

Abstracts of Oral Presentations-WADEM Congress on Disaster and Emergency Medicine 2019

PRIMARY HEALTH CARE

The Future of Disaster Medicine is Based on Primary Care Involvement

Dr. Penelope Burns^{1,2}, Prof. Kirsty Douglas¹, Prof. Wendy Hu², Associate Prof. Peter Aitken³

1. Australian National University, Canberra Hospital, Bldg 4, Level 2, Garran, Australia
2. Western Sydney University, Penrith, Australia
3. Queensland University of Technology, Brisbane, Australia

Introduction: When disasters happen, people experience broad environmental, physical, and psychosocial effects that can last for years. Researchers continue to focus on the acute physical injuries and aspects of patient care without considering the person as a whole. People who experience disasters also experience acute injury, exacerbations of chronic disease, mental and physical health effects, effects on social determinants of health, disruption to usual preventative care, and local community ripple effects. Researchers tend to look at these aspects of care separately, yet an individual can experience them all at once. The focus needs to change to address all the healthcare needs of an individual, rather than the likely needs of groups. Mental and physical care should not be separated, nor the determinants of health. The person, not the population, should be at the center of care. Primary care, poorly integrated into disaster management, can provide that focus with a "business as usual" mindset. This requires comprehensive, holistic coordination of care for people and families in the context of their local community.

Aim: To examine how Family Doctors (FDs) actually contribute to disaster response.

Methods: Thirty-seven disaster-experienced FDs were interviewed about how they contributed to response and recovery when disasters struck their communities.

Results: FDs reported being guided by the usual evidence-based care characteristics of primary practice. The majority provided holistic comprehensive medical care and did not feel they needed many extra clinical training or skills. However, they did wish to understand the systems of disaster management, where they fit in, and their link to the broader disaster response.

Discussion: The contribution of FDs to healthcare systems brings strengths of preventative care, early intervention, and ongoing local surveillance by a central, coordinating, and trusted health professional. There is no reason to not include disaster management in primary care.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s67

doi:10.1017/S1049023X1900147X

The Role of Primary Health Networks and General Practitioners in Disasters: Nepean Blue Mountains Primary Health Network's Preparedness Guide

Ms. Lizz Reay¹, Dr. Penny Burns²

1. Wentworth Healthcare - NBMPHN, Penrith, Australia
2. ANU, Sydney, Australia

Introduction: Disasters are part of the Australian landscape. Bushfires, floods, cyclones, and drought reoccurring 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. Limited guidance exists to guide their systematic involvement 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 the local (now) Nepean Blue Mountains Primary Health Network (NBMPHN).

Methods: The lessons learned by GPs and NBMPHN during the fires highlighted the need for GP preparedness to improve 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. More recently, a PHN emergency preparedness guide aimed at strengthening communication and formalizing the role of the PHNs and GPs before, during, and after a natural disaster.

Results: Clarity and implementation of a process for disaster preparedness have enabled a more proactive and coordinated approach to local emergency management with a distinct role for both the PHN and local GPs when responding to a natural disaster.

Discussion: This presentation discusses lessons learned and the preparedness strategy now in place in the Nepean Blue Mountains PHN region, and launches the emergency preparedness guide that can be used and adapted by GPs and other PHNs across Australia.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s67

doi:10.1017/S1049023X19001481

Technology Development for Disaster Planning and Response: The Development of an Interactive Website to Communicate and Coordinate Primary Health Providers for Planning and Response Purposes

Ms. Deborah Callahan^{1,2}, Mr. Graeme McColl¹, Mrs. Kelly Robertson¹

1. Canterbury Primary Response Group, Christchurch, New Zealand
2. Canterbury Clinical Network, Christchurch, New Zealand

Introduction: The Canterbury Primary Response Group (CPRG) was formed to provide a community-wide approach to manage, coordinate, plan for, and respond to health emergencies in the prehospital setting. Original communications within the CPRG group and to the primary sector were via email and the use of other organizations' websites. These means were not easy to access and update content, and the group was depending on third parties.

Aim: To outline the development of a primary health interactive website, provide up-to-date planning and event information, and provide information and support in relation to emergency planning for major emergency and non-emergency health events.

Methods: The advancements of technology and planning practices have given CPRG the ability to develop information, planning, and operational reporting systems.

Results: CPRG has developed a web-based portal that is available to primary health care (including community pharmacy) to provide planning assistance and templates as well as information on current events, such as the influenza season. It includes access to the CPRG suite of emergency plans and is a document repository for the Emergency Operations Centre (EOC). A further development has been a response management system for use in the CPRG EOC to assess any health situation and status of providers to enable a continually up-to-date dashboard and situational awareness reports to be visible to those coordinating the response.

Discussion: Communication is a major factor, often the most criticized, when managing any response. The development of the CPRG website and system as described can alleviate this and provide accurate and consistent event and planning advice to those in the primary health sector.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s67–s68

doi:[10.1017/S1049023X19001493](https://doi.org/10.1017/S1049023X19001493)