

Rationale

Australia is vulnerable to a range of natural disasters including bushfires, severe storms, floods, drought, heatwaves, cyclones and earthquakes. Unfortunately, these events are likely to continue to increase in intensity and frequency due to the impacts of climate change.¹

Human-produced disasters such as major industrial and transport accidents also need to be considered, as do biological hazards in the form of pandemics. These disasters can have a profound impact on the physical and psychological health and wellbeing of individuals and their communities through exposure to loss of life, trauma, grief, and consequent financial hardship. These events are unpredictable, thus general practitioners (GPs) should not neglect effective disaster planning to ensure that they have the capacity and resources to provide care when needed, and to protect their staff and themselves from harm.

A disaster can be defined as a 'serious disruption to community life which threatens or causes death or injury in that community and/or damage to property which is beyond the day to day capacity of the prescribed statutory authorities and which requires special mobilisation and organisation of resources other than those normally available to those authorities'.² GPs often play a central role in the provision of healthcare to communities in the immediate, acute phase of emergency situations and on an ongoing basis for the long-term recovery of individuals and their broader community.

General practice is often the first port of call for individuals experiencing early symptoms of the most significant current pandemic threat in Australia, influenza.³ Appropriate management that focuses on the delivery of evidence-based care to the affected individual and their contacts, as well as considerations of the implementation of protective mechanisms for the broader community, require a specific skill set that all GPs must have to minimise public health consequences. GPs have a responsibility to protect clinic staff through provision of vaccinations and regular training and support, adequate personal protective equipment and facilities to effectively isolate individuals. GPs need to be familiar with medical isolation procedures and understand the importance of timely contact with state or territory health departments regarding notifiable diseases. Implementation and regular review of infection control measures are also imperative.³

Disaster management skills are based on a foundation of awareness of local risks to enable effective planning. Use of effective triage and appropriate distribution of available resources are important, as are having the capacity for flexibility and the ability to readily engage with local emergency and community services on emergency response plans appropriate to the area of practice. Individuals with chronic conditions such as type 1 and type 2 diabetes are typically at increased risk of morbidity and mortality during disasters. Provision of education and promotion of self-management action plans for individuals with chronic diseases can minimise these risks.⁴

Optimal communication between health services is very important during times of crisis, particularly between primary care, hospitals, public health organisations and health departments to minimise the risk of duplication of effort and

unaddressed gaps. To be most effective, these communication channels need to be established prior to disasters and/or pandemics. Clear delineation of roles for staff, availability of an emergency kit and an emergency pandemic kit, as well as emergency clinical diagnostic and management skills are also all essential.

Essential roles for the GP in a disaster include providing empathic psychological first aid for individuals who have experienced trauma, and providing support and offering continuity of care to ensure identification of individuals with acute stress disorder, post-traumatic stress disorder and complicated grief reactions. It is important to recognise that the majority of individuals psychologically recover after trauma, but GPs need to be mindful of the vulnerability of individuals who have lived through traumatic experiences and be able to recognise those at risk who may be in need of ongoing support and access to care.⁵

Self-care is another essential aspect for GPs when providing care in disaster environments.

Related contextual units

MM16 Military medicine

RH16 Rural health

References

1. Sauerborn R, Ebi K. Climate change and natural disasters: Integrating science and practice to protect health. *Glob Health Action* 2012;5:1–7.
2. Australian Emergency Management Institute. Handbook 1: Disaster health. Barton, ACT: Australian Emergency Management Institute, Attorney-General's Department, 2011. Available at <https://aidr.infoservices.com.au/items/HB1-1ST> [Accessed 20 April 2016].
3. The Royal Australian College of General Practitioners. Pandemic flu kit. East Melbourne, Vic: RACGP, 2016. Available at www.racgp.org.au/your-practice/business/tools/disaster/pandemics [Accessed 20 April 2016].
4. Diabetes Australia, National Diabetes Services Scheme. Local council, emergency services and not-for-profits. Woden, ACT: Diabetes Australia, Australian Diabetes Educators Association, 2015. Available at www.ndss.com.au/resources-for-local-council-emergency-services-and-not-for-profits [Accessed 20 April 2016].
5. Cooper J, Metcalf O, Phelps A. PTSD – An update for general practitioners. *Aust Fam Physician* 2014;43(11):754–57.

Useful disaster management resources and tools

Centre for Disaster Management and Public Safety, www.cdmps.org.au

Evidence Aid, www.evidenceaid.org

The Royal Australian College of General Practitioners (RACGP), Emergency Response Planning Tool (ERPT), www.racgp.org.au/your-practice/business/tools/disaster/erpt

The Royal Australian College of General Practitioners (RACGP), *Managing emergencies and pandemics in general practice; A guide for preparation, response and recovery*, www.racgp.org.au/download/Documents/Disaster/mepsguide.pdf

Glossary

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