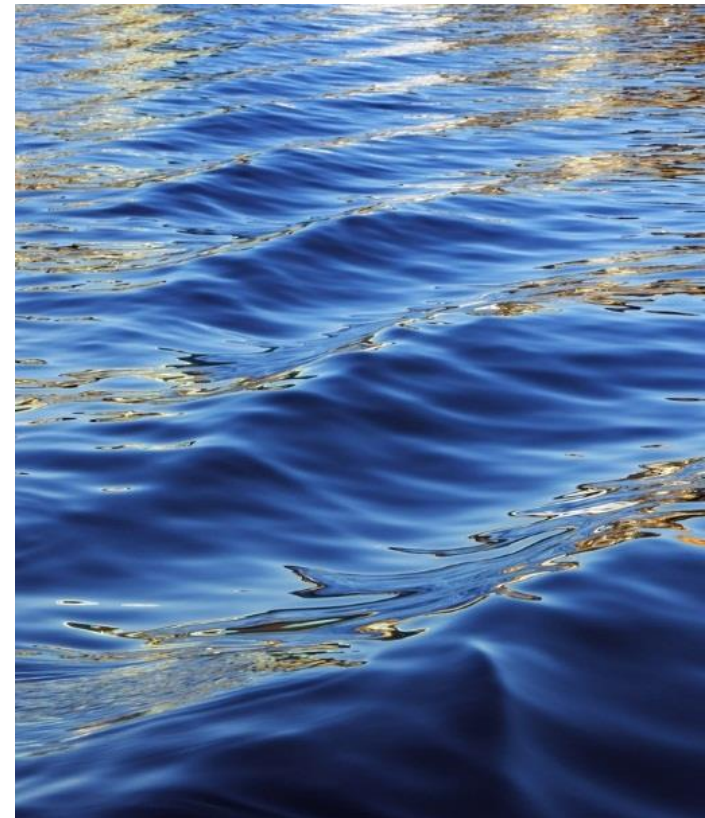




When a Disaster Affects your Practice

PHN WINTER TRILOGY EVENT
Dr Catherine Palmqvist



PHN trilogy series



Cyber Security and Earthquakes

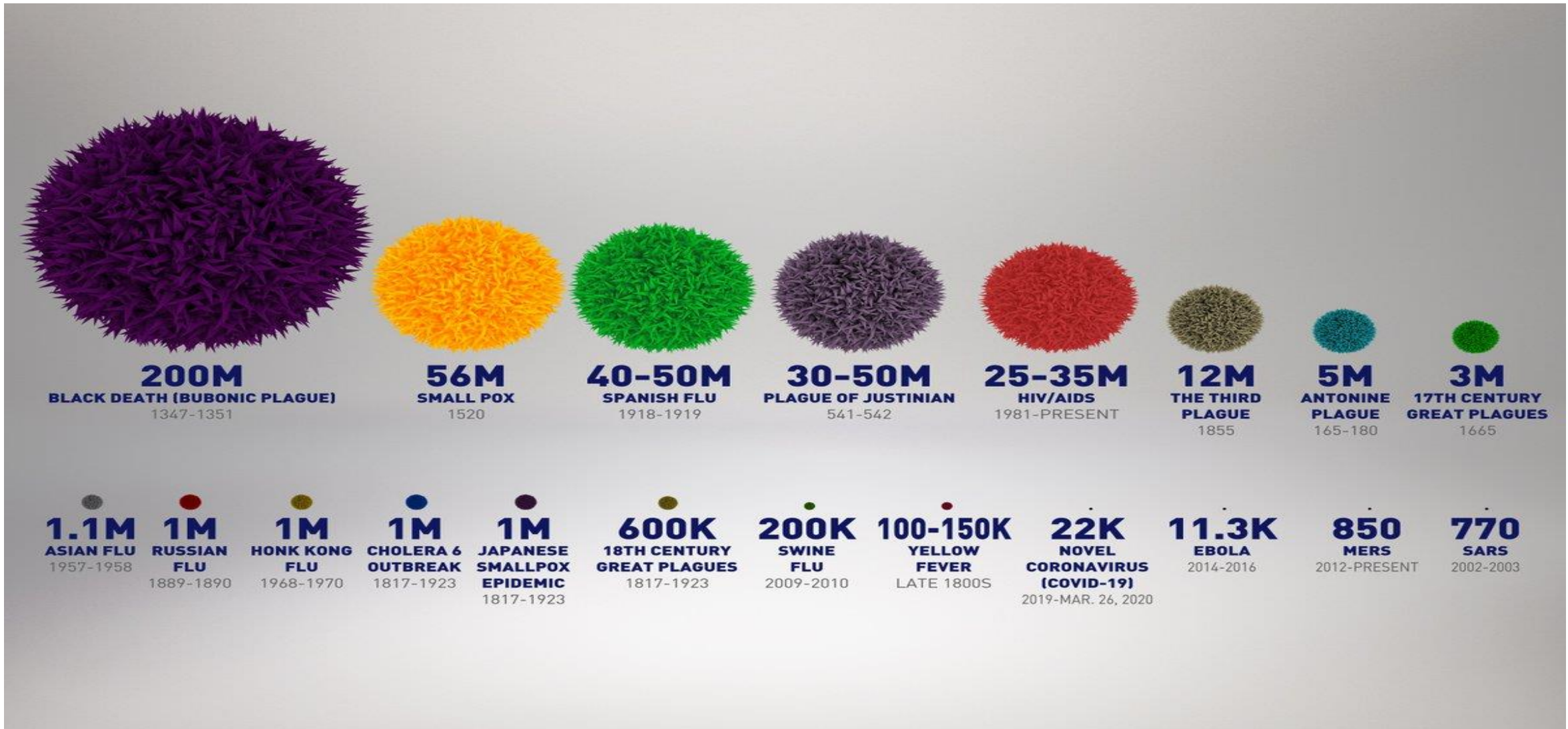


Infectious Disease Outbreak, Flood, including tsunami and NSW State Emergency services



Thunderstorm Asthma, Fire and Bushfire

Infectious Disease Outbreaks




There are 26 virus families known to infect humans; of the five pandemic events since 1900, all have been linked to either influenza or a coronavirus.

Definition: epidemic v pandemic

When a disease outbreak leads to an unexpected increase in the number of disease cases in a specific geographical area, that's called an epidemic—at least by the US Centers for Disease Control and Prevention (CDC).²

A pandemic is, broadly speaking, when a disease spreads over several countries or continents, usually affecting a large number of people. A treaty for future pandemic preparedness, proposed by world leaders including the UK prime minister, would look at “the definition, means, and procedure for declaring a pandemic, and what this actually means in practice for states,” among other things.³

- “We know some diseases have higher pandemic potential, but there is no room for complacency—there is no guarantee that the next pandemic will be caused by a respiratory virus,” says Josie Golding, head of epidemics and epidemiology at Wellcome. “Preparedness should be built into national response frameworks and based on experiences and expertise from low and middle income countries who often bear the majority of the disease burden.”



Risk assessment for your practice

Do you maintain one?



Disaster Management Plans

THE RACGP Fifth standards



Risk Matrix

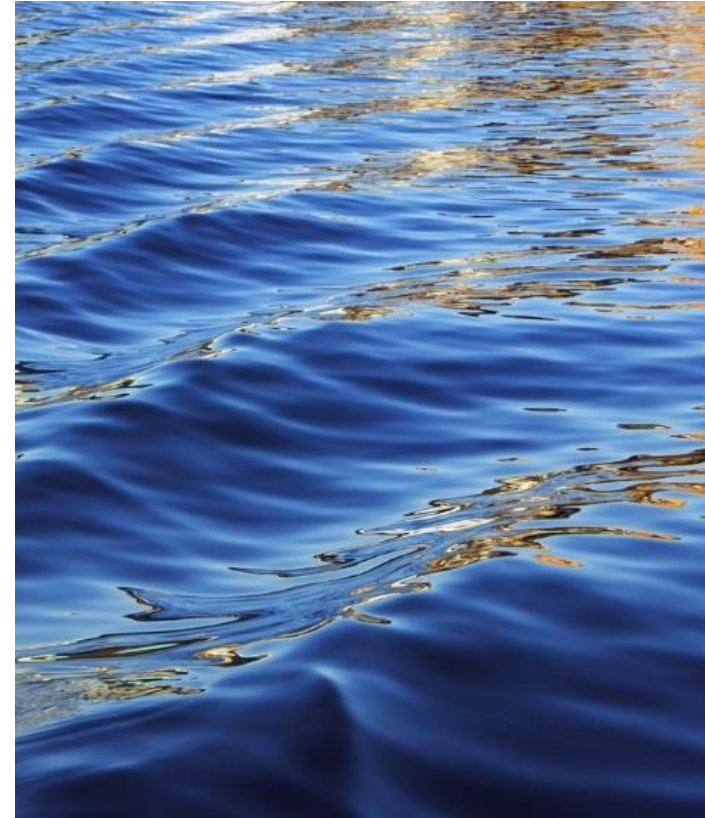
- Risk Matrix
- Probable
- Consequence high
- Higher priority planning

RISK ASSESSMENT MATRIX									
SEVERITY	CONSEQUENCES				INCREASING LIKELIHOOD				
	PHYSICAL	INTELLECTUAL	HUMAN	FINANCIAL	1	2	3	4	5
					Never happened	Heard of it happening to other organizations	Has happened to my organization at least one time in the past	Has happened to my organization more than once	Has happened to my organization more than once per year
1	No damage	No effect	No effect	No effect	Continuously monitor and make improvements as needed				
2	Minor damage	Minor effect	Minor effect	Minor effect					
3	Moderate damage	Moderate effect	Moderate effect	Moderate effect			Mitigate impact to as reasonably possible		
4	Major damage	Major effect	Major effect	Major effect					
5	Destroyed	Massive effect	Massive effect	Massive effect			Identify and enact critical changes needed to protect and maintain operations		



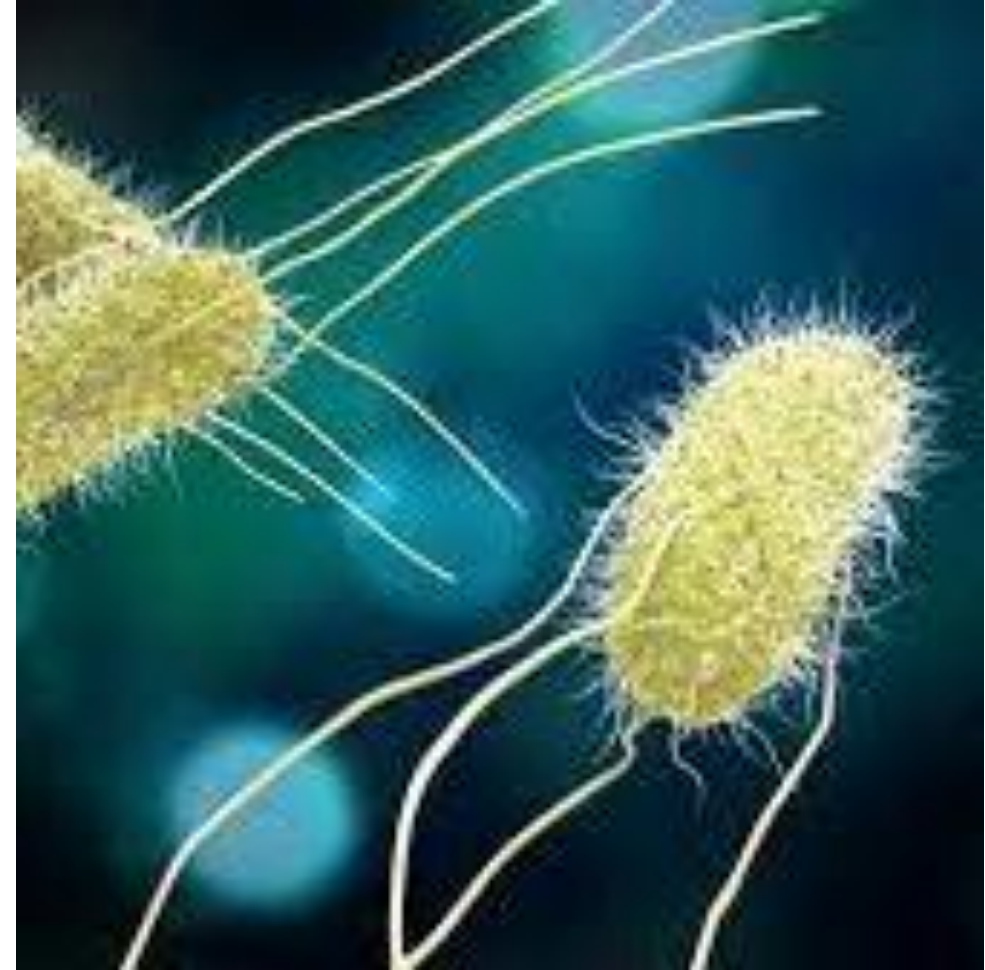
PHN decision guide

Planning and preparedness decision guide



Local case

- Reports of a few severe cases of V and D coming through our local ED
- More cases and a common thread of a recent conference
- More patients to ED
- Reported to local Public Health TEAM
- Local hospital in the home team involved
- Local Aboriginal health services heavily involved





Team sent to the large conference venue to assist on the ground



Unwell patients to GDH, more stable managed outside of hospital



Public health governing their response



Legislation on food industry alerted: Venue closed



Large amount of people travelling home and PH alerts issued across the State



Local policies and contacts: your PHN



Your LHD will have disaster plans and a PH unit



State Wide legislations and Policies



National Bodies



International Bodies

Planning for an ID outbreak

Public Health ACT

Health Services ACT

Biosecurity ACT

National Health Security ACT

International Health Regulatory Body

State Emergency Plan





Acknowledge it will happen



Staff training, staff wellness, staff willingness



Maintain a stockpile, or assist with local stockpiling systems



Maintain your human stockpile and resources



Keep up the immunisation programs



Maintain normal business activity

Planning and preparing

What and How to Plan

Encourage your PHN

Resources stockpile:
prepare for common ID
like gastro/ respiratory
outbreaks

Work out your local
escalation pathways: do
you have a line to your
ED or PH?

Review processes that
will help eg automations
from covid (telehealth/
text messages, drive
throughs)

Maintain good infection
control measures for
yourself, staff and
patients

Maintain surveillance!!!

Encourage lab capacity
for an outbreak

Communication

Borders and quarantine
considerations

governance

Communication



Lessons from Covid



Communities of practice developed



PHN to practices



PH to GP's and clinicians



Multidisciplinary health care communication



Communication between clinicians and patients

Prepare for the Physical and Mental

Physical

- Illness
- Comorbidities
- Vaccine side effects
- Loss of life
- Loss of quality of life
- Advanced care directives
- Prepare for medications that may be needed

Mental Health

- Staff
- Patients
- Loss of income
- Domestic violence
- Anxiety and depression
- Eating disorders
- Alcohol use

Work out your local links to resources in advance

Non-Emergency Phase

OUTBREAK

Emergency Phase



Governance: stand down and reflect



Looking back always for lessons to be learnt



Have you debriefed in your own workplace after covid?



Are you part of a surveillance program for worsening symptoms, trends, resistance?