SA Health Major Incident Community Recovery Arrangements

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Government of South Australia
SA Health

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Overview

Introduction

As part of Preparedness, under the State Emergency Management Plan (SEMP), SA Health has robust plans which provide strategic direction to the whole of SA Health on responding to Major Incidents of any size or hazard, whether the incidents are contained to a localised geographical area or affect parts or the whole of South Australia.

Whatever the hazard, an individual's recovery from a Major Incident may not be immediately life threatening but none the less may result in mid to long term impacts on their quality of life and/or may result in a risk to life. The SA Health Major Incident Community Recovery Arrangements (the Recovery Arrangements) provide SA Health with strategies to service the health related recovery needs of South Australians.

Recent events such as Sampson Flat Bushfire (2015), Pinery Bushfire (2015), the Extreme Weather event and subsequent State-wide Power Outage and subsequent flooding events (Sept 2016) have challenged the South Australian Government in providing Recovery support post Major Incidents. The lessons learned during the recovery programs developed for these incidents have informed and refined SA Health's recovery arrangements and the development of these arrangements.

The arrangements incorporate the following recovery principals:

- Understanding the context
- Recognising complexity
- Using community led approaches
- Ensuring coordination of all activities
- Employing effective communication
- Acknowledging and building capacity

Purpose of This Document

The Recovery Arrangements will ensure SA Health provides adequate support to South Australians in accordance with the State Arrangements by:

- Outlining the governance structure for recovery
- Identifying SA Health's responsibilities in Recovery
- Clarifying who is responsible for the delivery of recovery services on behalf of SA Health
- Outlining the Primary Health Network's (PHN) role in recovery coordination
- Describing how SA Health arrangements connect with the broader state and national emergency response and recovery arrangements.

Scope

SA Health is the collective name for the health portfolio and agencies responsible to the Minister for Health. SA Health is the corporate identity for the portfolio and not the legal entity. The Department for Health and Ageing (DHA) sets the policy framework and strategic direction for SA Health and supports the delivery of public health services. Health services and Local Health Networks refer to the broader health system including public hospitals, Statewide Services and other SA Health entities.

Recovery Definition

Recovery is the recognised term for the phase that relates to the support/effort provided by organisations and services to return those affected by an event, disaster or incident to a state of "normality". It is a broad term representing a return to a normal state of mind, health and strength. This phase can be lengthy and, in some cases, the "norm" may not reflect what was in place prior, but may look like, and be, an entirely different norm.

"Recovery is more than the replacement of what has been destroyed and the rehabilitation of those affected. It is a complex social process that provides an opportunity to improve and enhance conditions in an affected community" - State Emergency Management Plan (SEMP).

Recovery operations may commence during the response phase of an incident however Recovery may last weeks, months or even years after an incident or event response.

Assumptions

State Recovery arrangements and activities are outlined within the State Emergency Management Plan (SEMP). The SA Health Major Incident Community Recovery Arrangements do not duplicate but are complimentary to what is described within the SEMP. For more details please click here to access the State Emergency Management Plan.

The Emergency Management Framework outlines the Governance for State Emergency Management arrangements including reference to the Emergency Management Council (EMC) and State Emergency Management Committee (SEMC). It is assumed that the reader has an understanding of the Governance within the state arrangements as described within the Emergency Management Framework.

Governance

Sate Recovery Arrangements

After a declaration of an identified major incident, major emergency or disaster, Section 16(2) of the Emergency Management Act 2004 requires the State Coordinator to appoint an Assistant State Coordinator - Recovery to exercise powers and functions in relation to recovery operations. The Assistant State Coordinator - Recovery will advise the Emergency Management Council and State Emergency Management Committee of strategic issues arising from the recovery operation.

State Recovery Office (SRO) – The State Recovery Office is a unit within Department for Communities and Social Inclusion (DCSI) that works across government and non-government sectors to increase the State's disaster recovery capacity and understanding. It provides support to the State Recovery Committee and also supports Zone (local) Emergency Management Committees.

During a disaster, the SRO coordinates state level recovery functions; provides a management and administrative service to the State Recovery Committee; and supports local recovery efforts.

State Recovery Committee (SRC) - The State Recovery Committee is a standing committee that meets bi-monthly and reports to the State Emergency Management Committee. In line with the National Recovery Principles, disaster recovery in South Australia embraces the physical, environmental and economic elements as well as psychological wellbeing.

SA Health has representation on this Committee consisting of:

- Emergency Management Unit
- Public Health Service
- Office of the Chief Psychiatrist

State Recovery Centre - The State Recovery Centre (Carrington Street) may be opened after a substantial Major Incident to support Recovery activities. This will be a location where agency representatives (including SA Health representatives) work together to discuss and undertake appropriate recovery activities.

Extraordinary State Recovery Committee Meetings (convened by SRO) - After a major incident or emergency, a special meeting of the State Recovery Committee is called. Depending on the event, not all members of the standing State Recovery Committee will be called; membership will be reflective of the event and will include local representation, for example the local Mayor and/or Council Chief Executive.

SA Health Extraordinary State Committee Representation will consist of those with the expertise to provide advice on recovery matters relevant to their areas or to escalate these arrangements on behalf of the department.

Representation may consist of one or more of the following representatives:

- Emergency Management Unit
- Public Health Service
- Office of the Chief Psychiatrist

SA Health Recovery Arrangements

SA Health Recovery Working Group (RWG) - Within the Response phase the Chief Medical Officer/Chief Public Health Officer (CMO/CPHO) may convene the SA Health Recovery Working Group (RWG). Deciding to convene an RWG will greatly depend on the intelligence gained on the identified and expected recovery health related impacts.

The purpose of the RWG will be to consider the impacts of, and hazards resulting from, the incident and the likely effects on the health of South Australians.

The RWG will consist of a representative from:

- CMO/CPHO (Chair)
- The Chief Psychiatrist
- Director Emergency Management Unit (EMU) Secretariat
- Director Public Health Services
- Director Scientific Services
- Director Health Protection
- Director Food Safety & Nutrition
- Network Commander from Local Health Networks (LHN) whose geographical boundaries include communities affected by the incident
- DHA Media & Communications
- Technical experts and other participants the Chair considers relevant

The RWG will consider what health related messaging and advice is being, or has been provided to the public in relation to the hazard and supplement, modify or add to it as appropriate.

The RWG may also consider supplementing existing health services with additional support or implementing new community recovery programs.

The Director, EMU will provide secretariat for the working group and will be the link to the State Recovery arrangements and committee, if the committee has been convened.

If the RWG has not been convened and the SRO requires SA Health to support recovery, the Director, EMU will notify the CMO/CPHO and liaise with the Network Silvers/COOs to ensure that SA Health is represented. The process and arrangements to support recovery will be discussed and negotiated with these parties as required.

Director Emergency Management Unit

Will support the RWG and direct the Emergency Management Unit (EMU) to coordinate the activities relating to State recovery initiatives and public messaging.

The EMU will liaise, provide briefings and coordinate at a strategic level with:

- Office of the Minister for Health and Ageing
- SA Health Recovery Working Group
- State Recovery Committee SA Health representation
- State Recovery Office
- Red Cross (SA) (initial activation of MOU and ongoing liaison)
- Department for Communities and Social Inclusion (DCSI) Emergency Relief Functional Support Group (ERFSG)
- Office of the Chief Psychiatrist (OCP)
- Public Health Services (PH) (encompassing Health Protection)
- Primary Health Network/s for the affected area/s (initial contact and strategy)

Local Recovery Arrangements

Local Recovery Committee (LRC) - The SRO will consider the creation of a Local Recovery Committee relative to each incident or emergency. The purpose of committee members is to consider the challenges faced by the community in a local context with the intent to coordinate appropriate services within the affected geographical area.

If an LRC is convened the SRO will request relevant agencies to provide representation at the LRC including SA Health. These must be senior local agency representatives, who are capable of speaking and acting on behalf of their agencies local service.

Local Recovery Coordinator – As Chair of the LRC the Local Recovery Coordinator will have lead responsibility for coordinating the State Government's local recovery response, working closely with the local community and across the three tiers of government and the non-government sector to ensure that services are locally focused, coordinated and responsive

For a widespread event it may be possible that multiple LRCs are convened and a number of Coordinators are appointed.

Local Health Network Recovery Coordinator (LHNRC) – The LHNRC will be appointed by the Network commander/s for the affected LHNs and will be the SA Health representative on the Local Recovery Committee.

Their role is to ensure that SA Health is fulfilling its responsibilities under these arrangements at a local level by coordinating Health recovery operations/services on behalf of their LHN and liaising closely with the relevant Primary Health Network. The LHNRC will engage (with the support of their Network Commander/COO) appropriate support services within the LHN as a result of information gained from the Local Recovery Committee regarding health related concerns and provide appropriate solutions to affected communities where/when appropriate. In providing appropriate local solutions the LHNRCs will engage mental health services within their network and liaise with Public Health Services as required. The LHNRC will keep these parties and the EMU (as the conduit to the State Recovery Committee) appropriately informed of community local health impacts and the intended local solutions to these impacts. In addition the LHNRC will work closely with the affected Primary Health Network Recovery Coordinator (see below) to determine what support services PHNs can offer to support recovery.

The LHNRC will attend or ensure appropriate health representation is present at community meetings when requested by the LRC or Local Recovery Coordinator. The aim will be to provide advice to the community where appropriate and feedback potential issues into the LHN for consideration. They may engage subject matter experts in the areas of Public Health or Mental Health who may also attend the LRC to offer the relevant advice or support.

If the geographical boundaries of the affected communities span multiple health networks then each Network Commander from each affected LHN will select a LHNRC for their network. In this instance each LHNRC will attend the Local Recovery Committee on behalf of their affected LHN.

If the geographical boundaries of affected communities span multiple Country Health South Australia Local Health Network (CHSALHN) Regions it will be at the discretion of the Network Commander to select one, or more than one LHNRC from the affected regions. The exception to this is when two events occur in different areas of SA e.g. South East and Eyre and Far North. The Network commander in this instance will be required to appoint one LHNRC position for each region.

Supporting Networks, Agencies and Non-Government Organisations

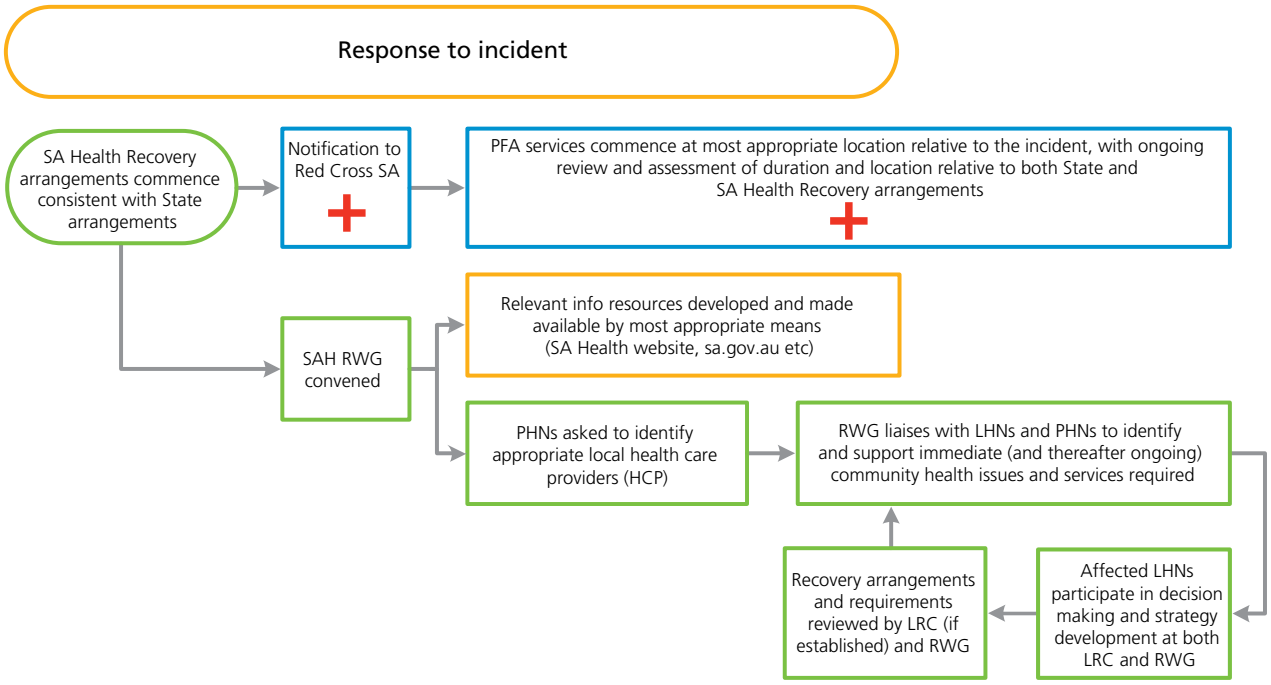
Primary Health Network (PHN) - In ensuring recovery is locally focused, community health care service providers are best placed to understand the evolving needs of their communities. A key principle of recovery support from a health perspective will therefore be to determine how services and information required by affected communities can best be delivered in a local context through existing Primary Health Networks.

PHNs are not part of SA Health but they will play a major role in local recovery. Consideration will therefore need to be made for inclusion of PHNs to ensure a holistic approach to recovery for affected communities.

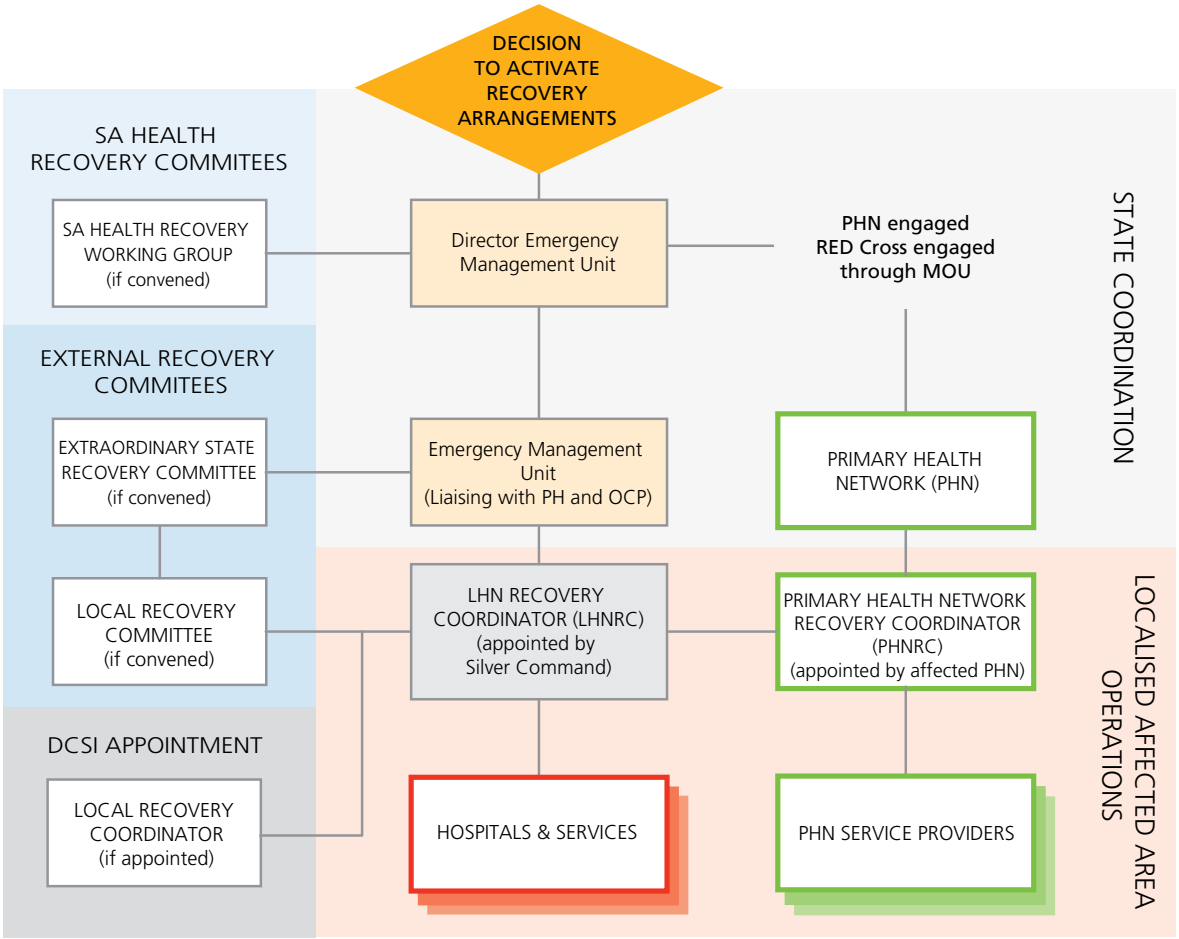
Primary Health Network Recovery Coordinator (PHNRC) - PHNs will nominate a Primary Health Network Recovery Coordinator (PHNRC) to liaise directly with the LHNRC/s.

Department for Communities and Social Inclusion (DCSI) Emergency Relief Functional Support Group (ERFSG) - During the response phase to an emergency the ERFSG within DCSI may open relief centres near the affected areas. SA Health will work closely with and support DCSI who will provide Psychological First Aid (PFA) at relief centres to affected community members through a Memorandum of Understanding with Red Cross SA. This service may also be provided in outreach programs coordinated by ERFSG.

Red Cross (SA) - Red Cross (SA) provide Psychological First Aid (PFA) during the Recovery phase of an Incident PFA will be discussed more within the 'Recovery Responsibilities section of the Recovery Arrangements.



Flowchart 1 Recovery Coordination



Triggers for SA Health Major Incident Community Recovery Arrangements

Not every incident will require coordination of recovery services from SA Health at a State or local level. In these cases the normal day to day support and services offered by health providers will be considered adequate. There will be times however where coordination of services is necessary to ensure that the recovery needs of affected communities can be met.

The triggers to activate the Recovery Arrangements include:

1. An Incident where SA Health is the Control Agency
2. SRO requests SA Health Recovery support through the Stare Recovery Committee Membership or Extraordinary State Recovery Committee
3. CMO/CPHO convenes the RWG in response to a Public Health Incident/ a declared Public Health Emergency
4. A request from an LHN for coordinated support

Health Recovery Impacts and Responsibilities

There are a number of aspects to be considered during Recovery from an Incident and the nature and severity of the Incident will determine how SA Health will support Recovery services to the state and local areas affected.

Regardless of the Incident SA Health has a responsibility to mitigate and recover from health impacts caused by the hazard or other subsequent (secondary) hazards resulting from the incident.
Initial hazards that present from an incident need to be considered in recovery, for example flood waters cause infrastructure damage and displacement of people which can cause loss of life, injury, anxiety and trauma.

Secondary hazards also need to be considered and addressed within a coordinated Health recovery action plan, for example secondary hazards from floodwaters may include contaminated floodwater/ drinking water, food spoilage and crop damage, which can lead to skin infections, vector borne diseases, food poisoning and medium to long term financial pressures leading to anxiety, trauma and potentially mental illness.

Public Health and Health Protection

Public Health and Environmental Health hazards often present issues for communities within the recovery phase of an incident. Hazards may be present immediately during an incident or in the medium and long terms of recovery.

SA Health provides advice and information on, or assistance with, hazards including but not limited to the following:

Fire	> Smoke damage/inhalation > Contaminated rainwater > Asbestos > Returning to/cleaning up property post fire > Chemical or hazardous material exposure > Food safety
Flood	> Mould > Vector borne diseases > Asbestos > Contaminated rainwater > Food safety > Returning to/cleaning up property post flood > Water safety (personal hygiene after touching flood/dirty water)
Earthquake	> Contaminated drinking water > Food safety > Returning to/cleaning up property post flood > Asbestos
Extreme Weather (incl Heat)	> Food safety > Asbestos (damaged homes/businesses)
Power Outage	> Food safety
Human Disease	> Ongoing disease surveillance > Infection control

Although some of these hazards, for example Asbestos, are not managed by SA Health, clear direction to the information sources on the health effects of these hazards needs to be considered in SA Health Recovery support. Consideration also needs to be given to how long SA Health promotes hazard related information after an Incident for example the dust from farms (as a result of loss of crops in bushfire) was a health concern for a number of months after the Pinery fire.

Responsibilities

Public Health Services are represented on the SRO and will coordinate appropriate hazard related public information and provide assistance to affected areas using resources and expertise relative to the event.

This includes liaising with councils within affected areas and advising Environmental Health Officers of recovery advice or recovery assistance schemes such as mosquito programs or septic tank programs depending on the hazard/s.

Responsibilities may include but are not limited to:

- Liaising with, advising and informing the RWG and LHNRC on Public Health and Environmental Health recovery initiatives
- Creating appropriate public messaging in consultation with the RWG and the Media and Communications Unit
- Developing/maintaining hazard specific content for the SA Health Website
- Providing information and links to hazard specific information to the State Recovery Office that can be linked to the State Recovery Webpage - www.sa.gov.au
- Providing State Recovery Office with information on assistance and financial schemes for councils and community members
- Advising the LHNRC of any information relevant to the local recovery area to be formally tabled at LRC
- Attending, or arranging advice to, the community and/or LRC meetings where/when appropriate and required

Office of the Chief Psychiatrist/LHN Mental Health Services

Emotional Wellbeing, Suicide Prevention and Mental Health

An individual's response to a traumatic event will be unique and influenced by prior experience and personal circumstances including a history of mental illness or other vulnerability. Some people will find the distress of the experience overwhelming and others will see it as part of the fabric of their life.

In addition displacement, survivor guilt and loss of loved ones, livelihood, business, home and pets has an effect on the emotional wellbeing of victims in recovery.

SA Health must ensure it can service the emotional wellbeing and mental health needs of affected communities in the early stages of recovery either through Recovery Centres established by the SRO or in a less formal environment.

Responsibilities

LHN Mental Health Services

- Liaising with, advising and informing the LHNRC on emotional wellbeing, mental health and suicide prevention initiatives and programs
- Providing solutions to the LHNRC for relevant health impacts
- Supporting the affected LHN and LHNRC
- Providing subject matter expert advice to the Local Recovery Committee
- Where appropriate providing support to the LHNRC at community meetings
- Liaising with the OCP to seek advice, develop programs and/or apply for additional recovery funding e.g. contribution to Cabinet Submission for National Disaster Relief and Recovery Arrangements Grants

Office of the Chief Psychiatrist

- Creating appropriate public messaging in consultation with the RWG, LHNRC and the Media and Communications Unit
- Providing briefings for the Minster for Mental Health and Substance Abuse on recovery arrangements and programs
- Developing/maintaining content for the SA Health Website
- Providing advice to affected LHNs on emotional wellbeing, mental health and suicide prevention initiatives
- Providing information and links to hazard specific information to the State Recovery Office that can be linked to the State Recovery Webpage - www.sa.gov.au

Considerations for Mental Health in Recovery

Psychological First Aid (PFA) - Given that the location and duration of any emergency and the succeeding recovery phase will be unknown, SA Health has a Memorandum of Understanding with Red Cross SA to provide PFA and pathways to care for affected communities during the Recovery phase of an Incident at the request of the CMO/CPHO. Psychological First Aid (PFA) involves helping people to feel safe, connected to others, calm and hopeful, access physical, emotional and social support, and to feel able to help themselves. PFA aims to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment.

The Director EMU in consultation with the Chief Psychiatrist will ensure that during the recovery phase, Red Cross (SA) is engaged to consider:

- What PFA services will be required during ongoing recovery
- Where they may be required, and
- For what duration

Red Cross (SA) Duty Officer will send a daily report to the Emergency Management Unit and Office for the Chief Psychiatrist via email describing the activities undertaken and key community issues from the previous day. This information will assist SA Health to determine if mental health themes are beginning to present.

Urgent Referrals from Red Cross (SA)

Red Cross (SA) will be provided appropriate pathways to care by Mental Health Services (Coordinated by the Office for the Chief Psychiatrist) so that Red Cross volunteers can refer community members experiencing trauma, which is outside of the scope of Red Cross services, to the most appropriate service.

If a Red Cross (SA) volunteer has contact with a community member who obviously needs intervention support/suicide prevention they can work through the options on the SA Health Major Incident Mental Health Recovery factsheet (Attachment A).

Mental Health and Suicide Prevention Programs

When a person shows signs that are of concern, the following will be considered by the LHNRC and PHNRC when determining appropriate local support programs, services and pathways to further support and care.

Immediate Grief /Trauma - A high prevalence group of people who experience a normal grief and distress response

This group benefit from initial contact with someone who validates and normalises their feelings. Connecting them with supportive family and friends and access to PFA services will help ensure recovery. It may take up to a month before symptoms begin to reduce and the person experiences more good days than bad.

Acute Stress Response - People who require a period of clinical intervention, but are likely to completely recover without lingering disability

This group includes the diagnostic groups of depression and anxiety disorders; people experiencing this level of distress should be encouraged to seek support from their General Practitioner (GP) and consider counselling.

Longer Term Stress Response - Low prevalence (potentially the most significantly impacted)

People whose capacity to cope has been overtaxed may need longer term therapeutic interventions.

They include the more serious psychiatric diagnostic groups such as major depression and post-traumatic stress disorder. Enquiring about thoughts of suicide is useful for this group and appropriate responses for support can range from talking to their GP and family through to crisis interventions including visiting a hospital, or calling mental health triage or emergency services.

Children and young person

When a child or young person experiences a traumatic event, it is often unclear the types of reactions they might display, or how this event might affect them in the longer-term. Many will experience some type of reaction following traumatic events, but fortunately, most are resilient and gradually return to their previous functioning over time. However, there are some children and young people who continue to experience difficulties over time. During the establishment of recovery programs the LHNRC will ensure that the needs of children and young people are considered with assistance from Child and Adolescent Mental Health Services (CAMHS). Early liaison with the Department for Education and Child Development (DECD) will also be necessary to ensure that appropriate communication with schools, families and support networks is considered.

Disaster mental health programs and/or resources required to support recovery, which are outside the scope of or beyond the capacity of LHNs/PHNs to provide during the recovery phase will be considered by the Chief Psychiatrist and affected LHN Executive as part of the RWG process.

Communication and Public Messaging

As is the case in the response phase of an incident, Public Information is just as important in Recovery. All aspects of Recovery should consider how SA Health provides the affected communities with health related recovery information and appropriate mediums for message delivery.

Responsibilities

SA Health Media and Communications will:

- Be engaged during the recovery phase to provide public messaging services and advice on messaging mediums to those services mentioned above that have responsibilities in recovery.
- Consider a communication strategy for each event requiring SA Health Recovery support

Consideration should be given to long term messaging on secondary hazards that may present for a long time after the Initial hazard for example dust (as a result of loss of crops in bushfire) and mosquito control well after floods have ceased.

PHNs

At the commencement of the recovery process the Director EMU will liaise with the PHN for the affected geographical region/s, to establish which local health care providers and services would be best suited to delivering services in partnership with SA Health.

The PHNRC will work collaboratively with the affected areas LHNRC/s as outlined in the Governance section above to provide access to Primary Health Network services for the affected communities.

Timeline for Recovery

Recovery Activity	Timeframe
Identify the short, medium and long term health impacts relative to the specific incident focusing on: a. Physical Health b. Mental Health c. Public Health d. Environmental Health	Short
Ensure information relative to the identified impacts is available on both SA Health website, sa.gov.au and any Recovery web resource	Short
Provide Psychological First Aid (PFA) services to affected communities through established Recovery Centres or local health service providers if Recovery centres aren't established.	Short/Medium
Ensure all staff performing duties in the Recovery Centres have received PFA training to ensure self-awareness and self-management and to minimise potential harm to volunteers	Short/Medium
Liaise with Primary Health Networks for affected area to identify local health service providers to provide emotional support and counselling services and programs	Short/Medium
Use local media and other forms of community communication to ensure health and well-being is continually promoted.	Medium
Establish and maintain links with local health service providers to help develop programs aimed at reinforcing better health and well-being for affected communities, with the intention of mitigating the risks and impacts identified at point 1 above.	Medium/Long

For more information

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