

## **Involvement of GPs in Disaster and Emergency Planning**

August 2012

### **1. Background and History**

This Position Statement has been developed to help policymakers at all levels of government and medical practitioners across Australia be more aware of the issues involved in natural disaster planning and emergency management, and the role of GPs in these situations.

Australia has always had its share of natural disasters. In any disaster situation, medical practitioners are called upon and volunteer to provide medical assistance and treatment in whatever way is required. During a natural disaster, General Practitioners (GPs) working in a disaster-affected area will immediately respond to the needs of their local community, and GPs from other locations will often volunteer to provide help on the ground, in hospitals, and in assisting local GPs to meet the increased need for services.

GP involvement in natural disasters has worked on the basis of goodwill and a strong volunteering ethic among medical practitioners at the time of a disaster. Planning for GP involvement has been ad hoc and has varied considerably across jurisdictions.

A concerted response to have GPs involved in natural disaster planning and part of response teams during a disaster or emergency across all jurisdictional layers will ensure all parts of Australia are better equipped to deal with the many primary health care needs that arise when a natural disaster strikes.

### **2. Medical treatment and care for people affected by natural disasters/emergencies**

Planning for emergency or disaster situations, particularly those that involve mass casualties, is incomplete and substandard if it does not consider and make provision for how GPs could effectively contribute to the response both on and off site.

In Australia, dedicated emergency management personnel take the role of leading an emergency management response. Medical treatment and care for people affected by natural disasters and emergencies, however, is a significant aspect of emergency management. GPs and General Practices are at the forefront of providing this care. For this reason GPs need to be part of the planning for - and response to – natural disasters and emergencies.

Disaster management planning and preparedness occurs at every level of government in Australia. In particular, State and Territory Governments have legislative responsibility for matters such as assembly points, situation briefing, and chain of command and reporting requirements. As such, it is particularly important that the role of the GP be recognised and incorporated in State/Territory

Government planning. Local governments also take responsibility for planning and management of disasters at the local level.

The Commonwealth Government has a significant role as the main provider of health funding, particularly at the primary health care level. The Commonwealth also has a management role when disasters stretch over one or more jurisdictions, or have the potential to affect the health of people across jurisdictions.

The need to involve doctors, particularly GPs, in natural disaster preparedness and planning is being recognised worldwide. The World Medical Association (WMA) has recognised the growing need for doctors to be part of the medical planning and response to disasters and emergencies:

*In light of recent world events, it is increasingly clear that all physicians need to become more proficient in the recognition, diagnosis, and treatment of mass casualties under an all-hazards approach to disaster management and response. They must be able to recognise the general features of disasters and public health emergencies, and be knowledgeable about how to report them and where to get more information should the need arise. Physicians are on the front lines when dealing with injury and disease - whether by microbes, environmental hazards, natural disasters, highway collisions, terrorism, or other calamities. Early detection and reporting are critical to minimise casualties through astute teamwork by public-and private-sector health and emergency response personnel.<sup>1</sup>*

In Australia, during many types of natural and other disasters, GPs have been at the forefront of providing care and treatment and offering whatever medical support is necessary in a crisis situation. This Position Statement aims to ensure that the role of the GP in emergency and disaster situations is formally recognised and that, wherever possible, GPs:

- are part of disaster and emergency management response planning; and
- are included in the emergency response teams at the time of any crisis or disaster.

### **3. AMA Position**

The AMA calls on each level of government in Australia to give consideration to the role that GPs can play in assisting with emergency or disaster situations. There are a number of roles that GPs can play in an emergency or disaster situation. These include:

1. Participating in medical response teams to assist on-site with triaging, field treatment, and supervising the provision of first aid;
2. Treating the walking wounded either on-site, at evacuation centres, or in rooms (including providing vaccinations if needed);
3. Providing support (i.e. backfill) for hospitals to maintain their capacity function; and
4. Ensuring continued community access to primary health care.

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<sup>1</sup> World Medical Association, *WMA Declaration of Montevideo on Disaster Preparedness and Medical Response*, adopted by the 62<sup>nd</sup> WMA General Assembly, Montevideo, Uruguay, October 2011 (accessed at: <http://www.wma.net/en/30publications/10policies/d3/>)

### 3.1 Planning and response preparation for a natural disaster

Some GPs hold a Major Incident Medical Management (MIMM) certificate or equivalent and some GPs are part of Australian Medical Assistance Teams (AUSMAT), which are teams available for deployment in jurisdictional and international emergency situations.

Planning and response preparation for a natural disaster requires jurisdictional plans to factor in the skills and abilities of GPs holding MIMM certificates and members of AUSMATs, as well as factoring in the roles of other GPs who can provide care, treatment and support during a natural disaster.

Emergency management and disaster preparedness training tailored to GPs should be provided, and be easily accessible for all interested GPs.

All jurisdictions need to have databases to record:

- the GPs with the appropriate training who are willing to participate in a medical response team;
- the GPs who are willing to assist as required out of rooms; and
- the GPs who are willing to assist as required in their rooms.

Appropriate GP representation is required on emergency/disaster planning committees across all levels of government.

In addition, each jurisdiction needs a communication protocol to contact GPs in an emergency/disaster situation. These protocols should also include provision to draw on retired GPs living in the area as an extra resource.

### 3.2 Provision of information in an emergency situation

In a natural disaster or emergency situation, GPs will need to be provided with the following information:

- Closest assembly point;
- A situation briefing – including nature of emergency and contribution required;
- Communication protocols, covering:
  - All necessary contact numbers and details for emergency/disaster relief personnel;
  - Chain of command;
  - Radio protocols – including:
    - When to use
    - Terminology to use
  - Reporting requirements – including required regularity of situation reports; and
- Triage protocols to be used.

### 3.3 Provision of equipment and other tools

GPs will also need to be provided with:

- Personal protection equipment and any other clinical equipment (e.g. Thomas Packs), and information about where additional equipment can be accessed on-site;

- Vaccines for medical staff and for general use in the population if required;
- Standard issue Doctor First Aid pack, a supply of duck-billed facemasks, gloves, and other safety equipment. Safety and protection equipment should be marked “Doctor” to facilitate quick and easy identification; and
- All doctors working as part of a medical or disaster response should be issued with readily identifiable jackets marked “Doctor”.

### 3.4 Other jurisdictional planning factors

Other factors to include in jurisdictional planning include:

- GPs to be included in simulated emergency events and any other additional training to ensure effectiveness as part of any in-field medical response team provided by the jurisdiction;
- Appropriate workers’ compensation and death/disability insurance arrangements to support GPs involved in natural disaster response activities;
- Communication protocols to ensure GPs are provided with the latest up-to-date information about policies, government health messages, and government assistance measures. This is particularly important when messages are given to the community to consult their GP about the health impacts of a natural or other type of disaster; and
- Collecting GP feedback following an emergency or disaster response as a critical feedback loop for future planning.

### 3.5 Standard protocols for use in an emergency/disaster situation

The Commonwealth Government should retain standard protocols to use in an emergency or disaster situation including:

- Flexible use of Medicare Provider Numbers;
- Access to Medicare Benefits while practising in temporary premises;
- Access to services for people who have lost Medicare/DVA cards;
- Flexibility in claiming some of the MBS mental health items; and
- Providing essential medicines and filling scripts outside the standard PBS rules.

## **4. Name of Committee having principal carriage of the Position Statement**

The AMA Council of General Practice (AMACGP) has principal carriage for this Position Statement.