BUSHFIRES, FLOODS AND COVID-19 - LESSONS FROM PERIODS OF DISASTER

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KEYWORDS

Climate

Maintaining Care

Communication systems

Safety Huddle

Technology

EXECUTIVE SUMMARY

Health emergency management frameworks ensure clear, standardised response in an emergency situation. Our LHD experienced bushfires, floods, and COVID-19 within a five year period. The lessons learnt from these emergency events led to improved communication systems, informed and consistent preparedness and response to ensure best care for palliative care patients in the community setting.

Maintaining care, connectedness to patients and staff, as well as patient and staff safety and wellbeing drove the development of the systems now in place.

INTRODUCTION

Within the LHD we experienced multiple periods of 'disaster' within a short period of time challenging healthcare delivery and staff safety and wellbeing. The 2019 bushfires, COVID-19 and multiple flood and climate events triggered many reviews and responses which have shaped the way we now prepare and manage emergency events within the district as a community-based palliative care service.

A time of year when the LHD experienced a surge of out-of-area visitors and many staff had commenced end of year leave.

Minimal warning of evolving situation and initial period marked by sporadic communication from emergency services. Local knowledge and social media were main sources of information.

HIGHLIGHTS

- Creation of systems that foster continuity of care, connectedness to patients and staff, as well as patient and staff safety and wellbeing.
- Daily touchpoint communication (i.e. daily safety huddles) promotes consistent communication.
- Liaison with key external agencies is critical to ensure community safety and cohesive responsive.

METHODOLOGY/ PROCESS

December 2019 Bushfires

- Disaster Coordinator and Health Service Functional Area Coordinator involvement with managing access to patients in disaster affected areas. eMR data support, NSW Police, NSW Ambulance, Primary Health Network and Community Palliative Care Staff involved in identifying vulnerable patients across the district so they could be ,categorised by risk of

vulnerability and transferred to safety. This led to the creation of a vulnerable clients list for the district.

- A need to strengthen health emergency management framework and staff knowledge of emergency management and appropriate escalation and communication during an emergency was identified.
- Adequate technology systems that support emergency communication was an identified barrier for the community palliative care service to maintain connectedness with patients and carers. Satellite phones have subsequently been introduced in the district.
- Acknowledgement of the importance of a district wide approach.
- Identification of appropriate technology applications to support early hazard identification
- After-action review: a structured review post emergency response or de-brief (debriefing) process for analysing what happened, why it happened, and how it can be done better?

COVID-19

- Communication of up-to-date messages on a regular basis was identified as a key challenge within a large community service spanning across multiple sites. Daily safety and clinical huddles via virtual platforms were introduced to allow touchpoints of communication.
- Increased use of virtual care platforms to minimise face-to-face contact.
- Clarity of position, roles and escalations- ensuring the right clinician responds at the right time to minimise infection risks.

Climate Events/Floods over the last 5 years

- Forecast weather impacts as part of daily huddle process- business as usual.
- Systematic categorisation of patients classified by level of vulnerability and risk. This systematic approach supported identification of patients located within areas known to be at risk of isolation by flood waters and climate events.
- Strengthened relationship with NSW Ambulance. Example, NSW Ambulance were able to manage a syringe driver for a patient isolated by floodwaters as they had the appropriate vehicles.
- Implementation of a SHEQSY application has meant we can track staff location in the event of a disaster, and they can easily indicate distress from any concern/risk.

RESULTS/ OUTCOMES

A Health Emergency Management framework has been developed by the Local Health District, including service specific Emergency Management & Business Continuity Plan (2023) reflecting the needs of community-based services and learnings from the last 5 years.

The Health Emergency Management framework depicts a comprehensive approach to risk management Preparation, Preparedness, Response and Recovery (PPRR).

Improved use of technology and standardised communication systems, including communication touchpoints led to improved efficiency in responding to emergency management and climate events.

CONCLUSION

In conclusion the exposure to different emergency events has informed the development of more robust, effective and sustainable emergency and climate event management systems. Increased use of technology in our community palliative care service has greatly improved communication reach, maintaining care and connectedness with patients and carers, and staff safety and wellbeing in an emergency.