

Tasmanian Health Service SAFETY & EMERGENCY MANAGEMENT

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Dear Brain

Subject: Government Flood Review

In response to your written request dated 18 October 2016 and as a follow up to our meeting held on 8 November, please find my observations and suggestions for improvement in regards to matters relevant to the Government Flood Review.

In providing this response I wish to have it noted that the responses below are specifically related to activities where I was involved in the coordination of Social Recovery activities in Southern Tasmanian, or supporting colleagues who were undertaking these roles in another region.

- In regards to the coordination of the response to the Tasmanian floods in June, I would like to recognise the excellent facilities, support and resources made available to the Northern Social Recovery Coordinator during the immediate period after the Launceston floods at the Northern Regional Emergency Coordination Centre at Young Town.
- In regards to the communication of flood warnings I was aware that flood warnings had been issued for the Derwent Valley area via the Bureau of Meteorology, but the information provided in these did not seem to equate to the rate and level of river rise seen at Ouse. As the Regional Social Recovery Coordinator and as an Emergency Manage Consultant for the THS, I did not receive any additional or updated information in regards to flooding impacts for this area. It was also reported to me that the local population where having difficulty in interpreting the potential flooding level against the local environment. The most reliable information I got on the progression of the flood waters in this area was directly from THS staff at the Central Highlands Community Health Centre which is located on the banks of the river at Ouse.
- Key issues I found in attempting to assess the social impacts of these events and plan appropriate activities was the inability to get a clear understanding of the event and the activities being implement at various local government, regional and state level. In the South this event did not lead to a sustained ongoing operation of a Regional Emergency Coordination Centre. The lack of an emergency coordination centre I could liaise with made it very difficult to obtain current information on flood progression, critical events, emergency response actions, and other activities being undertaken by local and state government. It is my view that when there is an incident that is causing wide spread local impacts that requires the support of a number of service agencies then

the activation of a centralised coordination centre should be considered to allow a holistic overview of the situation and activities underway to ensure appropriate resources are allocated or prepared for possible mobilisation. This situation was highlighted by the fact as the Regional Social Recovery Coordinator I found out that an Evacuation Centre had been activated at New Norfolk via a morning commercial news broadcast on the radio whilst heading to work.

- The Tasmanian health and human service agencies such as the Department of Health & Human Services (DHHS) and the THS need to have access to the electronic coordination resources such as WebEOC and the Common Operating Picture (COP) platform to ensure that as providers of emergency response and recovery based services have the ability to maintain accurate situational awareness. The only systems the THS has access to in order to obtain this information is through public web pages of relevant agencies. To be able to effectively and timely mange the human consequences of emergencies such as the floods the access to real time information from systems such as the COP and WebEOC is essential and should be supported by ensuring the embedding of Liaison Officer in relevant state or Regional EOC/ECCs.
- From the Coordination of Social Recovery services perspective I obtained the perception there were two parallel coordination processes in play at the regional and state level, and I found there was very limited consultation with the Regional Coordinators prior to various actions being put in place at a state level by what I believe was the Department of Premier and Cabinet (DPaC). Examples of this included receiving an email that assistance and support would be accessed through Service Tasmania. This resulted in me referring a flood affected person to Service Tasmanian with the expectation this information would be captured and relevant financial assistance and emergency accommodation support would be organised from this location. This, to my mind, would have been an ideal location due to the ability to access relevant administrate support, quiet rooms and safe financial handing processes. Yet in reality this person only had his information recorded and a referral was then later sent, via DHHS, to me to then organise the necessary referrals for the assistance he required. This highlights the issues of state lead initiative being implemented without the relevant consultation with person and agencies with designated support roles under Tasmanian Emergency Management Arrangements.
- Coordination and liaison between local, regional and state activities is vital especially as the immediate relief phase of the event transitions to the longer term recovery process. This process identifies the need for DPaC to provide liaison officer/s to the Regional Social Recovery Coordinators in large scale events or on request. This process should also prevent issues in regards to the coordination of specific services to avoid multiple NGO's and normal service providers being engaged to deal with the same issues. An example this is where support arrangements for an affected family were put in place through normal THS service arrangements, yet external NGO's, such as the Council of Churches, were activated somehow how unbeknown to the THS which was carrying out its obligation of coordinating social support service for those requiring it either through existing THS services or through the coordination of alternative service providers.
- The response to these floods and the subsequent one at Huonville highlight the need to develop the knowledge of emergency service responders on providing immediate support to trauma affected persons. This training would empower emergency workers with the ability to take basic actions to support a trauma affected person and assist them to make a decision on when professional counselling and support services are required. These basic psychological first aid measures can be implemented by first responders and local emergency support personnel on the ground at the time. These and some other recent incidents highlight the need for first responder's to have increased knowledge in how to apply basic physiological first aid measures and what processes are in place for referring affected persons to relevant support services required. This is vital as, depending on

the situation, it may be difficult or unsafe to mobilise professional personnel support workers into an emergency area in the immediate aftermath of an event when only basic support is required and the person just needs some help in knowing where to go for extra help. This is extra important for larger scale events where these professional services may be limited and have to be prioritised on the based on actual need.

Yours sincerely

Carl Graham

Safety and Emergency Management Consultant

II November 2016