

Plan to Act 2012 – Emergency Planning in Residential Aged Care

Emergency Management Update

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Department of Health

- The Department of Health has a role to play in Victoria's emergency management arrangements
 - To develop prevention, preparedness, response and recovery capability across the hospital, primary health and aged care sectors
 - Direct the strategic health response to an emergency with major health consequences
 - To be the Control Agency for human disease, epidemics, food/drinking water contamination and incidents involving radiological substances and intentional biological release
- Residential aged care providers have a role in planning for emergencies in Victoria

State Health Emergency Response Plan (SHERP)

health

The framework for a coordinated, whole of health approach and applies a consistent and scalable response to emergencies with health consequences

SHERP is

- Always in place and does not require ‘activation’
- Considerate of the ‘all hazards’ approach
- The plan that describes our roles and functions
- Considerate of residential aged care facilities



Relocation, Shelter in Place and Evacuation

- Since 2009, more than 950 patients and residents from Victorian hospitals and residential aged care facilities have been relocated or evacuation
- The majority of this group are aged care residents
- Experience gained in this time suggests that the degree of planning, preparedness and readiness to act varies
- Evacuation exposes all involved to risk

Relocation, Shelter in Place and Evacuation

- A Guidance Note with a focus on relocation, shelter in place and evacuation for hospitals and residential aged care facilities is under development and due in December 2012
- This work has a focus on
 - Contextual (health specific) definitions
 - Roles and responsibilities
 - Decision-making triggers
 - Essential planning considerations
 - Developing emergency management relationships
 - Recognising current practice and addressing need
 - Alignment to a number of recent recommendations



Koo Wee Rup Health Service, 2011

Relocation, Shelter in Place and Evacuation



Recommendation #5

“That the State introduce a comprehensive approach to evacuation, so that this option is **planned**, considered and implemented...”



Recommendation #68

“That the State review and align all policies and procedures for evacuation, such as the interim evacuation guidelines and the State Health Emergency Response Plan, to ensure **consistency** and to **clarify roles** and responsibilities”

- Representation has been drawn from
 - Ballarat Health Service
 - Southern Health
 - Department of Health
 - Department of Human Services
 - Fire Services Commissioner
 - Victoria Police
 - Aged Care Standards Accreditation Agency
 - Leading Age Services Australia
 - Department of Health and Ageing
 - Victoria Police
 - Ambulance Victoria

Community, Collaboration, Capability

- State Health Command provides ‘first wave’ communications via email to the health and aged care sector
- Examples include severe weather warnings and Code Red fire declarations
- Upon receipt, DoHA communicate this to all private providers
- To receive ‘first wave’ communications
 - Public sector: health.command@health.vic.gov.au
 - Private sector: emergencyvic@health.gov.au

Community, Collaboration, Capability

- Upon receipt of 'first wave' communications or advice relating to an emergency, aged care facilities should:
 - Communicate with staff (and potentially families)
 - Consider the potential or actual consequences
 - Reaffirm leadership arrangements
 - Take necessary preparatory actions
 - Review
 - Communications
 - Mobility
 - Transport
 - Alternate accommodation
 - Business continuity

Building Organisational Resilience

- In planning for emergencies, providers should:
 - Review their emergency management plan
 - Discuss options with other local providers
 - Talk to local emergency services, eg CFA, SES, Police, Local Council
 - Utilise the *Residential Aged Care Services Natural Hazards Ready Resource (2012)*

Building Organisational Resilience

- Having clear and effective response arrangements is essential
- Providers or their delegate must make a decision to 'stay or go'
- Options generally include relocation or shelter in place
- A transport plan, utilising non-emergency resources is essential (facility buses, cars)
- Evacuation at the last minute is dangerous, detrimental to health and not considered a feasible option
- Reviewing and practising your plan is important
- Hospitals are not considered an alternate destination for relocated residents
- *Are you prepared to act..?*