



The Council of Ambulance Authorities



Position Statement

*Ambulance services: a fundamental
part of our health system*

Disaster and Emergency Management – The Ambulance Role

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Purpose

The Council of Ambulance Authorities has developed this Position Statement to help policy makers at all levels of government – and other health and emergency services organisations – to be aware of the capability of our ambulance services in emergency management. Our aim is to improve the application of ambulance services' skills and resources in emergency events to assist in the management of such events and their consequences.

Key Actions

To ensure that ambulance services are used to best effect in minimising adverse consequences of emergencies and disasters, the following actions are required in each jurisdiction:

1. Pre-Hospital Disaster management needs to be recognised in the legislative frameworks for emergency management.
2. The capacity of senior ambulance service managers to undertake the 'Health Commander' role needs to be explicit in emergency management arrangements.
3. A chapter on Pre-Hospital Disaster Planning needs to be added to the Australian Disaster Health Handbook.
4. Strategies for scaling up ambulance capacity in different locations and scenarios need to be part of emergency management planning in each jurisdiction and nationally.



Background

There are ten public Ambulance Services in Australasia, one in each State and Territory in Australia, and two in New Zealand.

These services have a long and proud history of providing life-saving support, treatment and care to thousands of community members in times of disaster.

Ambulance services provide a critical link between health care and disaster management systems. They provide pre-hospital care for patients experiencing medical emergencies in disasters; and medical transport to tertiary health care facilities - by road, air and water. They may also be involved in ensuring that people at risk are moved out of harm's way, particularly those with health concerns.

For ambulance resources to be used to maximum effect in emergency management, it is important that their role and capability is well-understood by other emergency services and by relevant policy-makers. Cooperation and consultation between ambulance services, health departments and other response agencies is important – on-site during emergency events and in planning, preparedness and recovery activities. Ambulance services have a key role too, in concert with other local services, in building community resilience - for example by helping to plan for the provision of assistance to vulnerable members of communities.

This paper focuses on the ambulance role but many of the points raised may also apply to other health services involved in emergency management.



Ambulance Service Capability

There are two key dimensions to the capability of ambulance services in emergency management:

- The ability of ambulance paramedics to deliver skilled health care in uncontrolled environments, and;
- The ability to manage pre-hospital care, including its associated logistics, in the field.

These capabilities are supported by advanced communications capacity.

The pre-hospital objectives in disaster situations are to:

- Get the right clinical skill set to those affected;
- Provide appropriate treatment;
- Transport patients to the most appropriate facility; and
- Ensure continuity of care.

It is vital that this process is managed as part of an overall emergency response. This is best achieved by an experienced pre-hospital, emergency management skill set such as that held by our public ambulance services.



Issues

Two sets of issues currently impede utilisation of the ambulance service capability in emergencies and risk a sub-optimal response being provided.

1) Understanding the Ambulance Service Capability

More needs to be done within our emergency management arrangements to improve understanding and acceptance of the importance of good, timely pre-hospital practice for best patient outcomes, particularly in mass casualty events.

The capability of ambulance services to manage the pre-hospital component of emergency management needs to be enshrined in our emergency management thinking, structures and procedures. Ambulance Services deal with pre-hospital emergencies on a daily basis. This is a large part of their core business. They have developed management expertise and experience to routinely carry out these tasks.

The role of ambulance services in looking out for and looking after especially vulnerable people in communities threatened by or experiencing disasters has been evident in many disaster events. The devastating earthquake in Christchurch; the floods in many parts of eastern Australia and the extreme heat events of recent years have all called on ambulance services to identify, locate, treat and in many cases re-locate, vulnerable people. Older people in residential care or at home; people with a disability or illness; families with young children may all need assistance, including from ambulance services. Examples of some recent ambulance involvement in responding to disasters is provided below.



2) Scaling Up

In large scale emergencies it is appropriate to scale up the existing, experienced and competent management structure. This is what occurs within the fire, police and emergency services. However in the pre-hospital area, disaster plans often call for the normal management structure (ambulance) to be replaced by a clinical skill set (medical practitioner) which may be less well-equipped to manage a field operation. This may also deplete the resources available and required in other parts of the health system in an emergency situation. Notwithstanding that emergency management in rural and remote areas necessarily calls for flexibility in management resources, more and better use needs to be made of the ambulance skill set.

Scaling up can present challenges for ambulance services which current arrangements may not adequately address.

Some emergency services are able to 'scale-back' their normal operations during an emergency and defer non-urgent tasks. This is difficult for ambulance services currently for two reasons.

Firstly, the normal daily business of ambulance services is dealing with life-threatening situations, clearly this cannot be scaled back.

Secondly, 'normal business' for Ambulance Services may be stimulated by the same conditions that generate major emergencies. For example, prolonged heat wave conditions typically result in an increase in demand for ambulance responses as well as creating an increased risk of bushfires.

Scalability is relevant for both aspects of the ambulance service capability, direct service provision and management. The most critical resource is the availability of additional qualified, experienced management.

Scaling up resources to assist at a major incident in Sydney is likely to be much easier than it would be to assist at an incident in, say, the Kimberley or northern Tasmania. This is likely to be true for all emergency response services. Different strategies are likely to be required in different parts of Australia and New Zealand.

Action – What Needs to be Done?

Understanding

Pre-Hospital Disaster Management needs to be recognised as a specialised, discrete body of operational activity which complements the emergency management roles of other health services and other emergency services. This needs to be reflected in the legislative frameworks for emergency management in each jurisdiction. There may be a need for appropriate Ambulance emergency management legislation to reflect and complement the legislation governing other emergency agencies in each jurisdiction.

The capacity of senior ambulance service managers to undertake the ‘Health Commander’ role in emergency management arrangements should be acknowledged and incorporated into emergency management arrangements, acknowledging that these may vary between jurisdictions. An additional chapter (modelled on the existing “Chapter 10 – Hospital Disaster Planning”) should be included in the Australian Disaster Health Handbook. An appropriate title could be “Pre-Hospital Disaster Planning” and such a chapter would outline the requirements for command and control of health issues at a disaster site.

Resourcing

Ambulance Services need to be recognised as responding agencies in their own right that require adequate emergency management funding, separate from that which supports their normal day-to-day emergency health response activities. A capacity for ‘scaling up’ needs to be resourced.

Strategies for scaling up in different locations and scenarios need to be developed as part of emergency management planning. Resourcing needs to be considered within jurisdictions in the first instance but provision for multi jurisdiction events or responses should also be made.



Attachment: Ambulance involvement in Natural Disasters – A Snapshot

In recent years our region has experienced many devastating natural and human-induced events which have required the emergency management skills of ambulance services. These have included earthquakes in Christchurch; tropical cyclones; severe floods; storms; and bush fires in New South Wales, the Northern Territory, Queensland, South Australia, Tasmania, Victoria, and Western Australia. Ambulance services have also provided assistance further afield, for example in the aftermath of the tsunami that wreaked havoc in north eastern Japan.

CAA members worked with the other emergency management services of police and fire, medical staff and Government departments in providing responses to such disasters, including medical support to other response agencies.

Some illustrative examples include:

New South Wales

Ambulance Service of New South Wales (ASNSW) teams provided support in the Queensland floods, Christchurch earthquake and Japan's tsunami.

Floods in New South Wales in early 2012 affected 75 per cent of the State with 93 Local Government areas receiving Natural Disaster Declarations. Recovery Centres were established at Moree, Wagga Wagga and Griffith and provided services to approximately 3300 people.

ASNSW resources were also required when major bushfires broke out in early 2013 and severe heat affected many people in the hottest temperatures on record in Sydney.



New Zealand

The whole of New Zealand was affected when Christchurch was hit by a 6.3 magnitude earthquake on 22 February 2011. This followed a 7.1 magnitude earthquake in September 2010. The earthquake caused widespread damage across Christchurch, especially in the central city and eastern suburbs, with damage exacerbated by buildings and infrastructure already being weakened by the September 2010 earthquake and its aftershocks. Significant liquefaction affected the eastern suburbs, producing around 400,000 tonnes of silt.

In total, 181 people were killed in the earthquake, making the earthquake the second – deadliest natural disaster recorded in New Zealand (after the 1931 Hawke's Bay earthquake), and fourth-deadliest disaster of any kind recorded in New Zealand, with nationals from more than 20 countries among the victims.

A full emergency management structure was in place within two hours, with national coordination operated from the National Crisis Management Centre bunker in Wellington.

St John New Zealand provided and coordinated emergency medical response, and triage stations immediately following the quake, as well as medics to support USAR teams. During this the service was faced with severe damage to many of Christchurch facilities, including the St John Christchurch headquarters. All communication was transferred to the North Island Communication centre in Auckland.

Assistance was provided by several Australian ambulance services in this major event.

Christchurch and St John New Zealand continue to deal with the consequences of the 2010-11 earthquakes. St John staff in Christchurch have been personally affected by the disaster and continue to provide services under difficult circumstances. The city still gets hit by aftershocks on a regular basis.

Queensland

Over the summer of 2010-11, Queensland experienced serious flooding and multiple cyclones. The floods forced the evacuation of thousands of people from towns and cities. At least 70 towns and over 200,000 people were affected and three-quarters of the state of Queensland was declared a disaster zone.

Queensland Ambulance Service (QAS) was faced with deploying staff and equipment to affected areas, using specialised equipment such as bariatric vehicles, tactical medical centres and aero-medical resources. During Cyclone Yasi QAS helped with the full evacuation of Cairns hospital, where 256 patients were airlifted to Brisbane and the hospital's neo-natal, paediatric, obstetric, intensive care and general medical services were moved.

Queensland Ambulance Service sent a contingent of USAR officers to New Zealand in response to the Christchurch earthquake to support the Australian USAR team and dispatched a Tactical Medical Centre with a Special Operations Response Team to support a primary health care facility in Christchurch in the initial stages of the disaster.

Queensland experienced further wide spread flooding in 2012 and 2013, resulting in several towns being isolated. The Queensland Disaster Management Centre. Co-located with Queensland Ambulance Service was again activated to assist the community with evacuations, flood recovery and relief.



Victoria

In 2010-11 Victoria had its wettest summer in 111 years of record keeping. Between July 2010 and February 2011, the state experienced eight floods or storms, three of which had significant impacts on the Victorian community. Ambulance Victoria (AV) evacuated more than 350 patients from hospitals and nursing homes. They established a field primary care clinic in the western Victoria town of Charlton, where more than 1300 patients were treated during its nine weeks of operation.

In the March 2012 floods which affected 20 municipalities in north-east Victoria, AV assisted with an emergency evacuation of the Numurkah hospital and aged care facilities in the affected area. AV established a Temporary Urgent Care Centre and provided ongoing support to the Numurkah District Health Service.

Western Australia

In 2010-11 Western Australia faced major challenges with significant flooding and devastating bushfires. The overlap of the northern cyclone season and southern bushfire season stretched resourcing and assistance was provided from other jurisdictions.

La Nina weather patterns increased cyclone activity off the northwest coastline and brought record rainfall to northern regions. Major flooding occurred in the northern parts of the state and intense storm activity in other areas. Flood response and recovery efforts, over an extended period, included evacuation, emergency resupply of medical supplies, food and water and support to communities in clean-up efforts.

The bushfire season was also particularly severe, impacted by ongoing drought conditions in the lower south west of the state, with a higher than normal number of significant fires occurring between October 2010 and April 2011.

Three large bushfires at Lake Clifton, Red Hill and Roleystone in a one month period resulted in the loss of 71 homes and major disruption to communities. Increased fuel loads, very dry conditions in 2010 and local governments' hesitance to declare bushfire prone areas were all identified as contributing factors.



In late 2011, significant bushfires in the South West region of Western Australia burnt 3620 hectares, destroyed 45 houses, nine chalets and five large sheds, and partially destroyed three more homes. The multi-agency response was managed by the Department of Environment and Conservation, with assistance from emergency management partners.

St John WA also sent support staff to Christmas Island following the capsizing of a boat carrying 200 asylum seekers which resulted in significant loss of life with 90 passengers dying.



