



Australian Nursing Federation (Victorian Branch)

**Senate Standing Committee On
Environment and Communication**

SUBMISSION ON:

**INQUIRY INTO RECENT TRENDS IN AND
PREPAREDNESS FOR EXTREME
WEATHER EVENTS**

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16 January 2013

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1. Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organization in Australia for nurses and midwives, with Branches in each state and territory of Australia, representing in excess of 225,000 members.

The Australian Nursing Federation (Victorian Branch) represents more than 65,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations in both the public and private health and aged care sectors and in all specialty areas of nursing and midwifery. Registered and enrolled nurses comprise the largest component of the health care workforce and provide care to people throughout their lifespan and across all geographical localities nationally.

The Australian Nursing Federation participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The core business for the Australian Nursing Federation is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery. The ANF (Vic Branch) has an interest in policy development as policy influences the direction given and commitment to the health and well-being of the community and the management of demands placed on the health system.

The Australian Nursing Federation position statement on *Climate Change* and policy on *Health and Environment*¹ guides the Australian Nursing Federation (Vic Branch) in representing our membership and acting on the link between a healthy environment and the health of the population. We recognize the burden placed on the health workforce as a result of the increased demand on health services when human health is harmed.

In 2012 at the ANF (Victorian Branch) delegates conference a resolution was passed directing ANF to become more involved in policy debate on climate change and environmental issues.

The ANF (Vic Branch) provides a Victorian nursing and midwifery perspective to the Senate Committee Inquiry into *Recent Trends and Preparedness for Extreme Weather Events*.

2. Executive Summary

The Bureau of Meteorology is responsible for providing accurate information to policy makers and the general public about climate trends in Australia. The Bureau of Meteorology recently reported on the record breaking national average maximum temperatures, providing an environment for heatwaves across the nation that fosters potential dangerous fire conditions and risks to people's health.²

The 'Herald Sun' on Wednesday 9th January 2013 reported on the risks to the population, particularly in certain pockets of Metropolitan Melbourne, where research reveals the risks to people of death or illness because of extreme weather events.³ The predictions of increased natural disasters are grim. ***The State of Environment***

¹ [http://anf.org.au/documents/policies/PS Climate Change .pdf](http://anf.org.au/documents/policies/PS%20Climate%20Change.pdf)

² <http://theconversation.edu.au/as-climate-warms-heat-waves-outpace-cold-snaps-three-to-one-11491>

³ *Heatwaves and Human Health*. Dr Margaret Loughnan, Monash Weather and Climate.

Foundation Paper⁴ reports that extreme weather events such as heatwaves, drought, storms and bushfires are becoming more frequent.

The impact on the community is far reaching. Nurses and midwives are essential for providing frontline treatment to people injured and traumatized as a result of a natural disaster such as flood or bush fire.

The profession is also responsible for the care and management of the health of the population affected by the indirect consequences of climate change and illnesses. These health consequences include patients experiencing chronic illnesses as a result of environmental changes such as respiratory diseases from increased air pollutants and air-borne allergens, fevers from infectious diseases from mosquitoes and mental illness from health, economic and personal loss, trauma and despair.

Health resources are fundamental for nurses and midwives to properly care for the community. The health system must be in a position to cope with increased emergency admissions, provide hospital beds in a range of services including specialty services and have ready a workforce capability. Survival and optimal health outcomes following trauma rely on prompt and effective treatment of injury or illness.

Health systems routinely experience extraordinary pressures when trying to manage the health and care of multiple patients. The Victorian Health system is currently undergoing significant service reductions with bed and ward closures, surgical services reduced and operating theatre closures in both major metropolitan services and regional services. "The Age" reported on 10 January 2013 that the funding cuts were likely to result in the closure of 440 beds which was equivalent to a tertiary hospital.⁵

The timing of these service reductions misunderstands the responsibility by Government to properly plan for and provide adequate healthcare, including in the event of an emergency.

The flow on effect of service reduction is a reduction in the existing workforce including the nursing and midwifery profession. Fewer services means there are fewer employment opportunities. "The Age" reported on 12 January 2013 that the Health Minister for Victoria was giving his support to hospital managers to enable redundancy payments for employees of the state health system.⁶

This approach to abandon workforce development and risk loss of valuable knowledge and expertise is at odds with Health Workforce Australia's recommendations to grow and develop the health workforce to combat projected workforce shortages, all reported in its health workforce 2025 report released in April 2012.⁷

A poorly resourced health system puts the Victorian community at risk. A situation of crisis from a natural disaster relies on swift access to specialty services. There are indications that the Victorian health system will not satisfactorily meet the everyday health demands of Victorians, let alone manage the demand of a natural disaster.

Along with sound workforce development, there must be a parallel commitment to policy development to reduce health and natural disaster risks and reduce the environmental risks to the community. This can be achieved by ensuring compatible and quality living conditions for the population. This endeavour requires action on the environment to reduce the effects of greenhouse gas emissions such as reviewing current reliance on energy usage and transition from non-renewable resources such as coal to renewable energy sources such as solar and wind power.

⁴ Commissioner for Environmental Sustainability Victoria Foundation Paper One *Climate Change Victoria: the science, our people and our state of play* Part 1 (2012), P19

⁵ Julia Medew, *The Age*, Thursday 10 January, 2013. *Eastern Health closes more beds*.

⁶ Julia Medew, *The Age*, Saturday 12 January, 2013. *Hospital Chiefs in-fight for beds*.

⁷ Victoria abandons 805 nursing and midwifery graduates despite authorities predicting shortages. See ANF website www.anfvic.asn.au/news/43104.html

The ANF (Victorian Branch) supports the science on climate change and the causal relation with human activities. We support policy around developing initiatives to encourage behavioural changes and actions to alleviate the adverse effects of climate change. Members of the health workforce working in hospitals and aged care facilities, large users of energy and products that adversely affect the environment, are best placed to participate in this process of taking action to reduce climate change effects.

3. Recent trends in the frequency of extreme weather events

The phenomena of extreme weather events, particularly, flood, fire and drought, are all features of recent environmental history in the State of Victoria. Over the last 15 years Victoria has witnessed an increase in the number of extreme weather events and an increase in the intensity of weather events. The recent Victorian drought, lasting 14 years was described as the longest and driest in history.⁸ Fires have become more ferocious and floods more extreme and widespread.

The health effects for Victorians have been significant. Personal tragedies with the associated effects of loss of life and loss of health and wellbeing, as well as economic loss and strains are all elements of the recent Victorian experience of extreme weather events, particularly for regional Victorians. Mental illness including stress and depression are identifiable poor health outcomes for many Victorians, particularly young males in regional communities in drought affected communities, at risk of suicidal behaviour. The Australian National Rural Health Alliance reported this cause and effect relationship.⁹

The recent trends in increased environmental emergencies support maintaining proper health service provision and improving response capabilities, not service and workforce reductions.

4. Projections on the frequency of extreme weather events

The recent extreme weather event trends in Victoria are considered to be the beginning and continuation of a pattern and escalation of heatwaves, dry spells and exposure to bushfire risk.¹⁰

Whilst there is an expected trend in Victoria toward reduced rainfall, when it does rain it is expected it will be a more intense rainfall event.

The 2009 Victorian Bushfires Royal Commission makes the sobering comment that it is a mistake to think of this event as a one-off event.¹¹

The Victorian community can expect to become increasingly preoccupied with developing strategies to manage sustainable living practices, survival measures and economic risk management measures both at the constituent and Governmental level.

New research from Monash University¹² predicts through modelling that we are experiencing and will continue to experience an increased incidence of hot weather in all capital cities.

⁸ Commissioner for Environmental Sustainability Victoria Foundation Paper One *Climate Change Victoria: the science, our people and our state of play* P84.

⁹ www.nrha.ruralhealth.org.au/cms/uploads/.../fact-sheet-14-suicide.pdf

¹⁰ Commissioner for Environmental Sustainability Victoria Foundation Paper One *Climate Change Victoria: the science, our people and our state of play* P99.

¹¹ http://www.royalcommission.vic.gov.au/finaldocuments/summary/PF/VBRC_Summary_PF.pdf P1

¹² *Heatwaves and Human Health*. Dr Margaret Loughnan, Monash Weather and Climate.

The preliminary report provides indicative trends to predictions about climate and weather changes including an increased number of extreme hot days. This trend in turn increases the vulnerability of health risks.

Heatwaves are a dangerous phenomenon, responsible for cardiac, renal and stroke related conditions, exhaustion, dehydration and heat stroke and particularly affect the elderly, frail and lower socio-economic population. Heatwaves also cause an increase in deaths.¹³

The Climate Commission reports¹⁴ that heatwaves result in increased hospital admissions for people requiring treatment.

The consequence for health services when faced with an increase in the number of people at risk of adverse health outcomes and requiring medical and emergency attention is more presentations to emergency departments and more admissions to hospitals. There is also an added increased strain on ambulance services.

The Victorian Government Department of Health *Your Hospital* report on public hospitals July 2008 to June 2009 provides data on the heatwave effect for Victorians and their health services in January 2009.¹⁵ Ambulance Victoria experienced a 25% increase in emergency cases and there was a 12% overall increase in emergency department presentations. During this time there were 374 deaths that were additional to what would normally be expected.

This snapshot provides an indicator of the strain on the health system in a relatively short period of time. The report pleasingly provides data on overall improvement on emergency department performance compared to the previous year despite the heatwave and bushfire events in January and February 2009. In 2008 the Victorian Government announced significant funding initiatives including the *Sustaining Health Service Capacity*.¹⁶ It is disturbing that instead of committing to maintaining and improving health service capabilities, the current Victorian Government is overseeing funding cuts to health services including \$107m stated to be as a result of a dispute with the Commonwealth Government.¹⁷ The politics of funding provides no comfort to Victorians who are reliant on and entitled to receive prompt, specialist care.

5. Resource requirements for the management of the health of the community in a natural disaster

The health impact on the community as a result of extreme weather events such as flood and fire are deaths, injuries, and psychological upset as a result of witnessing tragedy and trauma.

Following the February 7 2009 Black Saturday bushfires, the State reported there were 173 deaths with care provided in emergency departments to more than 800 people injured and more than 130 people requiring hospital admission.¹⁸

There is a range of causes of injury including burns, accident and respiratory problems caused from smoke induced asthma attacks.

¹³ Victorian Government Department of Health. *Your Hospitals*: A report on Victoria's public hospitals July 2008-June 2009. P13

¹⁴ Climate Commission: *The Critical Decade: Climate Change and Health*; Nov 2011. P11

¹⁵ Victorian Government Department of Health. *Your Hospitals*: A report on Victoria's public hospitals July 2008- June 2009. P13

¹⁶ Victorian Government Department of Health. *Your Hospitals*: A report on Victoria's public hospitals July 2008-June 2009. P11

¹⁷ Julia Medew, *The Age*, Thursday 10 January, 2013: *Eastern Health closes more beds*.

¹⁸ Victorian Government Department of Health, Melbourne: *Your hospitals*: A report on Victoria's Public Hospitals, July 2008-June 2009. P14

The Medical Journal of Australia 2011 reports on the multi-disciplinary team response to mass burn casualties alerts us to the strain on the health system when managing a natural disaster such as a bush fire.¹⁹ The report notes that there were 19 admissions to the Victorian Alfred Burns Unit.

This report provides a breakdown of the effect on services and staffing. For nursing, an extra 296 nursing hours were allocated over a 6 week period to the adult burns unit. In addition the services of a pain management nurse and psychiatric nursing services were required. These numbers are in addition to the overall services required for the management of burns patients which include access to intensive care units, rehabilitation services, repeated theatre sessions for secondary operations, lengthy and repeated hospital stays in acute services because of problems such as secondary infections and palliative care services.

This small sample goes some way to show the consequential pressures on the health system when faced with managing a natural disaster. This sample provides an indicator of the significant increase in resources required for 19 patients only. The emergency response measures and on-going management of the hundreds of others injured in the health system were significant. National and state-wide burns disaster plans and hospital emergency management plans were activated. At that time the system managed the crisis by implementing emergency management plans. Also at that time in 2009 there were more resources by way of operational beds available in the public health system.

The ANF contends that a skilled workforce and hospital beds are critical to the initial management of patients. Therefore the current cuts to services have the capacity to endanger lives and lead to poor health outcomes for patients who do not have access to services and skilled staff to manage care efficiently. Emergency management plans are ineffective if resources such as skilled health professionals including nurses and hospital beds are unavailable.

A functioning health service is imperative to enable emergency action plans to be activated successfully. The Victorian Public hospital service risks significant patient flow difficulties that could be potentially disastrous. With 200 beds already closed and a further 240 beds identified as risking closure under current funding cuts, emergency departments will be in a crisis situation trying to manage everyday health care demand alone.

Further, patients who have had elective surgery procedures postponed because of the reduction of theatre sessions and bed closures will add to the demand on emergency departments. Postponements of surgical procedures means patients on elective surgery waiting lists will present repeatedly to emergency departments as their condition deteriorates due to lengthy waiting times.

6. Economic costs of natural disasters

It is difficult to quantify the total costs associated with a natural disaster. ***The State of Environment Foundation Paper One***²⁰ provides a breakdown of costs associated with weather events that include insurance industry and recovery/relief costs from 2009 – 2012. The total of payments was \$2,444,324,000

“The Age” newspaper reported on 7 January 2013 that infrastructure in the State of Victoria including hospitals was threatened by the effects of climate change and the increased risks of damage due to natural disasters.²¹

¹⁹ <https://www.mja.com.au/journal/2011/194/11/multidisciplinary-team-response-mass-burn-casualty-event-outcomes->

²⁰ Commissioner for Environmental Sustainability Victoria Foundation Paper One *Climate Change Victoria: the science, our people and our state of play* Part 1 (2012). P97

²¹ Tom Arup, Environment Editor *The Age* Monday 7 January 2013

As a result of a Freedom of Information application by Environment Victoria, information from a consultancy report revealed that insurance liabilities would expose the state to significant costs.²²

The Victorian floods in 2011 and 2012 caused significant financial damage for some hospitals and impacted on communities' ability to access timely services. In January 2011 Rochester Hospital in Victoria's north suffered damage necessitating the evacuation of sixty-five patients with Bendigo Health accepting twenty-four acute and aged care patients.

Charlton Hospital was flooded and damaged to such an extent in January 2011 that it will need to be rebuilt. The financial impact on the state for the Charlton hospital will be an allocation of \$22.7 million with building commencing in 2013.

In March 2012 Numurkah Hospital was also forced to close due to flood damage depriving the community of medical, surgical and palliative care beds.

Insurance costs are one component of the overall costs that have been borne. The impact of loss of services is a significant disruption to the provision of health care as well as impacting negatively on individual's finances when the community has to travel outside their town to receive care.

Employment arrangements and loss of income for community members, including nurses and midwives, have been caused by recent bushfire and flood events. This can occur because an employee of a hospital cannot attend work due to an emergency situation or the business, that is, the health service is damaged or has to close. Sometimes nurses and midwives have been victims of both situations.

Whilst terms of an enterprise agreement or protections under the Fair Work Act provide some protections for employees to take some paid or unpaid leave, income loss and delay in receiving insurance claims sometimes result in financial hardship.

Adopting prevention measures to combat the steady increase of the negative effects of climate change is worthwhile not only to improve health outcomes for Victorians but also as a practical measure to offset financial costs and risk. Reducing natural disasters represents a cost saving.

7. The health sectors preparedness to respond to a natural disaster

The current slashing of the hospital budget in Victoria makes for disturbing predictions on how well the system will be able to cope with an emergency situation. Bed closures, increased waiting times for elective surgery and workforce reductions are inefficiencies that accumulate and will contribute to a poorly functioning health system.

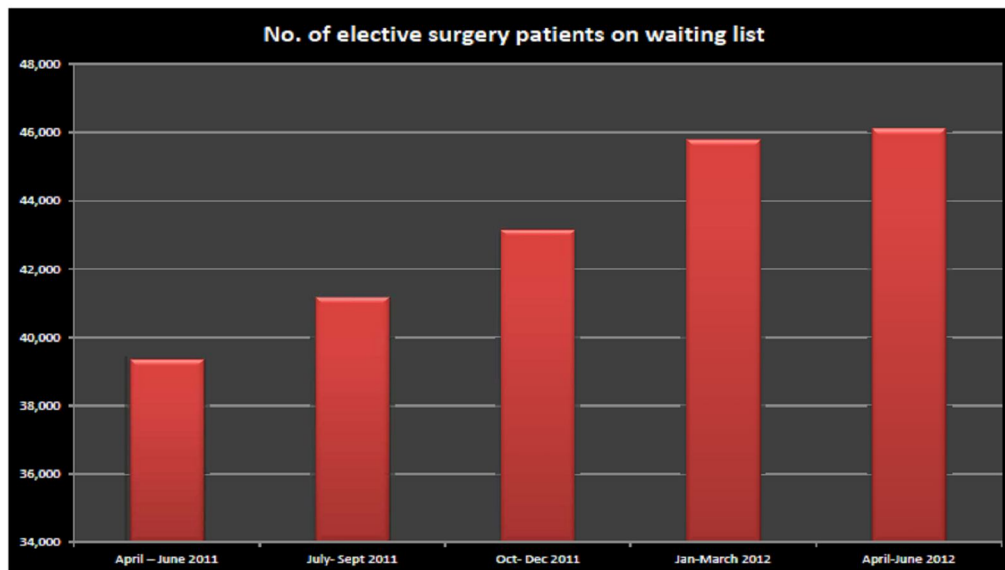
One consequence of the Victorian funding cuts is bed closures. If there are limited or no beds available for patients then the emergency department ceases to function efficiently. This situation means that more ambulances, relying on efficient flow of patients through the hospital system are instead delayed at the front entrance of the hospital, unable to discharge their care of the patient to the emergency department. A further consequence is fewer ambulances are available to attend an emergency in the community.

Hospital services and workforce resources must be maintained and grow otherwise the health care for the community is severely compromised.

²² <http://environmentvictoria.org.au/climatechangeimpactsfoi>

The table and graph below capture the data from the Victorian Government Department of Health quarterly report and illustrate the number of elective surgery patients on the waiting list in Victoria.²³ They show an increasing trend towards inefficient services that are about to worsen because of funding cuts. The data shows an increase of almost 7000 patients on the waiting list in one year up to June 2012.

April – June 2011	39,373
July- Sept 2011	41, 190
Oct – Dec 2011	43,173
Jan – March 2012	45,804
April – June 2012	46, 131



The downward trend of service provision has worsened between April 2011 and June 2012 with projections of worsening statistics due to bed closures and reduction of theatre services. "The Age" 8 January 2013 reported that it is likely waiting times for elective surgery will double.²⁴ There is increasingly a question mark about Victorian Hospitals' ability to cope with everyday service, let alone if there were an emergency situation.

Workforce capability is also a concern with reductions and potential redundancies. The ANF (Vic Branch) report notes that in 2012 up to 40 % of graduate nurses and midwives have missed out on a graduate position in public hospitals.²⁵ In Victoria hospitals won't employ nurses and midwives unless they have completed a graduate year, so there is an instant workforce reduction.

²³ <http://performance.health.vic.gov.au/Home/Report.aspx?ReportKey=44>

²⁴ Julia Medew, *The Age* 8 January 2013, About 200 staff are expected to lose their jobs in Victoria's public hospitals in coming weeks

²⁵ Victoria abandons 805 nursing and midwifery graduates despite authorities predicting shortages. www.anfvic.asn.au/news/43104.html

The public hospital system relies on service efficiencies supported by sufficient workforce capabilities in ordinary circumstances in order to be in a position to manage an emergency situation.

The Victorian Disaster Mental Health Workforce Capacity Survey provides an examination of Victorian disaster mental health workforce and its capacity to provide best practice services to the community in the event of a natural disaster.²⁶ The report recognizes the mental health risks to members of the community when faced with the consequences of a natural disaster. The report makes the point that Victoria is a State exposed to risk in respect to future natural disasters so investment in service improvement is warranted. The report included the need to better prepare the workforce and address the lack of experience and education and training in participating in disaster responses. As Victoria is prone to natural disasters this workforce preparation is essential and the ANF (Victorian Branch) endorses these identified strategic development requirements in the report.

8. Risk Management and Harm Minimization

The language of disaster management and policy around climate change matters are now an everyday occurrence in the media and in communities. Increased illnesses and traumas from natural disasters are burdening an already strained health system. The ANF (Victorian Branch) supports actions and sensible policy development to limit the effects of climate change on the community.

In 2010 the Victorian Labour Government introduced the Climate Change Act which set a target to reduce its emissions by 20% below year 2000 levels by the year 2020. The Bill was supported by the Coalition when in opposition.

However, when in Government in 2012, the Coalition announced it was abandoning the target to cut emissions. The Baillieu Government's decision has damaged the opportunity to cut pollution and develop clean energy initiatives to improve the quality of the environment and minimize harmful health effects for the community, a measure that also has the advantage of reducing demand and costs to health services.

The Climate and Health Alliance, a coalition of national health groups with members including representatives from hospitals and health professionals, in December 2012 signed the DoHa Declaration for Climate, Health and Wellbeing. The Declaration supports the proposition that action on climate change adversely affecting human health means there is an imperative to protect the health and wellbeing of the community.²⁷ The ANF (Victorian Branch) endorses the reduction of threats to human health and developing measures to offset risks.

9. Conclusion

There is a sense that we are entering a new era where compatibility with the environment and the health and survival of some communities will be challenged. Natural disasters are a feature of this change.

Ensuring optimal health care outcomes for the community means the nursing and midwifery profession must be properly resourced and prepared to manage the expectations of the community and employers including when there is a natural disaster.

The Victorian community is entitled to be protected from harm and to receive acceptable standards of care when seeking treatment. Government health policy must reflect that obligation and concentrate on building health

²⁶ The Victorian Disaster Mental Health Workforce Capacity Survey. Final Project Report . October 2012. Lennart Reifels, Lucio Naccarella, Grant Blashki, Jane Pirkis

²⁷ http://media.amsa.org.au.s3.amazonaws.com/advocacy/external/20121203_CAHA_MR_Health_is_the_most_important_motivation_for_climate_action.pdf

services and growing a skilled workforce including nursing and midwifery to meet this challenge. The ANF (Victorian Branch) opposes spending cuts to health services that diminish services to the community and puts people's health at risk.

In addition to resourcing health services to manage risks associated with natural disasters and the consequences of extreme weather events, the Victorian Government must also act to protect the economic and health and wellbeing costs that affect the community and act on developing sustainable initiatives that serve to reduce the impact of weather changes to our environment.

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