Involving General Practitioners in Emergency Responses

Presentation to GPDV Forum

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Involving General Practitioners in Emergency Responses

- ACTDGP Planning
  - In 1998 the Division proposed a model to integrate GP support into the ACT Medical Emergency Plan
    - GPs in hospitals
    - GPs in primary care centres
  - Division had a coordinating role.

Involving General Practitioners in Emergency Responses

- What happened?
  - Model not taken up by ACT Health nor further developed by the Division
  - Plan reviewed after Jan 03 fire storms

Involving General Practitioners in Emergency Responses

- The 2003 experience
  - Fire storms crossed into urban areas on 18 January 2003
  - 70% of the Territory burnt
  - > 500 homes destroyed
  - 4 deaths
  - 441 presentations, 49 admissions to hospitals
  - Many others injured, traumatised

Involving General Practitioners in Emergency Responses

- **The 2003 Experience**

GPs provided:

- Medical assistance at evacuation centres (prescriptions, dealing with minor injuries)
- Coverage across the ACT
- Usual GP services in the community

Coordinated through:

- GP Advisor to ACT Health
- Division Emergency Coordinator (President / CEO)

Involving General Practitioners in Emergency Responses

- **The 2003 Experience**

Chain of Command

ACT Emergency Controller

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Medical Emergency Controller (Chief Medical Officer)

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Field Medical Controller (GP Adviser ACT Health)

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ACTDGP Emergency Response Coordinator (President/CEO)

Involving General Practitioners in Emergency Responses

- **The 2003 Experience**
- No reliable communications
- No clear action plan
- Ad hoc structures put in place (eg. community evacuation centres)
- No idea of GP skills
- No specific GP role
- No clear mechanism to activate GP support
- No clear lines of authority (eg. ordering evacuation of aged care facilities)
- Some uncertainty about indemnity issues
- No formal mechanism for liaison with allied health service providers

Involving General Practitioners in Emergency Responses

- Lessons
- Plan in advance for emergencies and disasters - be prepared, not complacent
- Need action plans and clear lines of command and communication
- Plans should be generic - ie adaptable to bushfires, bioterrorism etc
- GPs are a valuable and willing resource in emergency responses, but must be prepared, and be able to respond in maximally effective and safe ways (work best in familiar surroundings – eg. their own surgeries, hospitals if already doing sessions there)
- Pre-identify GP's response capabilities, response willingness and skill sets

Involving General Practitioners in Emergency Responses

- Lessons
- Assume no reliable communications - all possible communication channels need to be pre-established and regularly exercised
- Divisions / SBOs offer the necessary co-ordination capability pre and post emergency
- Divisions can communicate with their members about rapidly evolving incidents and provide clinically relevant and practical information
- One of the biggest barriers to effective emergency response management is a mindset that any response doesn't require GPs – the State/Territory system and facilities will cope

Involving General Practitioners in Emergency Responses

- The New Way
- General Practice is fully integrated into the ACT emergency response system
- The Division has its own emergency response plan – identifies roles and responsibilities for the Division, response practices and GPs
- The plan is an integrated operational support plan under the ACT Health Emergency Plan
- The Division is a member of the ACT Health Emergency Sub Committee
- The Division Emergency Coordination Team will plan, activate and coordinate GP responses and liaise with all other emergency response agencies
- Resource and exercise - the Division is involved in ACT emergency plan exercises