RACGP

Key recommendations for the inclusion of GPs into evacuation centres

Acknowledgement

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Foreword

Emergencies and disasters have a significant impact on the health and well-being of people and communities[1]. As essential healthcare providers, GPs play a critical role in supporting individuals and communities before, during and in the aftermath of these events. Efficient utilisation of GP services in areas affected by disasters and emergencies is crucial to the health and welfare of the community[2].

As outlined in the *RACGP Position statement The vital role of general practitioners in disasters and emergencies* general practice has not historically been well integrated into emergency planning, nor effectively utilised, however, work is increasing to improve systems of integration. This is because general practices are generally private businesses, which the the federal government is responsible for, while emergency planning is largely managed by state and territory governments. Consequently, the experience of GPs and general practice teams working in disaster impacted areas has been hampered as GPs are not consistently embedded into the wider healthcare response[3].

PHNs, which are funded by and report to the federal government, are increasingly prioritising and playing an important role in disaster planning and response. PHNs are currently best placed to connect GPs to the broader disaster health management (DHM) response and to evacuation centres as needed.

This resource is made up of two parts:

- *Key recommendations for the inclusion of GPs into evacuation centres* aims to support PHNS and agencies responsible for evacuation centres to effectively integrate GPs and their teams into these centres.
- *Information for GPs working in evacuation centres* is a resource for GPs on providing care in evacuation centres.

The RACGP appreciates the disaster management space is constantly evolving. We will continue to refine and update this resource and any supporting materials as required.

1. About this resource (Key recommendations for the inclusion of GPs in evacuation centres)

Access to usual medical care needs to be maintained during emergencies and disasters. Supporting general practices in disaster impacted areas to remain open will help ensure people can continue to access the care they need in a safe, familiar and timely fashion, where possible. In addition, evacuation centres become temporary critical infrastructure during some emergencies and disasters and aim to provide access to medical care for evacuees. GPs and their teams can play a vital role in providing that care.

As PHNs are increasingly taking on more responsibility in disaster planning and response, *Key recommendations for the inclusion of GPs into evacuation centres* sets out how PHNs can support GPs in these two areas. It is hoped the recommendations in this guide will be useful for other agencies involved in disaster planning and response and contribute to national consistency across PHNs, as well as states and territories, to improve engagement and support of GPs working in evacuation centres.

This document is not intended to be prescriptive or compliance oriented. It does not replace existing evacuation centre advice or guidance and is not intended to replace the processes of other supporting disaster response agencies. It is intended to provide best practice recommendations to ensure GPs can operate in a safe environment, within their professional scope, as an integrated part of the healthcare team. It details the resources required by GPs to support the comprehensive biopsychosocial healthcare needs of people seeking care at an evacuation centre.

For the purposes of this document the following terms may be used interchangeably:

- 'emergency' and 'disaster'
- 'LHD' and 'LHN'

2. Introduction

Whilst the Federal Government has responsibility for the overall primary care sector, the state and territory governments are responsible for emergency planning in conjunction with the Local Hospital Networks (LHNs)/Local Hospital Districts (LHDs) and, in some cases, the PHNs. As general practices are generally private businesses independent of state and territory health services, this has contributed to limited inclusion in the emergency planning process. There are variable formal arrangements in place across LHNs to utilise GPs when a disaster occurs, and GPs who turn up to help at evacuation centres are sometimes turned away as they are not part of the local area's disaster response plan.

After many years of tragic and costly natural disasters, some PHNs (which are federally funded and have a mandate to coordinate primary health care in their region) are prioritising disaster planning, however routine funding for this purpose varies state by state. PHNs can play a critical planning and operational role in ensuring general practice is better integrated into disaster planning. This will ultimately support general practices in disaster impacted areas to remain open and as needed, help GPs and their teams provide care in evacuation centres, ensuring communities retain access to vital ongoing medical care.

It should be recognised that, while GPs and their teams are keen to actively contribute to disaster planning and response, general practices are private businesses and may be unable to commit money and resources to disaster planning, preparedness, or response activities. Services provided by GPs in evacuation centres are not billed through Medicare and GPs are not routinely remunerated. To date, the majority of GPs providing care in evacuation centres volunteer out of a sense of philanthropic good will. While many GPs are happy to volunteer their services to assist their communities, it must be acknowledged that in doing so they may be missing out on paid work via their usual place of practice.

This document recognises there will always be variations in arrangements and processes for the establishment and management of evacuation centres across jurisdictions and local regions. There is a significant element of local context to the operation of an evacuation centre (e.g., the needs of disaster-affected communities vary significantly according to many factors including rurality, the pre-existing health of the local community, type and severity of the disaster, and duration of need for the evacuation centre). However, the recommendations for the role of GPs in an evacuation centre should be implemented consistently and nationally.

Key recommendations

Recommendation 1: Keeping local general practices operational

Local general practices impacted by a disaster must be supported to remain open and in operation where possible. This allows continuity of GP healthcare services to the local community for routine health matters and management of lower acuity presentations that are better seen by GPs in their usual general practice than in an evacuation centre or emergency department.

To support general practices to remain open, PHNs may initiate various strategies based on the local context and characteristics of the disaster itself. These strategies could include:

- Staying in regular contact with general practices in the area to:
  - determine their ability to scale up service provision through extended hours or increased capacity for patient load
  - determine if operational practices have capacity to provide clinical and administrative space to clinicians and staff from practices unable to provide services from their usual location
  - share information about the status of other health services such as pharmacy, imaging, pathology, residential aged care facilities, allied health and other specialists
- funding to:
  - provide extended hours of operation to support additional patient load (e.g. providing infrastructure to deliver telehealth if practice is non-operational)
  - extend patient loads by seeing patients from practices that are not operational.

Recommendation 2: Registering GPs for deployment at an evacuation centre/willingness to scale up services

To support agencies to access GP services when required, PHNs should establish a list of GPs and other general practice team members who are willing to assist when an evacuation centre is activated. PHNs can identify those willing to assist via an expression of interest (EOI) to all general practices in the region.

The EOI could also be used as an opportunity to identify practices with capacity and willingness to scale up service provision (in the event of a disaster where their premises and staffing have not been impacted) and could provide clinical and administrative space to other general practice clinicians and staff whose practices have been disrupted.

Those willing to assist should receive appropriate training prior to being deployed to assist in an evacuation centre (see Recommendation 6: Training to prepare for work in an evacuation centre)

The register should include:

- disaster training undertaken
- confirmation of clinical credentials
- other relevant qualifications
- vaccination history
- medical indemnity insurance coverage
- availability
- contact information preferences

Clinical credentials

Any Australian Health Practitioner Regulation Agency (AHPRA) registered general practitioner or nurse actively working in general practice (without relevant conditions, restrictions, or supervision requirements) is eligible to provide services in evacuation centres.

PHNs should review the AHPRA Register of practitioners to ensure GPs who have submitted an EOI are allowed to practise and do not have a type of registration or conditions that would limit their ability to work in an evacuation centre. This check could be conducted periodically to ensure credentials are up to date.

Maintaining the register

PHNs should maintain ongoing engagement with those on the register. For example, via regular newsletters, reports on local disaster events and preparedness activities, regular training update sessions.

Regularly confirming contact information is important to ensure effective and targeted communications at critical times, such as the time preceding high risk disaster periods, during any disaster actualisation, and in recovery.

Activating the register

GPs should be contacted as soon as possible to determine who has capacity to assist. If multiple evacuation centres are being established, GPs should be able to nominate the centre they wish to be rostered for, recognising this may not always be possible.

Deploying general practice teams

While it is usually GPs who will be called on to assist in evacuation centres, in some circumstances it may be valuable to deploy a small general practice team. This could include a practice manager, a practice nurse, and other relevant support staff. Teams may or may not come from the same practice as the GP.

Team members deployed to support GPs can, as appropriate:

- assist with the assessment and management of patients seeking care
- provide administrative support to capture patient details
- ensure medical supplies are available and restocked as needed
- support liaison with other healthcare services.

When supported by a team, GPs can focus on delivering clinical care to patients. A register could capture information about the availability of other team members willing to support GPs working in an evacuation centre.

Managing unregistered volunteers

There could be instances where GPs who have not registered their interest to be part of the disaster plan will offer their services during the disaster. As part of the planning process, PHNs should consider how these offers will be managed. Ideally, the implementation of the guidance in this document should minimise these ad hoc offers of assistance.

Recommendation 3: Providing a safe working environment in evacuation centres

GPs working and volunteering in evacuation centres have the right to a safe work environment and to be covered under relevant Work Health and Safety (WHS)/Occupational Health and Safety (OHS) regulations. See Safe Work Australia for more details.

To provide a safe working environment for GPs in evacuation centres, planning agencies should:

- establish maximum hours, and consecutive days of work * including:
  - standard 8-hour shifts, maximum 10 hours if required
  - standard 5 consecutive shifts, maximum 7 consecutive shifts if required
  - minimum 10 hours off between each shift
  - all shifts must include reasonable breaks to allow GPs to rest for a period
  - establish rosters which are:
  - flexible and closely reflect the demand for GP services within the evacuation centre. As time passes, the need for a GP onsite may decrease, and the number of rostered workers and/or rostered hours should reflect this.
  - able to accommodate GP volunteers who have been personally impacted by the disaster and may need to leave a shift early due to distress or other competing priorities as they arise.
- provide health and wellbeing support for GPs, which includes:
  - an Employee Assistance Program (EAP), or details of other available support services be provided to all GPs working or volunteering (see Support services)
  - GPs involved in post disaster after action review or operational debriefing facilitated by the PHN/LHD including all members of the medical response team (for example, GPs, administrative, nursing and PHN personnel)
  - establishment of a GP specific communication tool (such as a WhatsApp group chat) to support decision making in the

evacuation centre, which could include peer support, evacuation centre access, emerging safety issues and rostering updates

- establishing peer support networks for GP in different evacuation centres, or non-local GPs with evacuation centre experience, to exchange learnings and support.

**As an evacuation centre is not an acute care facility, overnight attendance by a GP is unlikely to be required and should not be expected. In many cases a GP "round" or attendance for 1-2 hours a day may be most appropriate. This is preferable as it will enable GPs to continue to provide services in their usual general practice as well.*

Workplace health and safety legislation varies across states and territories in terms of a volunteer's ability to access workers compensation, if required. Relevant workplace health and safety legislation will typically recognise volunteers as workers and, in most circumstances, protect the physical and mental health of a volunteer in the same way paid employees are protected. Where volunteers are not covered under legislation, the organisation engaging volunteers should have an accident insurance policy and public liability insurance to cover volunteers in the event of injury.

To further support a safe working environment, it is recommended that PHN disaster planning and response funding is increased to include renumeration for GPs. This will provide security around WHS, access to workers compensation and employer provided professional indemnity insurance.

Recommendation 4: Coordinating messaging during an emergency

A key role of the PHN is coordinating timely, up-to-date health related messaging to different stakeholders during an emergency. This should include GPs deployed to evacuation centres and general practices more broadly as part of the disaster response.

The PHN must ensure there is:

- early communication about impending events to allow GPs and their teams to prepare to respond.
- a key contact point for GPs and their team members working in an evacuation centre
- processes in place to provide rapid communication amongst the evacuation response team members.

  Which may include use of:

  - email
  - text messaging
  - phone calls
  - Facebook messenger
  - Zoom or other video platforms
  - group messaging (e.g., WhatsApp)
- ongoing communications as the disaster event unfolds to ensure general practice remains up to date as the situation develops.

Content of communication could include:

- status of disaster response
  - notice of activation of the GP evacuation centre register
  - links to external sites for updates on the disaster (e.g., Fire Service, SES, Police, Local Councils)
  - details of activated evacuation centres (as applicable)
- status of local health services
  - details of general practices in the area, which are fully or partially operational, including changes to operating hours or service availability
  - details of general practices that are non-operational
  - as available, details of the operational status, operating hours and contact details of other local health services including:
    - hospitals and public outpatient clinics
    - mental health services
    - alcohol and other drug support services
    - pharmacies
    - allied health
    - relevant specialities for clinical advice such as infectious diseases, respiratory, burns unit, etc
    - and the PHN itself
- supports for GPs and patients
  - Timely updating of relevant HealthPathways including referral pathways available to direct patients with specific healthcare needs arising from the event

  - availability of interpreter services and how to access these
  - details on how to access other resources to support patients, such as social, transport or financial support
  - details of funding available to general practices to increase capacity or return to operation.

The PHN has an important responsibility to communicate and follow up with anyone deployed to assist in an evacuation centre or who was registered to assist, but not deployed. An after-action review following on from a disaster event can support the wellbeing of disaster responders, identify lessons learned and provides an opportunity to review and improve future planning and deployments.

Recommendation 5: Supporting GPs to deliver care in an evacuation centre

Providing care in an evacuation centre includes responding to emergencies, appropriate management of medicines, documenting episodes of care, and ensuring patient details are kept confidential and secure.

Healthcare provision by GPs should generally be reserved for evacuees taking shelter in the centre. An evacuation centre is not equipped to be a temporary emergency department, nor a makeshift general practice. Generally, GPs should not be responding to routine chronic care management, unless delay would cause preventable deterioration in a patient's health. Routine health matters should be managed by the patient's usual GP face-to-face, or via telehealth at a later time.

Organisations operating evacuation centres need to be aware that GPs providing care in evacuation centres will:

- only provide care they feel comfortable with, and which falls within their normal scope of practice, similar to care they would provide in their usual practice or home visit setting
- recommend transfer of patients presenting with health issues that cannot be appropriately cared for in the evacuation centre to the nearest appropriate facility (e.g., hospital emergency department, acute care facility, or operational local general practice)
- avoid imaging and pathology requests due to challenges regarding follow up of results and continuity of care
- refer any time-critical testing to a local emergency department or an operational general practice.

Patient safety and support during a disaster is important. Those who genuinely cannot access care elsewhere could receive care at their evacuation centre as a last resort.

The complementary resource *Information for general practitoners working in evacuation centres* provides a comprehensive list for GPs on what services should and should not be provided in an evacuation centre.

> I attended the evacuation centre in Bega during the 2019 Black Summer bushfires and the majority of clinical presentations were straightforward and involved such things as script replacements, psychological first aid, asthma exacerbations and eye problems. There were also several logistical challenges such as accessing incontinence pads for a disabled child or formula for an infant. I felt the main benefit of my visit was the calm instilled in the evacuees knowing there was a GP on hand.
>
> - Dr Louise McDonnell

Managing medical emergencies in evacuation centres

The deterioration of medical conditions can happen in any setting. Medical emergencies such as cardiac arrest, seizures and acute drug withdrawal may occur within an evacuation centre.

To support GPs respond to medical emergencies, evacuation centres should provide:

- a defibrillator
- barriers to manage and control other evacuees to allow privacy for the patient and safe passage for emergency personnel to access them.

While GPs can provide initial basic life support, these medical emergencies may require greater resources and access to tertiary healthcare and should be escalated urgently via emergency services for transport to the nearest, or most appropriate, emergency department.

Medicines management in evacuation centres

Planning for the management of medicines within an evacuation centre needs to be done prior to a disaster or emergency event and should include:

- resources required to store medicines securely on-site
- protocols for off-site storage, including transportation, security and storage location
- a dispensing register and protocols for Schedule 8 (S8) medicines.

Arrangements could be made for medicines to be stored offsite at a local pharmacy or operating general practice and brought into the centre during times when GPs are onsite.

Planners will need to consider that there may, however, be situations where the storage of personal medicines needs to occur in an evacuation centre. While the management of personal medicines in these situations should be the responsibility of the evacuee, GPs and nurses may be called upon to provide assistance (i.e., where there are risks to storage of some medicines such as drugs of dependence, for example Schedule 8 medicines, or medicines requiring special storage such as refrigeration).

In rare circumstances where an evacuee's personal medicines might need to be stored in an evacuation centre, **and only when there is capacity to safely do so**, the medicines should be:

- kept within their original packaging or a pharmacy webster/blister pack
- marked clearly with the person's name and date of birth
- added to a register of stored medicines
- safely locked away out of reach.

Access to the medicines should be restricted to GPs or other clinicians only and provided to the patient after their identity has been confirmed.

A lockable storage area and medicines register book/paperwork should be provided to enable this secure storage.

Documentation of clinical consultations at evacuation centres

Methods for documenting clinical consultation and handover (whether it is handover to another GP within the evacuation centre, back to the patient's usual practice, or to other medical services) should be considered during planning.

Planners should consider:

- providing options for documenting clinical consultations, including paper forms (carbon paper) or electronic forms
- how patients can access a copy of the consultation notes to provide to their usual GP, or a GP who will be providing them with ongoing care
- that any patient data collected is confidential and needs to be secured to protect patient privacy.

More information about documenting clinical consultations in evacuation centres for GPs can be found in *Providing care in an evacuation centre*.

Recommendation 6: Training to prepare for work in an evacuation centre

Training in basic disaster concepts and systems for GPs and their teams is valuable. Currently, there is no standardised training in disaster management. Providing this training to GPs and securing the funding to do so could be a suitable role for PHNs to undertake.

Examples of appropriate disaster training could include:

- disaster management training
  - basic disaster management terminology, concepts and systems
  - disaster triage
  - psychological first aid
  - trauma informed care
  - likely health presentations based on the nature of the disaster
  - navigating processes in extreme circumstances (e.g., when there is no power, technology, or phone reception)
- local emergency management coordination procedures and protocols
  - communication lines and processes between GPs, PHNs and other relevant parties
  - how to access localised relevant information through HealthPathways

- evacuation centre training
  - available resources to support management of patients
  - expected role, responsibilities and scope of practice
  - details of medical resources provided
  - details of medical resources/equipment that a GP should supply themselves (e.g. script pads)
  - management of medicines including safe storage, legal requirements (including for Schedule 8 medicines) and dispensing
  - infection control policies relevant to the evacuation centre
  - documentation processes and clinical handover.

For GPs likely to play a leadership role in disaster response, supporting them to undertake Major Incident Medical Management and Support (MIMMS), which is an internationally recognised qualification,,may be useful.

Planners should not exclude GPs from working in an evacuation centre if they have not received any formal disaster response training.

Recommendation 7: SOPs, supplies, and resources for GPs working in evacuation centres

Standard operating procedures (SOPs)

When GPs are deployed to assist in an evacuation centre, they will need to be guided by SOPs and local contextualised information on the disaster situation. These SOPs will need to be provided and explained as part of preparedness and training activities well before any disaster occurs.

PHNs should plan to support GPs and their teams with SOPs covering the following areas:

- evacuation centre orientation
- roles and responsibilities of the GP and their team
- information and relevant contact details of organisations involved in the disaster response
- command and control communication processes

Resources and supplies

GPs and their teams must be provided with a space to work in which includes the following:

- a workstation with a table and at least two chairs in a location with visual and auditory privacy
- a computer and printer (with internet access if available)
- a mobile phone
- paper forms to take consultation notes, preferably carbon paper to create duplicate copies
- basic stationery supplies
- a stocked supplementary medical kit (as per below) complementary to the GP's own 'Prescriber/Doctor's bag'*
- easily accessible hand washing facilities
- a fixed lockable storage cupboard for the housing of medical resources and supplies.

** GPs should be advised to bring their own 'Prescriber/Doctor's bag', snacks and drink, and any other personal items they may need.*

The supplementary medical kit

A supplementary medical kit, which is designed to supplement a GPs own *Prescriber/Doctor's bag',* could be provided for GPs attending an evacuation centre. They may be sourced and provided by PHNs and should include:

- identifying vest (fluorescent / reflective tabard with preferably GENERAL PRACTITIONER emblazoned)
- personal protective equipment (PPE) – gloves, masks (surgical and P2/N95), gowns, eye protection
- stethoscope
- sphygmomanometer
- pulse oximeter
- torch
- pen torch
- auroscope/ ophthalmoscope

- blood glucose monitor and testing strips
- urinalysis testing strips
- alcohol based hand sanitiser
- alcohol cleaning wipes
- basic dressing packs, sterile water, steri-strips, dressings, disposable suture sets and sutures, cotton buds, needles, syringes, bandages, slings
- basic First Aid pack
- blank prescription templates, ideally triplicate carbon copy (See 6.3 Requirements for paper scripts for more information)
- blank note pads
- pens
- spare batteries for all battery-operated devices
- relevant forms (for example, disaster medical assessment forms, clinical notes forms, end-of-shift patient list form, deidentified patient list, copies of consultation notes)
- pathology jars and specimen bags for urine and stool samples, rapid antigen testing kits/ Respiratory PCR swabs (noting pathology and imaging testing should be avoided where possible)
- list of relevant contact numbers, including GP Liaison Officer (where applicable), PHN contact person, hospital emergency department, hospital switchboard, local pharmacies, other health services such as mental health, community health, alcohol and other drug services
- local area map with resources including accessible healthcare services – this should be marked up to understand road closures, hazards etc
- supplementary medical kit checklist
- bottled water

The supplementary medical kit could include:

- defibrillator
- clinical waste containers/bags
- sharps container

The contents of the supplementary kit should be regularly checked to ensure the equipment is functional and supplies are within their expiry date where relevant, particularly before the onset of usual disaster seasons.

13. References

1. Centre for Research on the Epidemiology of Disasters (CRED). The Human Cost of Natural Disasters: A global perspective. Belgium: CRED, 2015. Available at http://cred.be/sites/default/files/The_Human_Cost_of_Natural_Disasters_CRED.pdf
2. Dr Penelope Burns. The Role of General Practitioners in Disaster Health Management [PhD thesis]. Canberra: Australian National University, 2022.
3. Wood P. Local GPs who were sidelined at evacuation centres want to be added to bushfire plans. Australian Broadcasting Corporation, 2020. Available at https://www.abc.net.au/news/2020-01-07/bushfire-emergency-sees-local-doctors-call-for-addition-to-plan/11843974 [Accessed 11 April 2022]

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