wentworth Healthcare has developed a 'ready to go' medical kit which is provided to the GP at the evacuation centre. The medical pack contains additional medical equipment and first aid supplies, to supplement the doctor's bag that the GP will bring with them.

The list of items included in the medical pack includes:

- Identifying vest (fluoro / reflective tabard with DOCTOR emblazoned)
- Gloves (non-sterile)
- Stethoscope
- Sphygmomanometer
- Torch
- Auroscope/ ophthalmoscope
- Forms (e.g. disaster medical assessment forms; clinical notes form (for triplicate usage); 'end of shift' patient list etc.)
- Referral forms to local x-ray providers
- List of relevant contact numbers, inclusive of: GP Liaison Officer & PHN contact person, hospital emergency department, local pharmacies, Community Health /Mental Health Access numbers etc.
- Blank script pads and blank note pads
- Pens

- Several basic dressing packs/ sterile water/ steri-strips and disposable suture sets and sutures
- Basic First Aid pack (if necessary)

Items developed specifically by Wentworth Healthcare for the GP Medical Kit included:

- A high-visibility tabard (vest) with 'Doctor' emblazoned on the back
- A triplicate pad of patient summary forms. Wentworth Healthcare developed this in conjunction with GPs and had the forms printed in triplicate to include in the GP Medical Kit. One copy of the form will be retained by the treating doctor, one provided to the patient, and one will be sent to the usual GP.
- Triplicate generic prescription pads developed with the input of a GP and a pharmacist.

**Suggested Action:** Develop a 'ready to go' GP kit that can be provided to GPs volunteering at an evacuation centre to assist them in their role. This should include stationary and an item they can wear that ensures they are easily identified such as a vest or cap with GP emblazoned. This kit is in addition to their own Doctor bag they will be required to bring with them.

#### #5 Articulate and document the role and actions to be undertaken before, during and after a disaster.

**Our experience:** Prior to developing our emergency management coordination procedure, there was a lack of understanding by our organisation on the roles and chain of command locally and at a State level during an emergency. In addition, we were designing what we should do in a time when we needed to respond quickly.

The development of our *GP Emergency Management Coordination Procedure* (included at section 4), documents the actions required of the Primary Health Network to support the GP role before, during and after a disaster. It provides clarity of actions and allows us to be more prepared and better respond in times of disaster. The *Quick Guide to Initiating*

*The NBMPHN Disaster Response Plan* (included at section 5) provides step-by-step practical actions for the NBMPHN in the event of a natural disaster or emergency.

In addition, Wentworth Healthcare is developing HealthPathways for before, during and after a disaster for inclusion on the HealthPathways portal.

**Suggested action:** PHNs in conjunction with key local stakeholders could develop their own GP Emergency Management Coordination Procedure and supporting documents, which articulates the roles, responsibilities and actions to be taken to better support the GP role before, during and after a disaster.

**04**

# **GP Emergency Management Coordination Procedure**

# Governance & Leadership

*Approved by: CEO  
Approval Date: xxxx  
Date Due for Review: xxxx  
Review Frequency: Annual  
Version: 1.0*

## Emergency Management – GP Coordination 1.1.6.3

### GP EMERGENCY MANAGEMENT COORDINATION PROCEDURE

#### **Purpose:**

This procedure covers the role of the Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network (NBMPHN) in coordinating local GPs during a local or state emergency or disaster situation that impacts on the Nepean Blue Mountain region.

#### **Scope:**

This procedure applies to the NBMPHN CEO or nominee(s) that fulfil a coordination function of GPs during a local or state disaster or emergency situation and key staff responsible for supporting the emergency management coordination procedure. The NBMPHN CEO or nominee will hereby be called the NBMPHN Central Contact Person (PHN CCP).<sup>1</sup>

#### **Expected outcomes:**

- That key NBMPHN staff know what to do in the event of an emergency that necessitates a response by local GPs such as,
  - affects GPs medical practices, and / or
  - the activation of an evacuation location
- GPs who have volunteered to participate in such responses are clear about what to expect before, during, and after an emergency situation.

#### **General Considerations**

##### **Background**

Primary Health Networks (PHNs) have a strong relationship with the GPs in the areas that they cover. The NBMPHN is well placed to coordinate responses by GPs should circumstances requiring a localised emergency management response be needed in an emergency or disaster situation.

Wentworth Healthcare (then trading as the Nepean-Blue Mountains Medicare Local), played an important role during the bushfire emergency in the Blue Mountains during October 2013. The Wentworth Healthcare CEO had a coordination function liaising with the Local Health District Health Services Functional Area Coordinator (LHD HSFAC), the GP Liaison Officer (GPLO) located at the State Health Emergency Operation Centre (SHEOC) and local area GPs to help respond to the healthcare needs of the Blue Mountains community during the emergency.

The 2013 bushfire experience emphasised the lack of formal arrangements in place for GP coordination in an emergency/disaster and a lack of understanding by GPs and other agencies of the GP role in such instances.

GPs have not traditionally been included in overall emergency planning or on local disaster committees.

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<sup>1</sup> Definitions are provided on page 21

Wentworth Healthcare was instrumental in developing a discussion paper informed by the 2013 bushfire experience. It explored how the PHN might work with the GPs during an emergency situation.

It is suggested that this procedure be read in conjunction with the discussion paper <sup>2</sup> that informed the procedure. This will ensure the background is understood.

### Emergency Management

NBMPHN acknowledges that the geographical area covered by the PHN is prone to a variety of natural emergencies, especially storms, bushfires, floods, windstorms and snowstorms. Different Local Government Areas (LGAs) assess risk of various emergencies according to their unique circumstances. For example, Blue Mountains City Council includes snow storms whereas Penrith City Council does not.

The NBMPHN needs to cover all hazard possibilities including bomb threats, chemical spills, medical emergencies, personal and terrorist threats that may also occur especially with several defence bases being located in the region. Any situation can potentially become a critical incident and so are included in this document.

Therefore the NBMPHN GP Emergency Management Coordination Procedure details the roles of GPs in a disaster including guidelines that apply to the NBMPHN in its coordination function of volunteer GPs should they need to be 'activated' in an emergency situation, either natural and / or human.

**Table 1.0:** List of types of disasters and emergencies.

Bushfires	Snow Storm
Windstorms	Hazardous Materials
Bomb Threats	Gas
Personal Threats	Power
Chemical Accidents	Water
Earthquake	Sewer
Flooding	Transport accident
Pandemic	

Within this document, an emergency is defined as “an emergency due to an actual or imminent occurrence (such as fire, flood, storm, earthquake, explosion, accident, epidemic or warlike action) which:

- a. endangers, or threatens to endanger, the safety or health of persons or animals in the State; or
- b. destroys or damages, or threatens to destroy or damage, property in the State, being an emergency which requires a significant and coordinated response.”<sup>3</sup>

<sup>2</sup> Discussion Paper, *NBM PHN Emergency Management: The Role of the GP*, July 2015

<sup>3</sup> SERM Act 1989, Section 4

NBMPHN serves the communities of four (4) LGAs (Blue Mountains, Hawkesbury, Lithgow and Penrith). Each City Council has a Local Disaster Plan (aka EMPLAN) These areas, in turn, are protected by NSW state services such as the Fire Brigade, Rural Fire Service, Police Force, State Emergency Services and corresponding emergency plans such as the Bush Fire Management Plan, Storm Plan and Disaster Welfare Plans.

### **State-wide Emergency Management Summary**

NSW has a comprehensive, all hazards, all agency approach including state, regional, local and non-government organisations playing a vital role in emergency management.

The three levels of devolution of emergency management in NSW as outlined by State Emergency Rescue Management (SERM) Act 1989 amended 2000 and the resulting State Emergency Plan (EMPLAN), are:

- a. State Emergency Management Committee (SEMC)
- b. Regional Emergency Management Committees (REMCs)
- c. Local Emergency Management Committees (LEMCs)

These three levels ensure a coordinated response to emergencies by all agencies having responsibilities and functions in emergencies. State Level Supporting Plans are developed and reside with a State Functional Area Coordinator responsible for the production and maintenance of these plans at state, district and local levels.

This procedure relates mainly to the local levels i.e. how the PHN interfaces with the Local Health District (LHD) and subsequently with local GPs.<sup>4</sup> However, it may be involved at all three levels.

## **Procedure: GP Emergency Management Coordination**

### **Introduction**

NBMPHN may provide support in a local emergency situation by assisting and coordinating GPs responding to that emergency. The two main ways that GPs may assist in an emergency are via,

1. Their practices (e.g. extending GP surgery hours, taking additional patients etc.)
2. Deployment to an evacuation or recovery centre.

The role of the PHN in an emergency situation is activated by the Local Health District's Health Service Functional Area Coordinator (HSFAC). The PHN would then initiate contact with GPs and GP practices. This procedure outlines the steps that the PHN would take to support the GPs fulfil functions at this time.

### **Key Personnel**

The NBMPHN CEO (or nominee) will provide the central contact function for the PHN during the emergency.

### **1.0 Before a disaster / emergency situation**

#### **1.1 Pre-disaster planning re evacuation centre**

- 1.1.1 The PHN will initially and then annually send out an Expression of Interest (EOI) to local GPs asking for those interested in assisting in an evacuation / recovery centre to register with NBMPHN.

To ensure GPs are aware that the EOI is open, the PHN may liaise with NSW & ACT Royal Australian College of General Practitioners (RACGP) and NSW Australian Medical

Association (AMA) and other relevant GP groups to help with the dissemination of the information.

- 1.1.2 Information to be collected from GPs and then collated, and updated as needed, will cover at least the following:
- current contact details (private and business)
  - availability in times of an emergency (this will need to be reassessed at the time of the emergency)
  - relevant disaster training, if completed
  - confirmation that a medical bag (compliant with RACGP standards) is available in an emergency.
- 1.1.3 The PHN will also have up-to-date lists of pharmacies and allied health information for the region.
- 1.1.4 All confidential contact information obtained from GPs will be treated in accordance with relevant legislation that covers the business of the PHN and as expressed in the NBMPHN's Privacy statement. The PHN will make contact information available to the LHD HSFAC, and when activated, the SHEOC and GP Liaison Officer as required. GP volunteers will be informed of the use of their information.
- 1.1.5 All GPs stating their interest (and as collated by the PHN) will be provided with a Pre-Emergency Information Pack consisting of:
- the expected role of the GP in an emergency situation
  - information sheet explaining roles of organisations involved in the disaster, and any other relevant information
  - what to bring to the evacuation centre and what might be available already at the centre
  - outline of the communication lines between PHN CCP, LHD HSFAC, SHEOC HSFAC, and GPLO. (See section 2.1 for more details and a flow chart).
- 1.1.6 Additional GP resources
- Resources required by GPs volunteering at evacuation centres will be compiled into a 'ready to go' medical kit stored at the NBMPHN and deployed to the evacuation centre as is necessary. The kit will include additional medical equipment and first aid supplies, to supplement the doctor's bag that the GP will bring with them.
- The medical pack includes:
- Identifying vest (fluoro / reflective tabard with DOCTOR emblazoned)
  - Gloves (non-sterile)
  - Stethoscope
  - Sphygmomanometer
  - Torch
  - Auroscope/ ophthalmoscope
  - Forms (e.g. disaster medical assessment forms; clinical notes form (for triplicate usage); 'end of shift' patient list etc.)
  - Referral forms to local x-ray providers
  - List of relevant contact numbers, inclusive of: GP Liaison Officer & PHN contact person, hospital emergency department, local pharmacies, Community Health /Mental Health Access numbers etc.
  - Blank script pads and blank note pads
  - Pens
  - Several basic dressing packs/ sterile water/ steri-strips and disposable suture sets and sutures
  - Basic First Aid pack (if necessary)



## 1.2. Training and familiarisation

It is acknowledged that some GPs may have undertaken training in various emergency management courses. Other GPs interested in participating in an NBM area emergency situation may be interested in completing one of the certified courses in EM (see below)<sup>5</sup>. GPs may provide a copy of the certificate of completion / participation of these relevant courses to the PHN for their records. For local area readiness, GPs interested in volunteering for the local area disaster / emergency will be provided a Pre-Emergency Information Pack (as per 1.1.5 above) that will have information relating to the following:

- Emergency Management arrangements used by response groups including:
  - the chains of communication in disaster management including to whom GPs report and how to request assistance
  - the process of decision-making
- Agreed roles and responsibilities of GP responders and GP organisations at a local and NSW state level
- Agreed roles and responsibilities of other response organisations at a local and a NSW state level
- Importance of involvement in a post-event operational debrief to evaluate the response and document lessons learned to incorporate for the next 'emergency' response

## 2.0 During the Emergency Management Response

### 2.1 Context

The PHN plays a minor role in a local area disaster or emergency management situation. As mentioned previously, the role of the PHN in an emergency situation is activated by the Local Health District's Health Service Functional Area Coordinator (HSFAC). The PHN then initiates contact with GPs and GP practices.

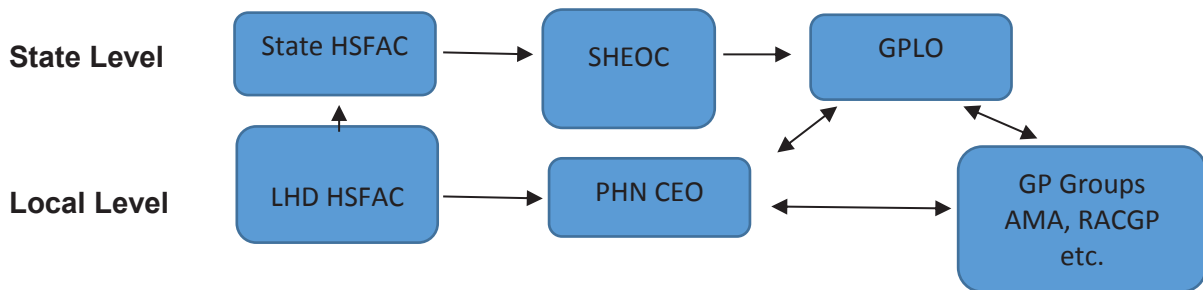
The LHD's HSFAC will escalate to a state level if resourcing or the scope of the disaster is beyond that of the LHD. In that event or if a major emergency is called, the GP Liaison Officer (GPLO) will, in all likelihood, be activated at the same time as the State Health Emergency Operations Centre (SHEOC) is activated. The GPLO in these instances will sit with SHEOC during the emergency. The role of the GP Liaison Officer (GPLO) is to provide a communication link between the State HSFAC and all GP groups, as relevant, via the PHN. Communication relayed from the GPLO to the PHN would include situation updates and any changes to GP resources available or required. The PHN role will be as a conduit for information from local GPs to the SHEOC via the GPLO to help provide local knowledge and problem solve issues.

There may be occasions when neither the SHEOC nor the LHD EOC are activated, though Health may play a supportive role to the designated lead agency. In these instances the role of the PHN would depend on the situation and resources. The LHD HSFAC would consult with the NBMPHN CEO to determine what role, if any, was needed by GPs.

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<sup>5</sup> Emergency Management courses: EM Arrangement Course by Ministry of Police and Emergency Services, available at: [www.emergency.nsw.gov.au/emsector/training-capability/course-calendar.html](http://www.emergency.nsw.gov.au/emsector/training-capability/course-calendar.html); Major Incident Medical Management & Support (MIMMS), or for Australian Medical Assistance Teams (AUSMAT) which enable deployment in jurisdictional and international emergency situations.

## 2.2 Communication lines during an emergency



- 2.2.1 LHD HSFAC will contact PHN CCP (CEO or nominee) if a local emergency necessitated use of GPs
- 2.2.2 PHN CCP will contact GPs (to extend surgery times, attend evacuation centre etc.)
- 2.2.3 PHN CCP will coordinate GPs, establishes rosters, keeps GPs up-to-date (along with GP groups)

If resources of the LHD are insufficient to cope with local emergency, LHD HSFAC will escalate to State HSFAC. The State HSFAC then activates SHEOC and / or GPLO.

PHN CCP then liaises with LHD HSFAC, GPLO & GP groups for following purposes:

- LHD HSFAC for situational update
- GPLO for help with activating and directing GPs across LHDs
- GPLO for help with resources across state or nationally
- GPLO for update to PHN re the emergency situation and vice versa
- GP Groups (AMA, RACGP) to ensure widespread GP contact
- GP Groups (AMA, RACGP) for bulletin writing etc.

## 2.3 Operationally – during the disaster or emergency situation

Contact and deployment of local GPs to evacuation centres or emergency sites will occur under the direction of the HSFAC (either at State or LHD level) via the PHN:

- If at LHD level, the HSFAC liaises directly with the PHN CCP.
- If at State HSFAC level, the GPLO works directly with the PHN CCP regarding GP involvement. In this case, the PHN CCP would keep the LHD HSFAC abreast of GP matters.

The GPLO and the PHN CCP will be in contact with each other throughout the emergency disaster. The GPLO will give regular updates to PHN CCP using most appropriate lines of communication (preferably phone / mobile calls). However, due to the dynamic nature of emergencies and disasters, the situation may call for a fluidity of response.

To GPs generally, the PHN CCP will:

- 2.3.1 Distribute bulletins to GPs with updates on the emergency from LHD HSFAC / SHEOC / GPLO. PHN may coordinate with RACGP / AMA / other GP groups to help ensure coverage to all GPs and same messages are being disseminated
- 2.3.2 Send faxes, emails, texts to all GPs as relevant
- 2.3.3 Conduct follow-up calls to GPs in affected areas to check that bulletins are received and assess GPs' status e.g. connectivity issues

- 2.3.4 Communicate information relating to the ground situation from GPs (e.g. practice closures) to the LHD HSFAC and GPLO at the SHEOC, as required.

To GPs deployed to an evacuation centre, the PHN CCP will:

- 2.3.5 Develop a roster of GPs at the evacuation centre (ensuring no GPs are rostered to work beyond a maximum of eight hours per shift)
- 2.3.6 Regularly update the LHD HSFAC and/or GPLO with the roster of GPs at the evacuation centre
- 2.3.7 Remind and confirm GPs attendance at the evacuation centre as per roster to ensure adequate numbers are in attendance
- 2.3.8 Send attendance updates and contact details of GPs to LHD HSFAC/GPLO. At all times the PHN CCP and the LHD HSFAC / GPLO will need to know who is at the evacuation location and have the mobile phone contact details of the GP
- 2.3.9 Deploy the medical kit stored at the NBMPHN to the evacuation centre
- 2.3.10 Endeavour to align an experienced GP in disaster situations with a GP new to the situation if needed
- 2.3.11 Communicate any information relating to the ground situation back to the LHD HSFAC / GPLO at the Local EOC or SHEOC.

In all disaster situations it is acknowledged that GPs and PHN staff are often members of the same community and can therefore be impacted at a personal level by the disaster. Expressed availability is therefore voluntary and continually assessed throughout the disaster/emergency situation.

### 3.0 Role of GP at evacuation location

The PHN will ensure that GPs are informed about what to do at the evacuation location. This includes the following information:

**3.1 The role of the GP is to medically assess people** attending an evacuation location, on an as-needs basis, and may include:

- Referral to a GP practice or the Emergency Department of local hospital
- Prescriptions for medications
- Basic first aid as needed
- Psychological first aid and referral of patients to other responders on site e.g. Mental Health, or to outside providers as needed.

**3.2 The event summary is to be recorded** on appropriate forms. The GP will provide multiple copies (3) of the event summary. The three copies, and a summary, are to be distributed as follows:

1. Copy to the patient
2. Copy for the patient's usual GP that will be sent via the PHN. The assessment is to be placed in an envelope with the patient's usual GP's name on the front. This would be collected by PHN staff (or sent by the 'Evacuation' GP) and sent to the patient's GP. Strict measures will need to be in place to ensure confidentiality.
3. Copy kept by treating GP for their records (even if this is not their usual patient)
4. A summary will be sent to NSW Health through the GPLO so there is a record for each patient at the conclusion of an incident, as part of the disaster patient healthcare records. (See 3.3.5 below for more explanation)

### 3.3 GPs at the evacuation location

1. After reaching the evacuation location all GPs should report (by phone) to the LHD HSFAC at the Local EOC or the GPLO at SHEOC who will then advise the PHN of their arrival and departure time to assist in coordination of the GP roster.
2. Within reason, a GP station with a table and chairs may be set up and situated near the St John Ambulance station (if present) at all locations.
3. GPs will mostly respond to requests for prescribed medications and refer patients of concern to operational consulting practices nearby or the ED of local hospital.
4. GPs assessing patients that require other services may need to send patients to the appropriate area (within the evacuation location) where that service is located (e.g. Welfare Services, Red Cross, Mental Health).
5. At the end of the "shift", the GPs will provide a list of patients seen at the evacuation centre to the LHD HSFAC or GPLO at SHEOC. This is recorded on the State Health Emergency Medical System (SHEMS) along with all other confidential data such as lists of patients injured or deceased and names of nursing home patients that have been relocated.

## 4.0 After the disaster or Emergency Management Response

### 4.1 Collation of follow-up services and resources

The PHN (in consultation with RACGP/AMA/other GP organisations) will collate and distribute information relating to:

- Services (existing and additional) available in the area to whom GPs can refer patients
- Educational resources for GPs and their patients
- Regular updates of relevant government responses e.g. additional resources being diverted to the disaster area for purposes of recovery.

- Consumer Information if different to patient information above. This may be strongly aligned to RACGP & AMA drafted updates.

#### **4.2 Debriefing**

- The PHN will provide a debrief session for all GPs and PHN staff participating in emergency support (within a suitable timeframe). This will take the form of an operational debrief to identify how the processes could be improved.
- Those GPs who may be distressed by the event will be directed to appropriate services.
- The Local Health District also conducts formal operational debriefing sessions that GPs and PHN staff will be encouraged to attend.

#### **4.3 Recovery period**

The role of GPs is not limited to the emergency location in a disaster. There is often long term and ongoing involvement with patients well after the event. Recovery can be a slow process with symptoms manifesting in various forms. In some cases vicarious trauma becomes evident.

It is important that during the recovery period GPs treating patients within their practices are well informed of other services that are involved with a patient. The GP, along with these other health professionals, form the recovery team for each specific patient.

The PHN will coordinate the provision of this information following the disaster through established PHN/GP communication mechanisms.

**Acknowledgements:**

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- Dr Penny Burns (GP Liaison Officer, PhD Research Candidate, ANU)
- Dr Sue Owen (Blue Mountains General Practitioner)
- Dr Louise McDonnell (Blue Mountains General Practitioner)
- Professor Jennifer Reath (Peter Brennan Chair of General Practice, School of Medicine, UWS)
- Ms Angela Senior (Manager Policy & Performance, HEMU, Office of the State HSFAC)
- Ms Sheila Holcombe (CEO NBMML)
- Ms Lizz Reay (CEO NBMPHN)
- Ms Enid Robinson (Disaster Manager, NBMLHD)
- Ms Claire Ramsden (HSFAC, NBMLHD)
- Ms Christine Baird (NBMML/Nepean Blue Mountains Local Health District Liaison Advisor)
- Ms Karen O'Connell (NBMPHN Program Officer)

**Definitions:**

<b>AMA</b>	Australian Medical Association
<b>EMPLAN</b>	NSW State Emergency Management Plan established under the <i>SERM Act</i> : object of which is to ensure the coordinated response to emergencies by all agencies having responsibilities and functions in emergencies
<b>GP</b>	General Practitioner of Medicine
<b>GPLO</b>	GP Liaison Officer position activated at same time as the Health EOC and filled by appropriately trained NSW based GPs
<b>HEMU</b>	Health Emergency Management Unit
<b>HSFAC</b>	Health Services Functional Area Coordinator. There is a State HSFAC appointed by Cabinet and a LHD HSFAC appointed by the Chief Executive of the LHD
<b>LEMC</b>	Local Emergency Management Committee
<b>LHD</b>	Local Health District
<b>NBMML</b>	Nepean-Blue Mountains Medicare Local
<b>NBMPHN</b>	Nepean Blue Mountains PHN
<b>NSW HealthPlan</b>	NSW Health Services Functional Area Supporting Plan
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>SEMC</b>	NSW State Emergency Management Committee – principal committee under the <i>SERM Act</i> for emergency management throughout the State
<b>SERM</b>	NSW State Emergency Rescue Management Act, 1989
<b>SHEMS</b>	State Health Emergency Management System
<b>SHEOC</b>	State Health Emergency Operation Centre

**05**

## **Resources & Templates**



## Procedural Resources

1. Quick Guide to Initiating the NBMPHN Disaster Response Plan

## Quick Guide to Initiating the NBMPHN Disaster Response Plan

This step-by-step guide, outlines the practical actions NBMPHN should take, in the event of a natural disaster or emergency.

It is not intended to replace the more detailed [NBMPHN GP Emergency Response Procedure](#).

This step by step is aimed at informing the NBMPHN CEO or nominee(s) that fulfill a coordination function of GPs during a local or state disaster or emergency situation.

The NBMPHN CEO or nominee will hereby be called the NBMPHN Central Contact Person (PHN CCP).

ACTION	DESCRIPTION
1	<p><b>Activation of NBMPHN Response</b></p> <ul style="list-style-type: none"> <li>• The NBMLHD's Health Services Functional Area Commander (HSFAC) will contact Wentworth Healthcare's CEO, with an official request to deploy local GPs to evacuation centres or emergency site. This communication may occur via the NSW GP Liaison Officer, if the emergency is state-wide rather than local.</li> <li>• The current HSFAC is Dr Bradley Forssman.</li> <li>• The current GPLO (appointed by RACGP) is Dr Penny Burns.</li> </ul>
2	<p><b>Locate the 'GP Disaster Volunteer Register' &amp; the 'NBMPHN Emergency Response Procedure'.</b></p> <p>The GP Disaster Volunteer Register can be found:</p> <ol style="list-style-type: none"> <li>1. at <a href="#">X:\Drive file path</a>.</li> <li>2. In the hard copy folder of the PHN GP Resource Kit (see 5 below).</li> </ol> <p>The procedure can be found at:</p> <ol style="list-style-type: none"> <li>1. <a href="#">X:\File path</a></li> <li>2. In the folder of the PHN GP Resource Kit.</li> </ol>
3	<p><b>Contact all GPs on the Volunteer Register</b></p> <ul style="list-style-type: none"> <li>• PHN CCP or the PHN's nominated staff person to contact all GPs and update them on the current situation and confirm their availability.</li> </ul>
4	<p><b>Develop a roster of GPs</b></p> <ul style="list-style-type: none"> <li>• PHN develops a roster of GPs, ensuring no GPs are rostered to work beyond a maximum of 8 hours per shift.</li> </ul>
5	<p><b>Communicate roster to GPs</b></p> <ul style="list-style-type: none"> <li>• Communicate and confirm GP roster with GPs.</li> <li>• Remind them to bring their own Doctor Bag.</li> <li>• Remind them to wear comfortable, practical clothes.</li> <li>• Advise of the exact location of the Evacuation Centre.</li> <li>• Advise them to report to the onsite Evacuation Centre Commander, who will then show them the allocated GP space/room. This may be co-located with St John Ambulance.</li> <li>• Advise them to call the PHN CCP or GPLO at the start and finish of each shift.</li> </ul>

ACTION	DESCRIPTION
6	<p><b>PHN GP Resource Kit</b></p> <ul style="list-style-type: none"> <li>Take the PHN's GP Resource Kit to the Emergency Evacuation Centre. This kit is located on the bottom shelves of the CPD Cupboard in the long hallway of the PHN office. There are two components to the kit: <ol style="list-style-type: none"> <li>A navy/beige backpack (with Rural Doctors Network logo), containing medical supplies and equipment that are supplementary to a Doctor Bag; and</li> <li>A semi-transparent white plastic document holder, containing A4 envelopes, A4 prescription pads and A4 Patient Summary pads.</li> </ol> </li> </ul>
7	<p><b>GP Arrival at Evacuation Centre or Emergency Site</b></p> <ul style="list-style-type: none"> <li>After reaching the evacuation centre the GP should report to the PHN CCP by phone, or to the GPLO (if enacted).</li> </ul>
8	<p><b>Update GP Liaison Officer (GPLO) (if appropriate)</b></p> <ul style="list-style-type: none"> <li>PHN CCP to liaise regularly with the RACGP-appointed GPLO throughout the emergency.</li> <li>The GPLO will only be deployed if it is a state emergency. If it is a local emergency, the LHD's HSFAC will liaise directly with the PHN CEO.</li> </ul>
9	<p><b>Remind/confirm GPs attendance</b></p> <ul style="list-style-type: none"> <li>Remind GPs of their shifts and confirming attendance as per roster to ensure adequate GP resources are mobilised.</li> </ul>
10	<p><b>Brief the doctors at the start of their first shift</b></p> <ul style="list-style-type: none"> <li>Doctors are to report to the Welfare Coordinator when they arrive at the evacuation centre. A space will be/ will have been allocated for them.</li> <li>Doctors are to wear the fluoro tabard (vest) in the kit.</li> <li>Doctors are to use the Patient Summary Forms and prescription pads provided in the PHN Resource Kit.</li> <li>The completed forms are to be distributed as follows: <ol style="list-style-type: none"> <li>White copy for doctor's records.</li> <li>Yellow copy to the patient.</li> <li>Pink copy in the large envelope supplied. The PHN will ensure this copy is posted to the patient's usual GP. It may also be used to collect data to evaluate the primary care emergency response effort. GP should put all pink forms in the envelope and keep it with them. PHN will make arrangement to collect that envelop from GP as soon as possible.</li> </ol> </li> </ul>
11	<p><b>Submit list of patients to SHEOC and/or NBMLHD</b></p> <ul style="list-style-type: none"> <li>PHN to use the completed Patient Summary Forms to compile summary of patients and presentations seen per shift.</li> <li>PHN to submit a copy of the pink form to the SHEOC via the GPLO, or the LHD if the SHEOC has not been activated.</li> <li>PHN to securely destroy any personal patient information.</li> </ul>
12	<p><b>Consider putting out an additional call for GP Volunteers</b></p> <ul style="list-style-type: none"> <li>If there is a shortage of GPs to fill the roster/s, PHN can send out a new 'call for GP volunteers' via email and through the local GP Network organisations.</li> </ul>
13	<p><b>Communicate with all general practices in affected areas</b></p> <ul style="list-style-type: none"> <li>Monitor the opening hours of general practices and check whether practices would consider extending GP surgery hours to accommodate overflow in other practices.</li> </ul>

Last updated: January 2019

## GP Volunteer Resources

1. Call for GP Volunteers for Disaster Response EOI form
2. Call for GP Volunteers for Disaster Response newsletter article
3. Information letter for GPs
4. What Can I Expect at the Evacuation Centre information
5. Example of Register of GP Disaster Volunteers

# Call for GP Volunteers for Disaster Response

## Can you help in a disaster?

Our region is prone to a variety of natural emergencies, especially storms, bushfires, floods, windstorms and snowstorms. At times, this forces residents to evacuate their home, and seek shelter and assistance at emergency evaluation centres.

Taking what we learnt from the 2013 bushfires in our region, we are setting up a register of GPs willing to assist in a disaster situation. These GPs would be contacted in the event of a disaster to provide medical assistance at a designated emergency evacuation centre.

## What is provided?

- Pre-Emergency Information Pack
- A high-visibility tabard (vest) with 'Doctor' emblazoned on the back
- Resource Kit with basic clinical supplies at each location/evacuation centre. It is expected that GPs bring their own doctors bag and script pad
- Debriefing session at an appropriate time following the incident

## What is involved?

The GP would medically assess people attending an evacuation location, on an as-needs basis, and may provide:

- Prescriptions for medications
- Basic first aid as needed
- Psychological first aid
- Referral to a GP practice or the nearest Hospital Emergency Department
- Referral of patients to other responders on site
- Brief written event summary of patients treated

## What if I'm affected by the disaster too?

In all disaster situations it is acknowledged that GPs are often members of the same community and can therefore be impacted at a personal level

by the disaster. Expressed availability is therefore voluntary and continually assessed throughout the disaster/emergency situation.

## I'm interested, what next?

1. Complete the form below or online at [www.nbmphn.com.au/disasterplanning](http://www.nbmphn.com.au/disasterplanning)
2. You will receive a **Pre-Emergency Information Pack** with all the information and resources you need.
3. In the event of a disaster, you may be contacted to fill shifts at Emergency Evacuation Centre/s.
4. Once at the Emergency Evacuation Centre, further direction will be provided.

## GP Volunteer – Emergency Evacuation Expression of Interest

*Your personal contact details will be confidentially stored in a secure place.*

Return to [yolande.speter@nbmphn.com.au](mailto:yolande.speter@nbmphn.com.au) or fax to **9673 6856**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile: \_\_\_\_\_ Workplace: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Comments re: Availability \_\_\_\_\_

Do you have a medical bag (compliant with RACGP standards) available in an emergency? \_\_\_\_\_

Please specify any relevant disaster training you've completed \_\_\_\_\_

We are gathering this information to assist us to coordinate GP volunteers should a Disaster Situation arise in our region. The information you provide will be used for this purpose. Please refer to our privacy statement for more information about how we manage information: [www.nbmphn.com.au/privacy](http://www.nbmphn.com.au/privacy)

 **Wentworth  
Healthcare**  
Blue Mountains | Hawkesbury | Lithgow | Penrith

**phn**  
NEPEAN  
BLUE MOUNTAINS  
An Australian Government Initiative

## Call for GP Volunteers for Disaster Response



### Can you help in a disaster?

Our region is prone to a variety of natural emergencies, especially storms, bushfires, floods, windstorms and snowstorms. At times, this forces residents to evacuate their home, and seek shelter and assistance at emergency evaluation centres. Taking what we learnt from the 2013 bushfires in our region, the PHN has set up a register of GPs willing to assist in a disaster situation. These GPs would be contacted in the event of a disaster to provide medical assistance at a designated emergency evacuation centre.

#### What is involved?

The GP would medically assess people attending an evacuation location, on an as-needs basis, and may provide:

- Prescriptions for medications
- Basic first aid as needed
- Psychological first aid
- Referral to a GP practice or the nearest Hospital Emergency Department
- Referral of patients to other responders on site
- Brief written event summary of patients treated

#### What is provided?

- Resource Kit with basic clinical supplies at each location/evacuation centre.
- Script pad and clinical notes pad
- A high-visibility tabard (vest)
- Debriefing session at an appropriate time following the incident
- It is expected that GPs bring their own doctors bag and script pad

#### I'm interested, what next?

1. Complete the form online at [www.nbmphn.com.au/disasterplanning](http://www.nbmphn.com.au/disasterplanning)
2. You will receive a Pre-Emergency Information Pack with all the information and resources you need
3. Training in Major Incident Medical Management will be provided later in 2019
4. In the event of a disaster, you may be contacted to fill shifts at Emergency Evacuation Centre/s
5. Once at the Emergency Evacuation Centre, further direction will be provided.

Dr Mary Smith  
General Practice Name  
Address Line 1  
SUBURB NSW 9999

01 January 2019

Dear Dr Smith

## Information on Assisting in a Disaster

Thank you for expressing your interest in providing medical assistance in the event of a disaster in our region.

Please find enclosed an Information Sheet, which includes:

- Overview of a GP's role at an evacuation location or centre
- A funded training opportunity in Major Incident Medical Management and Support (MIMMS)
- The roles of the Wentworth Healthcare, Nepean Blue Mountains Local Health District and Emergency Services agencies

In the event of a disaster, the Local Health District may call upon Wentworth Healthcare to supply evacuation locations with medical assistance. At that point we will issue a communique to the GPs on the Disaster Response Register, to fill volunteer shifts. Further information and guidance will be provided upon arrival at the centre.

If you have any questions, please do not hesitate to contact me on 4708 8100 or via [yolande.boys@nbmphn.com.au](mailto:yolande.boys@nbmphn.com.au)

Yours sincerely,

**Yolande Boys**  
**MANAGER – PRIMARY CARE WORKFORCE PARTNERSHIPS**

## What can I expect at the Emergency Evacuation Centre?

When you arrive you will report to the Evacuation Centre Controller. There will be several people there who are easily identifiable as having an official role. They can point you in the direction of the Evacuation Centre Controller. The Controller will direct you to the area that has been designated and provide further key information.

It is expected you will bring your doctors bag and script pad with you. Additional medical equipment will be supplied by Wentworth Healthcare. See the table below. There will likely be a paramedic service on site.

Equipment available on site will include:

- Identifying vest (fluoro / reflective tabard with DOCTOR emblazoned)
- Gloves (non-sterile)
- Stethoscope
- Sphygmomanometer
- Torch
- Auroscope/ ophthalmoscope
- Forms (e.g. disaster medical assessment forms; clinical notes form (for triplicate usage); 'end of shift' patient list etc.)
- Referral forms to local x-ray providers
- List of relevant contact numbers, inclusive of: GP Liaison Officer & PHN contact person, hospital emergency department, local pharmacies, Community Health /Mental Health Access numbers etc.
- Blank note pads
- Pens
- Several basic dressing packs/ sterile water/ steri-strips and disposable suture sets and sutures
- Basic First Aid pack

There is likely to be a paramedic service on site as well.

## Training Opportunity - Major Incident Emergency Management Medical Support (MIMMS)

Periodically, Wentworth Healthcare will provide the opportunity to undertake a one day workshop in Major Incident Emergency Management Medical Support (MIMMS) training.

MIMMS is a globally recognised training program that teaches a systematic approach to a multiple casualty incident. This approach can be applied to any major incident. The emphasis is on the scene management and the course is based on developing practical skills health professionals can use in the management of health and casualties in a disaster or major incident. The MIMMS approach provides consistency and ensures responders are prepared and understand the operational management structure they are working within, both inside the hospital and out in the 'field'.



## After the Emergency

In the days or weeks following the emergency or disaster, you will be invited to participate in a debriefing process. This may take the form of phone call or a face-to-face meeting as appropriate.

## Role of the Primary Health Network in an Emergency

NSW has a comprehensive, 'all hazards, all agency' approach including state, regional, local and non-government organisations playing a vital role in emergency management.

In a declared emergency, health services come under the banner of the Nepean Blue Mountains Local Health District. (LHD). The LHD can activate Wentworth Healthcare which plays a minor, but important role in a disaster or emergency management situation.

Wentworth Healthcare (the PHN) will coordinate a roster of GPs to assist at emergency evacuation locations or centres. They will also liaise with general practices across the affected areas and communicate with the public around opening hours and availability of general practices in the region.

5. Sample Register of GPs to Assist in a Disaster - Excel

Microsoft Excel ribbon: FILE, HOME, INSERT, PAGE LAYOUT, FORMULAS, DATA, REVIEW, VIEW, DEVELOPER, ACROBAT

Excel Ribbon Tabs: Font, Alignment, Number, Styles, Cells, Editing

Worksheet Title: Disaster Response  
 GP Volunteer Register  
 Nepean Blue Mountains PHN

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Disaster Response															
2	GP Volunteer Register															
3	Nepean Blue Mountains PHN															
4	First Name	Surname	General Practice	Home Address	Suburb	Post Code	LGA	Mobile	Home Phone	Column1	Work Phone	Email 1	Email 2	Doctors Bag	Relevant Training	Availability Notes
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Bottom Ribbon: Customer Management List | Nurses

## GP Training Resources

1. Preparing for a Disaster event flyer
2. Major Incident Medical Management and Support event flyer



Blue Mountains | Hawkesbury | Lithgow | Penrith

For General Practice and Allied Health

# Preparing for a Disaster - is your practice ready?

Extreme weather-related disasters are becoming increasingly frequent, due largely to a sustained rise in intensity, severity and frequency of bushfires, storms, floods and cyclones.

Attend this practical workshop to explore what 'emergency preparedness' means for health services, why it is important and how to support vulnerable patients.

### Learning Outcomes

By attending this event you will be able to:

- Enhance your organisation's ability to provide services before, during and after a disaster.
- Review or develop your practice's business continuity plan.
- Consider how to communicate key information to staff and patients
- Identify and support vulnerable patients to be prepared.
- Know what to expect of emergency services e.g. SES & RFS.

### Facilitators

Jacque Millyn, Mountains Community Resource Network  
NSW Rural Fire Service and State Emergency Service\*

\*Will vary for each session. The support of the NSW State Emergency Service is acknowledged

NBMPHN is an authorised provider of accredited activities under the RACGP  
QI&CPD Program. This activity attracts 4 Category 2 points. Activity no: 62224



### SESSION

6.40 pm Register & light dinner  
7 pm - 9 pm Workshop

#### KATOOMBA

Tues 25th October 2016

Blue Mtns Fire Control Centre,  
Cnr Bathurst Rd and Valley  
Road, Katoomba 2780

RSVP: 20th October

#### LITHGOW

Wed 2nd November

University of Notre Dame  
Col Crewe Drive, Lithgow

RSVP: Friday 28th October

#### PENRITH

Wed 9nd November

Wentworth Healthcare, Level 1  
Werrington Park Corporate Centre  
14 Great Western Hwy Kingswood

RSVP: Fri 4th November

#### WINDSOR

Thurs 10th November

University of Notre Dame  
Lecture Theatre, (hospital grounds)  
2 Day Street, WINDSOR

RSVP: Mon 7 Nov

Wentworth Healthcare  
provider of the  
Nepean  
Blue Mountains  
PHN.



For Event enquiries, contact NBMPHN on 4708 8100

## To Register

Please clearly complete the fields below to register by fax (02) 9673 6116 or register online at [www.nbmpHN.com.au/events](http://www.nbmpHN.com.au/events)

Attendance Session:  Katoomba  Lithgow  Penrith  Windsor

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organisation \_\_\_\_\_ Job Title \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_  Yes I would like to receive information from NBMPHN by email

Special Dietary Requirements (please give details) \_\_\_\_\_

GP CPD - Cat 1



FACE TO FACE

# Major Incident Medical Management and Support

SESSION

8.45am Arrival

9 am - 5 pm Course

## A Systematic Approach to Disaster Medical Management

Major incident medical management and support (MIMMS) courses teach a systematic and practical approach to field medical management at disasters. This approach can be applied to any major incident. The emphasis is on scene management and pre-hospital care.

MIMMS is taught in many countries to both civilian and defence personnel, and in Australia, MIMMS is a prerequisite for Health staff from all disciplines who wish to be included in the Australian Medical Assistance Team (AusMAT) database, the Commonwealth database from which personnel for national and international deployment is drawn from.

While it is unlikely that General Practitioners will participate in Medical Team deployments, they may be called upon to work alongside health personnel in evacuation centres, or provide support to Local Health Districts under NSW Healthplan arrangements. The MIMMS one-day team member course will provide participating GPs with an understanding of NSW emergency management arrangements and the command and control structures that they may be working under in response to any major incident.

## Learning Outcomes

- Identify the 'all hazards approach' to emergency management.
- Implement mass-casualty triage principles to manage casualties at the scene
- Appreciate command and control structures used in disasters management

## Facilitator

**Enid Robinson Disaster Manager**

*Nepean Blue Mountains Local Health District*



## Registration

For Event enquiries, call 4708 8100

Please clearly complete the fields below to register by fax (02) 9673 6116 or register online at [www.nbmphn.com.au/events](http://www.nbmphn.com.au/events)

First Name:	Last Name:	
Organisation:	Job Title:	Mobile:
Special Dietary Requirements (please give details):		
How did you hear about this event? <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> NBMPHN Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other		



## Emergency Kit

1. Patient Summary Form
2. Prescription Pad
3. Triplicate Pad cover page

# Patient Summary

<b>Date:</b>			
<b>Treating Doctor:</b>			
<b>Location:</b>			
<b>PATIENT INFORMATION</b>			
<b>Full Name:</b>			
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Date of birth:</b> <input style="width: 100px;" type="text"/>
<b>Street Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	<input style="width: 100px;" type="text"/>
<b>Mobile Ph.:</b>		<b>Home Ph.:</b>	<input style="width: 100px;" type="text"/>
<b>Medicare No.:</b>		<b>Ref.:</b>	<b>Exp.:</b>
<b>Next of Kin / Emergency Contact:</b>	<b>Name:</b>	<input style="width: 90%; height: 15px;" type="text"/>	
	<b>Phone:</b>	<input style="width: 90%; height: 15px;" type="text"/>	
	<b>Relationship:</b>	<input style="width: 90%; height: 15px;" type="text"/>	
<b>Regular GP:</b>	<input type="checkbox"/> I don't have a regular GP		
<b>Regular GP Practice Name:</b>	<input style="width: 95%; height: 15px;" type="text"/>		
<b>GP Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	<input style="width: 100px;" type="text"/>

## CLINICAL NOTES

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Prescription

PRESCRIBER INFORMATION			
<b>Name of Doctor:</b>			
<b>Address:</b>			<b>Postcode:</b>
<b>Phone:</b>		<b>Fax:</b>	
<b>Prescriber No.:</b>			

PATIENT INFORMATION			
<b>Patient's Name:</b>			
<b>Date of Birth:</b>			
<b>Street Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Medicare No.:</b>		<b>Ref.:</b>	<b>Exp.:</b>
<b>Pharmaceutical benefits entitlement No. or DVA No.:</b>			
<input type="checkbox"/> SAFETY NET ENTITLEMENT CARD HOLDER <small>(Cross Relevant Box)</small>	<input type="checkbox"/> CONCESSIONAL OR DEPENDANT, RPBS BENEFICIARY OR SAFETY NET CONCESSION CARD HOLDER		
<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <input type="checkbox"/> BRAND SUBSTITUTION NOT PERMITTED			



*Please include indications where appropriate*

Medicine Name and strength	Quantity	Dosage

**Prescriber's Signature:** \_\_\_\_\_

I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

**Date of Supply:** \_\_\_\_\_ **Patient's or Agent's Signature:** \_\_\_\_\_

**Agent's Address:** \_\_\_\_\_



This is a triplicate pad. Please place cardboard behind pink paper before writing. You need to keep one copy for your record. Please give the second copy to patients to keep. Place the third copy in the large envelope supplied. Wentworth Healthcare will ensure this copy is posted to the patients' usual GP.







## **Wentworth Healthcare**

Level 1, Suite 1, Werrington Park Corporate Centre,  
14 Great Western Highway  
Kingswood NSW 2747

T 4708 8100 F 9673 6856

### **POSTAL ADDRESS**

Wentworth Healthcare,  
Bldg BR, Level 1, Suite 1,  
Locked Bag 1797,  
Penrith NSW 2751

This report can be found at  
**[www.nbmphn.com.au/library](http://www.nbmphn.com.au/library)**

For more information about Wentworth Healthcare  
or Nepean Blue Mountains PHN visit  
**[www.nbmphn.com.au](http://www.nbmphn.com.au)**

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While the Australian Government helped fund this material, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

**Planning for Disaster Management Guide created May 2019.**

