

Summer Planning Toolkit modules

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Module 1: Natural disasters and emergencies

Preparing your practice for a natural disaster or other emergency

Preparing your practice for a natural disaster or other emergency

Preparation for extreme weather events during summer helps protect practice staff and the community. Practices that have developed and tested policies and processes to manage adverse weather events are able to maintain continuity of care for their patients and ensure the smooth running of their business.

The RACGP's Managing emergencies in general practice (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-emergencies-in-general-practice) assists practices in preparing for, responding to and recovering from emergencies, including natural disasters. It provides guidance on developing, practicing, reviewing and then activating emergency response plans tailored to your practice's unique circumstances. It is also a resource for mental healthcare planning through emergency situations.

The RACGP's Providing care and support during disasters (https://www.racgp.org.au/running-a-practic e/practice-management/managing-emergencies-and-pandemics/naturaldisasters) webpage is regularly updated during disasters with resources to support affected patients and communities, state-based information (ie how to access financial assistance) and information to support practice operations.

When developing an emergency preparedness plan, general practices should ensure any medicines they have on-site are not vulnerable to temperature changes and should monitor and manage vaccine fridges in the event of a power cut.

I Note:

This toolkit uses both terms 'natural disaster' and 'emergency'. The term 'natural disaster' will refer to natural disasters only; the term 'emergency' is a more general term that refers to all emergency situations including natural disasters, pandemics and terrorist events.

The Emergency Response Planning Tool

The Emergency Response Planning Tool

The RACGP has joined with Healthpoint ANZ to develop the Emergency Response Planning Tool (http s://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemic s/emergency-response-planning-tool) (ERPT). This is a subscription cloud-based tool that helps general practices develop an individualised emergency response plan. It is continually updated to reflect current advice on preparing for and responding to emergencies and pandemics.

While it is accessible to all general practices regardless of RACGP membership status, there is an annual subscription fee of \$385.00 (incl. GST). Some primary health networks (PHNs) provide funding for practices to access the ERPT. Contact your PHN (https://www.health.gov.au/initiatives-and-program s/phn/your-local-phn?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=d igital_transformation), email Healthpoint ANZ via help@healthpointanz.com.au (mailto:help@healthpointanz.com.au) or call 1800 008 384 (7.00am-3.00pm AEST) for further information.

What if my practice is involved in an emergency?

What if my practice is involved in an emergency?

Emergencies such as floods or fires can impact your practice in a variety of ways. Examples of potential impacts include:

- · physical damage or destruction to your practice
- IT and/or health records system damage or destruction
- patients not being able to attend your practice due to road damage or destruction of their home or vehicle.

The RACGP's Providing care and support during disasters (https://www.racgp.org.au/running-a-practic e/practice-management/managing-emergencies-and-pandemics/naturaldisasters) webpage contains up to date information on responding to natural disasters and emergencies, including:

- · information on emergency planning and response
- · accessing financial assistance
- · providing care during natural disasters and emergencies, including via telehealth
- mental health information and resources for patients
- · caring for yourself and accessing support during disasters
- · assisting disaster-affected communities
- · RACGP local contacts.

Applying for an accreditation extension following a natural disaster or other emergency

If your practice's accreditation is due to expire soon and you have been affected by a natural disaster or other emergency, you may be eligible for an extension. These requests are managed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) under Advisory GP23/02: Requests for extensions and appeals (https://www.safetyandquality.gov.au/newsroom/national-standards-updates/advisory-gp2302-requests-extensions-and-appeals).

For further information, please contact your <u>accrediting agency (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/accreditation/accreditation-agencies)</u> or ACSQHC's Advice Centre at <u>advicecentre@safetyandquality.gov.au (mailto:advicecentre@safetyandquality.gov.au)</u>.

You can also contact the RACGP Standards team at standards@racgp.org.au (mailto:standards@racgp.org.au?subject=Accreditation%20extension) should you have any further questions.

The RACGP updates its advice regularly on the <u>Providing care and support during disasters page</u> (http s://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemic s/naturaldisasters).

Disaster relief in general practice

Disaster relief in general practice

Natural disasters and other emergencies impact general practices in different ways.

<u>Services Australia (https://www.servicesaustralia.gov.au/natural-disaster-events?context=60042)</u> provides support to individuals and businesses who have been affected by natural disasters, including general practices and their staff. This may include personal financial support, accommodation, food and business support.

During national health emergencies, including some natural disasters and emergencies causing mass casualties such as floods, the National Incident Centre (https://www.health.gov.au/initiatives-and-programs/national-incident-centre) (NIC) may be activated by the Chief Medical Officer. The NIC coordinates responses between the federal and state health departments, provides updates on health information and can distribute personal protective equipment held in the National Medical Stockpile.

State/territory disaster management

For **state/territory health information and updates** following a natural disaster or other emergency, visit your state or territory's health department website:

- Australian Capital Territory (https://health.act.gov.au/)
- New South Wales (https://www.health.nsw.gov.au/emergency_preparedness/Pages/default.as px)
- Northern Territory (https://health.nt.gov.au/governance-strategies-committees/about/health-disaster-management)
- Queensland (https://www.health.qld.gov.au/public-health/disaster)
- <u>South Australia (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health-internet/public+health/disaster+management/disaster+management)</u>
- Tasmania (https://www.health.tas.gov.au/)
- Victoria (https://www.health.vic.gov.au/our-role-in-emergencies)
- Western Australia (https://ww2.health.wa.gov.au/Health-for/Health-professionals/Disaster-management)

For general updates and advice on disaster management in your state/territory, visit your local website:

- Australian Capital Territory (https://esa.act.gov.au/cbr-be-emergency-ready/emergency-arrang ements)
- New South Wales (https://www.nsw.gov.au/disaster-recovery/disaster-relief-and-support)
- Northern Territory (https://www.pfes.nt.gov.au/emergency-service/emergency-management)
- Queensland (https://www.disaster.qld.gov.au/Pages/default.aspx)
- South Australia (https://www.sa.gov.au/topics/emergencies-and-safety)
- Tasmania (https://www.dpac.tas.gov.au/divisions/osem)
- Victoria (https://www.emv.vic.gov.au/)

• Western Australia (https://www.dfes.wa.gov.au/wa-emergency-and-risk-management)

Each state / territory rural workforce agency may also provide updates during emergencies:

- NSW Rural Doctors Network (https://www.nswrdn.com.au/site/index.cfm)
- Rural Workforce Agency NT (https://www.ntphn.org.au/)
- Health Workforce Queensland (https://www.healthworkforce.com.au/?source=rhwa.org.au)
- Rural Doctors Workforce Agency South Australia (https://www.ruraldoc.com.au/)
- HR Plus Tasmania (https://www.hrplustas.com.au/)
- Rural Workforce Agency Victoria (https://www.rwav.com.au/)
- Rural Health West (https://ruralhealthwest.com.au/)

CPD tip

The RACGP has developed a short e-learning CPD activity, <u>Disaster recovery – providing</u> <u>psychological support (https://mycpd.racgp.org.au/activity/384551)</u>. This two hour activity is available to RACGP CPD members and covers the following learning outcomes:

- 1. Discuss the range of mental health problems that can emerge in the short, medium, and long term after a disaster or emergency
- 2. Determine the required level of psychological support required for an individual after a natural disaster or emergency using the 3-level mental health care framework
- 3. Develop systems to identify patients who need support, clinical assessment, or further intervention
- 4. Discuss the importance of, and key strategies for, self-care by GPs caring for people after natural disasters or emergencies.

Extreme heat and heatwaves

Extreme heat and heatwaves

Heatwaves are defined by a period of three days or more of unusually hot minimum temperatures without cooling temperatures overnight. When it is consistently and unusually hot throughout day and night, heat stress can cause both health and infrastructure issues $\frac{1}{2}$.

Heatwaves have historically contributed to a high number of deaths due to natural hazards in Australia 2 . The risk of dying due to heat increases with age, 'socio-economic disadvantage, social isolation, geographical remoteness', disability status, use of certain medications, and the absence of air conditioning or other heat protection 2 .

Extreme heat events and their related impacts are expected to intensify as climate change continues to cause increased frequency, duration and severity of summer heatwaves and periods of warmth in the winter, alongside an aging population and urban growth ³.

The RACGP has developed the following resources to help you and your practice team prepare for extreme heat:

- Extreme weather in Australia (https://www.racgp.org.au/FSDEDEV/media/documents/Running a practice/Support and tools/Factsheet-Extreme-weather.pdf) fact sheet.
- Preventing heat-related disease in general practice (https://www1.racgp.org.au/ajgp/2018/dec ember/preventing-heat-related-disease-in-general-practic) AJGP article

☼ Resources

Each state and territory provides guidance on managing extreme heat:

- Australian Capital Territory Extreme Heat (https://esa.act.gov.au/be-emergenc y-ready/extreme-heat)
- New South Wales Health Beat the Heat (https://www.health.nsw.gov.au/environ ment/beattheheat/Pages/default.aspx)
- Northern Territory Government Heatwave (https://securent.nt.gov.au/prepare-for-an-emergency/weather-events/heatwave)
- <u>Get ready Queensland Heatwave (https://www.getready.qld.gov.au/understand-your-risk/types-natural-disasters/heatwave)</u>
- South Australian State Emergency Service Be prepared for a heatwave (http s://www.ses.sa.gov.au/heatwave/)
- <u>Tasmanian Government Preparing for extreme heat (https://www.health.tas.gov.au/campaigns/healthy-ageing/extreme-heat-advice/preparing-extreme-heat)</u>
- Victoria Department of Health Planning for extreme heat and heatwaves (http s://www.health.vic.gov.au/environmental-health/planning-for-extreme-heat-and-heatwaves)
- Western Australia Department of Health Heatwave strategies (https://ww2.heal th.wa.gov.au/Articles/F_I/Heatwave-strategies)

See <u>module 3 (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/summer-planning-toolkit/summer-planning-toolkit-module-3/heat-related-disease)</u> for further information on managing specific chronic diseases during extreme heat.

Flooding

Flooding

Floods are becoming an increasing concern in Australia as a result of climate change, urbanisation and population growth. There are various types of floods which may affect your practice depending on your location and patient demographics, including:

- · river rise and overflows
- heavy rainfall
- cyclones
- king tides
- · storm surges
- snowmelts
- dam releases ⁴

Flooding can cause health, social and community impacts including loss of life, vector-borne diseases, injuries, mental health effects, displacement and homelessness and disruption of healthcare systems ⁵.

The RACGP's Flooding and its impact (https://www.racgp.org.au/FSDEDEV/media/documents/Running a practice/Support and tools/Factsheet-Flooding-and-its-impact.pdf) fact sheet provides information on health risk factors and mitigation strategies during floods including communicable disease, physical health impacts, mental health effects and risk to infrastructure.

Practices affected by floods may have significant infrastructure damage, which can impact patient records management and their ability to access equipment for the provision of safe care. Indicator-C3.3 A (<a href="https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/stand-ards-for-general-practices-5th-ed/core-standards/core-standard-3/criterion-c3-3-emergency-response-plan) of the Standards accredited practices to support patients during adverse events, particularly regarding the storage of patient records and privacy principles. Further information on applying for accreditation extensions can be found https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/summer-planning-toolkit/summer-planning-toolkit-modules/module-1/what-if-my-practice-is-involved-in-an-emergency).

Bushfires

Bushfires

As a result of climate change, bushfires in Australia are increasing in frequency, duration and intensity. They are no longer confined to particular seasons, and local conditions can drive dangerous bushfire activity at any time⁶.

General practices can be impacted by bushfires in the following ways:

- · risk of damage to physical practice infrastructure
- risk to accessing medical care including general practices, hospitals and specialist clinics
- risk of damage to clinical IT systems and patient records
- · risk to personal housing
- risk to staff and patient health due to smoke inhalation, burns and mental health impacts
- flow on effects of other general practices being impacted in the region.

The RACGP's <u>Bushfires in Australia</u> (https://www.racgp.org.au/FSDEDEV/media/documents/Running a <u>practice/Support and tools/Factsheet-Bushfires-in-Australia.pdf)</u> fact sheet provides an overview of ways in which you can prepare and protect your physical practice as well as the community and lists tips on actions you can take in conjunction with relevant local organisations to help your practice and patients prepare.

Practices affected by natural disasters or emergencies may have significant infrastructure damage, which can impact your patient records management and ability to access specific equipment for the provision of safe care. Indicator C3.3 A (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-3/criterion-c3-3-emergency-response-plan) of the Standards has requirements for accredited practices to support patients during adverse events, particularly regarding the storage of patient records and privacy principles. If your practice is affected by a natural disaster or emergency, you may be eligible for an extension to your accreditation. Please see here (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/summer-planning-toolkit/summer-planning-toolkit-modules/module-1/what-if-my-practice-is-involved-in-an-emergency) for further information.

Cyclones

Cyclones

Cyclones typically impact the northern part of Australia between November and April. The Australian region sees an average of approximately 11 cyclones per year, however, typically only four or five will reach land $\frac{7}{2}$.

While there has not been an overall increase in frequency of cyclones, the trend of warming oceans linked with human induced climate change may heighten the likelihood of extreme rainfall events in the short to medium term $\frac{7}{2}$.

If your practice is located in a region that experiences cyclones, it is important to ensure that you and your team are well prepared. The <u>Australian Bureau of Meteorology (http://www.bom.gov.au/)</u> provides continuous updates on weather events in Australia including <u>current cyclones (http://www.bom.gov.au/cyclone/index.shtml)</u> and the <u>outlook for 2023 to 2024 (http://www.bom.gov.au/climate/cyclones/australia/)</u>. The RACGP's <u>Managing emergencies in general practice guide (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-emergencies-in-general-practice)</u> provides advice on emergency planning and response, which is particularly useful in areas that are likely to experience multiple cyclones or heavy rainfall events during the wet season.

Module 2: Health equity

Providing patients with the care they need during emergencies

The Australian Institute of Health and Welfare have identified priority populations that may be at increased risk during an emergency, as those who:

- · are Aboriginal and/or Torres Strait Islander
- experience homelessness
- · are from culturally and linguistically diverse backgrounds
- older people
- identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, plus (LGBTIQA+)
- · experience mental health conditions
- · are in contact with criminal justice systems
- inject drugs 8
- people with disability
- · victims of domestic violence.

Your practice may wish to work with people from these priority populations when developing emergency action plans to ensure they are helpful and effective. You might consider:

- developing emergency warning systems (ie sending text messages to patients to warn them of the impending emergency or encouraging the use of weather alert apps or websites such as the Bureau of Meteorology)
- establishing relationships with community-based services that can support the homeless population during emergencies or extreme weather events
- · making mental health support available
- having emergency contact information close to hand (friends, family, SES, GP, local support organisations)
- ensuring prescriptions have been filled and medications are available
- packing a small bag with clothes, toiletries and medications
- maintaining adequate hydration
- discussing emergency accommodation options and how the patient will be able to access these if required
- transport options, particularly where patients do not have a vehicle or licence
- utilising the RACGP's <u>Managing emergencies in general practice (https://www.racgp.org.au/run ning-a-practice/practice-management/managing-emergencies-and-pandemics/managing-emer gencies-in-general-practice/part-c-mental-health-in-emergencies/psychological-preparation-for-an-emergency)</u> guide which includes a table to help GPs and patients work together to prepare for emergencies
- visiting the Australian Psychological Society's range of <u>resources</u> (https://psychology-topics/disasters/recovering-from-disasters) to assist in the preparation for and aftermath of emergencies, including the <u>Psychological first aid guide</u> (https://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters/psychological-first-aid-supporting-people-disaster)
- accessing the Australian Red Cross' <u>resources</u> (https://www.redcross.org.au/emergencies/resources/#prepare) on preparing for emergencies, including their RediPlan (https://www.redcross.org.au/emergencies/resources/#prepare) on preparing for emergencies, including their RediPlan (https://www.redcross.org.au/emergencies/

s.org.au/globalassets/cms/downloads/pdfs/disaster-plan/red-cross-rediplan-disaster-prepare dness-guide.pdf), factsheets for specific groups of people and activities to help individuals and businesses prepare for emergencies.

It is important for practices to consider how they may be able to identify priority groups throughout a natural disaster or emergency. Correct coding of data such as Aboriginal and Torres Strait Islander status, age and mental health diagnoses will ensure these patients are easily searchable. Other factors such as homelessness or LGBTIQA+ status may be more difficult to record.

Practices are also encouraged to consider how they may be able to check in on these populations during an emergency.

Your practice may think about the following strategies when planning for emergencies:

- performing patient audits to check for missing information
- creating a database of patients within priority populations and their contact information.

Health equity

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- · experience homelessness
- · are from culturally and linguistically diverse backgrounds
- · older people
- identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, plus (LGBTQIA+)
- · experience mental health conditions
- · are in contact with criminal justice systems
- inject drugs ⁸
- · people with disability
- · victims of domestic violence.

Your practice may wish to work with people from these priority populations when developing emergency action plans to ensure they are helpful and effective. You might consider:

- developing emergency warning systems (ie sending text messages to patients to warn them of the impending emergency or encouraging the use of weather alert apps or websites such as the Bureau of Meteorology)
- establishing relationships with community-based services that can support the homeless population during emergencies or extreme weather events
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- ensuring prescriptions have been filled and medications are available
- packing a small bag with clothes, toiletries and medications
- maintaining adequate hydration
- discussing emergency accommodation options and how the patient will be able to access these if required
- transport options, particularly where patients do not have a vehicle or licence
- utilising the RACGP's Managing emergencies in general practice (https://www.racgp.org.au/run ning-a-practice/practice-management/managing-emergencies-and-pandemics/managing-emer gencies-in-general-practice/part-c-mental-health-in-emergencies/psychological-preparation-foran-emergency) guide which includes a table to help GPs and patients work together to prepare for emergencies
- visiting the Australian Psychological Society's range of <u>resources (https://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters)</u> to assist in the preparation for and aftermath of emergencies, including the <u>Psychological first aid guide (http.</u>

- s://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters/psychological-first-aid-supporting-people-disaster)
- accessing the Australian Red Cross' resources (https://www.redcross.org.au/emergencies/resources/#prepare) on preparing for emergencies, including their RediPlan (https://www.redcross.org.au/globalassets/cms/downloads/pdfs/disaster-plan/red-cross-rediplan-disaster-preparedness-guide.pdf), factsheets for specific groups of people and activities to help individuals and businesses prepare for emergencies.

It is important for practices to consider how they may be able to identify priority groups throughout a natural disaster or emergency. Correct coding of data such as Aboriginal and Torres Strait Islander status, age and mental health diagnoses will ensure these patients are easily searchable. Other factors such as homelessness or LGBTQIA+ status may be more difficult to record.

Practices are also encouraged to consider how they may be able to check in on these populations during an emergency.

Your practice may think about the following strategies when planning for emergencies:

- performing patient audits to check for missing information
- creating a database of patients within priority populations and their contact information.

Aboriginal and Torres Strait Islander people

According to the 2022 Close the Gap report (https://www.lowitja.org.au/content/Document/Lowitja-Publishing/ClosetheGapReport_2022.pdf), climate change has a disproportionate impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. As outlined in the 2022 report, climate change 'compound[s] historical injustices and disrupt[s] cultural and spiritual connections to Country, a central determinate of Aboriginal and Torres Strait Islander health and wellbeing' ⁹.

When preparing for an emergency, it is important to take into consideration the needs of local Aboriginal and Torres Strait Islander people, their connection to country and potential loss of culturally significant sites. Losing a particular site may mean the loss of an ability to perform cultural practices and may give rise to longer term grief.

Aboriginal and Torres Strait Islander communities are not homogenous and will need different approaches, collaboration and co-ordination to devise emergency response plans. General practices are encouraged to be in regular contact with Aboriginal and Torres Strait Islander patients and their families to understand what they need, and how they may be able to provide appropriate care.

Evacuation plans need to be a collaborative process with Aboriginal and Torres Strait Islander community groups to facilitate temporary relocation to culturally appropriate land, and they may need long term healing and counselling services to help adjust to the changes brought about by the emergency $\frac{10}{10}$.

The 'Close the Gap 2022 (https://www.lowitja.org.au/content/Document/Lowitja-Publishing/ClosetheG apReport_2022.pdf) report and The Australian Indigenous Health InfoNet (https://healthinfonet.ecu.ed u.au/learn/determinants-of-health/environmental-health/emergency-management/) website provides information on collaborating with Aboriginal and Torres Strait Islander people and local communities to ensure culturally appropriate emergency management plans.

People who experience homelessness

People who experience homelessness have diverse experiences. They may be:

- · sleeping outdoors or in improvised shelter
- sleeping in a homeless shelter or boarding house
- · living in supported accommodation
- · living in crowded conditions
- · staying with friends, relatives or acquaintances.

Extreme weather can exacerbate the issues faced by people experiencing homelessness as they may have limited economic, social and community resources needed to prepare for, evacuate, and recover from a natural disaster or emergency.

Emergencies may also have a greater impact on a person who is homeless and their ability to access health care, social security and other governmental supports, particularly in the context of greater physical and mental stressors. Their ability to prepare for emergencies (including buying food, seeking shelter, ensuring warm clothes and bedding etc.) may be impacted by lack of adequate funds to purchase these goods and services ¹¹.

GPs should also be alert for patients who were previously in secure housing but have become homeless due to an emergency and who may not articulate this during consultations.

People from culturally and linguistically diverse backgrounds

It is important for general practices to consider people from culturally and linguistically diverse (CALD) backgrounds in their emergency management response. CALD communities include migrants (including the children of migrants), refugees and asylum seekers. While each situation will vary, those who identify as part of this cohort may be more vulnerable to natural disasters and other emergencies due to reasons such as unfamiliarity with Australia's climate and natural hazards, limited English proficiency, limited support networks and prior traumatic experiences.

The Australian Red Cross has developed the <u>Emergency Resilience in Culturally and Linguistically Diverse Communities (https://apo.org.au/sites/default/files/resource-files/2021-02/apo-nid315281.pd f) tool which provides recommendations and strategies for stakeholders to build partnerships with local CALD populations and may assist with the development of your emergency response plan.</u>

Older people

Older people may be more at risk from the dangers associated with natural disasters and other emergencies due to limited mobility, chronic health conditions, social isolation and financial stresses associated with finite income $\frac{12}{12}$.

The federal Department of Health and Aged Care update their website regularly with information on protecting older Australians (https://www.health.gov.au/news/announcements/protecting-older-aust ralians-advice-for-home-and-community-aged-care-providers-responding-to-emergencies) during emergencies.

People who identify as LGBTQIA+

People who identify as LGBTQIA+ have a unique set of experiences that may make them more vulnerable during natural disasters and other emergencies.

In addition to physical losses associated with natural disasters and other emergencies, many may feel fear, marginalisation, misunderstanding, exclusion and discrimination when accessing mainstream support services, staying in temporary accommodation, using gender specific bathrooms, or accessing temporary gender affirming clothing. Previously accessible safe spaces and trusted services may become inaccessible during and after a natural disaster or emergency, leading patients who identify as LGBTQIA+ to access services they haven't built a trusting relationship with yet.

A person who has not publicly disclosed their sexuality may be exposed unnecessarily or need to disclose their sexuality where they wouldn't have needed to otherwise. Others who have lost their home may fear returning to their family or staying with certain people due to discrimination ¹³.

It is always important for general practice staff to understand that people may have divulged their identity in the general practice context but may not be ready to do so with certain friends or family. As natural disasters and other emergencies can be intense and unpredictable, it is important that practice staff maintain confidentiality and support patients with different circumstances.

People who experience mental health conditions

It is common for people to experience feelings of distress during and after an emergency. For most, these feelings will reduce with time.

People with pre-existing mental health conditions (including those with depression, schizophrenia and those who engage in harmful use of alcohol and/or drugs) are particularly at-risk during emergencies, as they often require uninterrupted access to basic needs and clinical care. The onset of an emergency can bring about or compound acute conditions such as grief, post-traumatic stress disorder, drug and alcohol use and depression and anxiety ¹⁴.

People who are in contact with the criminal justice system

Natural disasters and other emergencies can impact the health, wellbeing and safety of people who are in contact with the criminal justice system. People who are in contact with this system include those who:

- · are currently held within prisons
- · have been released from prison
- · are on bail
- · are currently on a suspended sentence
- are currently on probation
- · currently work within prison populations.

Risks to this cohort include:

- dependence on prison staff to ensure health and safety and an inability to make their own decisions regarding evacuation
- building damage and the difficulties in temporarily re-housing people in prison
- health concerns due to excessive heat, particularly if prisons do not have adequate cooling systems ¹⁵
- higher risk of homelessness, unemployment, mental health conditions, chronic physical disease, tobacco smoking and high risk drug and alcohol consumption ¹⁶, which may impact their ability to access services and accommodation.

People who inject drugs

People who inject drugs or who are participating in a pharmacotherapy program may be at increased risk from the harms of natural disaster and other emergencies due to the following factors:

- services such as psychological and pharmacotherapy may be paused due to the emergency
- drug markets may be disrupted, or treatment interrupted resulting in the person suffering withdrawal symptoms
- the person may participate in risky behaviour to obtain drugs
- the person may be more likely to share needles due to shortages 17.

People living with a disability

People living with a disability are more likely to be disproportionately impacted by natural disasters and other emergencies due to difficulty accessing evacuation services, shelter and food distribution and recovery efforts ¹⁸.

During emergencies, people with a disability are also at greater risk of neglect and may suffer 'abuse, domestic violence, isolation and restrictive practices' due to factors such as governmental responses following inadequate consultation with people with disabilities, social isolation and inaccessible information and communications ¹⁹.

People who are victims of domestic and family violence

Natural disasters and other emergencies can trigger or exacerbate existing domestic violence, with higher reports of women experiencing physical and psychological violence inflicted by men. Domestic violence during or following natural disasters and other emergencies may be exacerbated due to the tension caused by 'displacement, unemployment, increased drug and alcohol use, trauma and grief and loss' ²⁰. There can also be a disproportionate effect of domestic violence across socioeconomic groups, with higher rates of domestic violence occurring in lower socio-economic areas ²⁰.

As possible first responders to emergencies, it is important for GPs and practice staff to consider their approach to people experiencing domestic violence. Your practice could:

- ensure training to all staff on identifying risks of violence
- not to excuse the behaviour when responding to cases of possible domestic violence
- provide care that promotes victims' safety and privacy ²⁰.



Module 3: Chronic disease and heat

Heat related disease

Heat related disease

Extreme heat events are estimated to have caused more deaths in the past 100 years than all natural disasters and other emergencies combined. This data is difficult to quantify as only a small proportion of these deaths can be directly attributed to heat (eg heat stroke); whereas others are indirect consequences of extreme heat such as exacerbation of cardiovascular disease ²¹.

Heat related illness places significant burden on the Australian health system as it can cause increased all-cause mortality, increases in ambulance emergency caseload and increases in home-visit GP services ²¹.

The RACGP's <u>Guidelines for preventive activities in general practice (https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/preamble/introduction)</u> (the Red Book) is an essential resource for GPs managing patients with communicable and chronic illnesses, and can be used in conjunction with other specific resources mentioned throughout this toolkit when treating patients during extreme heat. The Australian Journal of General Practitioners (AJGP) has also published a useful article on <u>Preventing heat-related disease in general practice (https://www1.racgp.org.au/getattachment/94ff7af7-b4e3-46c5-8e59-9cdb 9bd60723/Preventing-heat-related-disease-in-general-practic.aspx)</u>.

Visit the RACGP's <u>Clinical guidelines</u> (https://www.racgp.org.au/clinical-resources/clinical-guidelines) webpage for further information on a range of chronic diseases.

Symptoms of heat-related disease

There are a variety of heat-related symptoms and associated diseases, including:

- · heat rash
- cramps
- fatigue
- · dizziness and fainting
- heat exhaustion
- heat stroke ²¹
- · dehydration.

Heat stroke can cause additional symptoms such as a rapid pulse and shallow breathing, trouble speaking, difficulty concentrating, sudden rise in body temperature, aggressive or strange behaviour, dry or swollen tongue, headache, nausea or vomiting and intense thirst ²².

Partaking in higher intensity exercise and other excessive activities in the heat can elevate the risks of heat stress $\frac{21}{2}$.

Vulnerable populations

There are some circumstances that may make a person more vulnerable to heat-related disease and heat waves. People may have chronic illness, take multiple medications, or have a disability which makes them vulnerable; while others may be susceptible to heat as they lack resources to control their environment. Social isolation also may increase vulnerability if a patient does not have friends or family to check in on them.

The following populations may be more vulnerable to heat-related disease and heat waves:

- · children and infants
- older people
- people who are experiencing homelessness
- people who are socially isolated ²¹
- people with chronic illnesses who are taking daily medications ²³
- · people with low incomes
- people with disabilities
- pregnant patients
- athletes and
- people who work outside ²⁴.

Preventing heat related disease

During heat waves, practices may wish to keep a list of their most vulnerable patients and set up protocols for checking in on them by phone, via an appointment in the clinic, or through home visits ²¹. Protocols may include use of flagging systems in patient records, correct coding in patient histories, up to date health summaries and building a list of vulnerable patients who may need checking during extreme heat.

GPs can help to prevent heat-related diseases in vulnerable populations by providing education on the following, ensuring the advice is appropriate for each patient's personal situation:

- providing specific heat wave advice to patients in advance, ie sick day plans
- maintaining hydration
- · avoiding unnecessary physical activity
- avoiding going outside during the hottest parts of the day
- wearing light coloured, loose-fitted clothing
- · using light-coloured curtains in the home
- · closing internal doors
- moving to the eastern side of the house in the afternoon
- using air conditioning and/or fans (if these aren't available, going to publicly available spaces such as libraries where possible)
- having battery operated equipment, including radios and charged mobile phones, in case there
 is a power outage
- ensuring power banks are fully charged
- stocking up on food that requires no cooking

having a back-up plan if the patient is reliant on electricity for medical equipment ²¹.

Community engagement

Your general practice may choose to engage with other organisations within your community to develop a heat plan for the purpose of supporting vulnerable populations. These organisations may already have plans in place to accommodate vulnerable people needing a cool place to rest during the day. Organisations your practice may wish to engage with include:

- libraries
- schools
- · after-school care centres
- · public pools and other sporting organisations
- non-governmental organisations such as church groups, refugee organisations or homeless shelters
- · shopping centres.

If your practice has space, you could consider setting up a communal area for vulnerable patients to keep cool.

The following factors should be considered when developing a heat plan in conjunction with community organisations:

- · Does the organisation already have a heat action plan in place?
- Are the organisation's staff trained to deal with heat related emergencies?
- Is there a specific area people are encouraged to go to (ie in a shopping centre there may be a dedicated resting area)?
- · How does the organisation plan to communicate the heat plan with members of the public?
- Does the practice's local council have a community heatwave response plan?

Each state/territory has their own resources to help you plan for extreme heat. These resources can be found in the State/territory (territory (<a href="https://www.racgp.org.au/running-a-practice/practice-resources/practice-re

Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease (COPD)

Patients who suffer from COPD may experience changes in their symptoms with the rising temperatures and increased humidity, including an increase in breathlessness. GPs should work with patients with COPD to develop an action plan, maintain hydration, avoid the heat and sun, stay cool, and exercise safely ²⁵. GPs could also help patients ensure they have adequate supply of puffers if they have difficulty accessing the pharmacy.

Advice for GPs

GPs can review the RACGP endorsed <u>COPD-X Concise Guide (https://lungfoundation.com.au/resource s/copd-x-concise-guide/)</u>, published by the Lung Foundation Australia. This resource covers five areas of clinical practice for COPD in Australia:

- · case finding and confirming diagnosis
- optimising function
- preventing deterioration
- · developing a plan of care
- · management exacerbations.

You could consider implementing a review of COPD patients in advance of the summer months to ensure the management of the condition is optimised. This may also include consideration of COPD management, including exacerbations, during a heatwave or other emergency, and communicating with patients how you will support them.

The Lung Foundation Australia (https://lungfoundation.com.au/patients-carers/living-with-a-lung-diseas e/copd/overview/) website has a range of resources available to GPs, including information on the various COPD conditions, management of COPD, networking with other medical practitioners, education and advice (https://lungfoundation.com.au/blog/coping-in-hot-weather/#:~:text=Avoid%20the%20hea t&text=Take%20a%20cool%20shower%20and,conditioning%20if%20you%20feel%20comfortable.) on managing in hot weather.

The National Aboriginal Community Controlled Health Organisation (NACCHO) and RACGP National guide to a preventive health assessment for Aboriginal and Torres Strait Islander People includes information on respiratory health for COPD (https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide/chapter-9-respiratory-health/chronic-obstructive-pulmonary-disease). This guide provides clinical recommendations around immunisation, screening, behavioural, chemo-prophylaxis and environmental interventions.

Asthma

Asthma

Asthma affects many patients differently, particularly during the heat. Some patients may experience heightened symptoms during weather changes, such as during the transition from winter into spring and summer, temporary changes in temperature, for example when moving from a hot humid day outside and into a cool building, and allergy triggers. Viral illness may also contribute. Heat does not necessarily cause different symptoms to normal; however, it is important for asthma patients to understand what their triggers are $\frac{26}{2}$.

Visit the <u>National Asthma Council Australia</u> (https://www.nationalasthma.org.au/health-professionals) website for information on asthma action plans, education programs, and videos on using asthma devices:

- Australian Asthma Handbook (https://www.asthmahandbook.org.au/)
- <u>Asthma and respiratory workshop education program (https://www.nationalasthma.org.au/health-professionals/education-training/asthma-and-respiratory-workshop-education-program)</u>
- Asthma action plan library (https://www.nationalasthma.org.au/health-professionals/asthma-action-plans/asthma-action-plan-library)
- Asthma how-to videos (https://www.nationalasthma.org.au/health-professionals/how-to-videos)
- <u>Asthma resources (https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper)</u>.

Thunderstorm asthma

Thunderstorm asthma events occur when high levels of grass pollen in the air coincide with a certain type of thunderstorm. When this air is breathed into the lungs, it can trigger an asthma flare-up or attack $\frac{27}{2}$.

People most at risk of thunderstorm asthma are thought to have:

- a history of asthma
- undiagnosed asthma
- · seasonal allergic rhinitis
- rye grass/pollen allergy²⁸.

General practices are an essential part of the emergency response to thunderstorm asthma as they can help to prevent hospital admissions and unnecessary deaths. During the 2016 thunderstorm asthma event in Victoria, GPs managed an additional 8,940 - 13,689 asthma-related cases and therefore prevented further strain on emergency departments $\frac{29}{3}$.

The RACGP has published a fact sheet (https://www.racgp.org.au/FSDEDEV/media/documents/Runnin g a practice/Support and tools/Factsheet-Thunderstorm-Asthma.pdf) and media release (https://www.racgp.org.au/gp-news/media-releases/2023-media-releases/november-2023/have-a-safety-plan-this-thunderstorm-asthma-season#:~:text=The RACGP has urged families,occur during high pollen periods) on the risk factors for thunderstorm asthma.

Preparing your practice

In the lead up to late spring and summer, your practice can prepare by:

- · securing sufficient supply of in-date reliever medication and spacers on site
- ensuring that all staff, both clinical and non-clinical, are trained in asthma first-aid (further information can be found at the <u>National Asthma Council (https://www.nationalasthma.org.au/asthma-first-aid)</u> website)
- ensuring clinical staff are up to date with <u>acute asthma management (https://www.asthmahan dbook.org.au/acute-asthma/clinical)</u>
- monitoring local health department websites and the <u>Bureau of Meteorology (http://www.bom.gov.au/?ref=logo)</u> website for alerts and updates on whether there is a high risk for thunderstorm asthma
- · considering how your practice would respond to a surge in patients
- identifying potential at-risk patients and communicating targeted messages to them (ie asthmatics, older people etc.)
- planning for staff absences, ensuring staff contact details are up-to-date and staff allergies and asthma status are recorded.

Diabetes

Diabetes

GPs need to be aware of the many ways in which heat can affect patients with diabetes' blood glucose levels (BGL), hydration, kidney function, autonomic response and temperature control, for example:

- patients with diabetes may find it more difficult to sweat due nerve damage which, in turn, can make it more difficult to remain cool
- extreme heat and raised blood glucose concentrations can both lead to increased dehydration
- high temperatures can affect the way your body uses insulin, which may mean patients need to test their blood sugar more often as well as the food and drink they consume
- Diabetes medication can spoil during warm weather so patients are encouraged to ensure they
 are stored correctly ³⁰.

☼ Resources

The RACGP's Management of type 2 diabetes: A handbook for general practice (https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/diabetes/introduction) provides guidelines on defining and diagnosis of type 2 diabetes, management of type 2 diabetes, lifestyle interventions, along with information on other associated health risks and co-morbidities. It also contains a list of resources on managing type 1 and 2 diabetes, including:

- Type 2 diabetes: Goals for optimum management (https://www.racgp.org.au/get attachment/9cb2fff5-fd32-491c-af8a-32e214897c37/20635-DBHB-Goals-for-opti mum-management.pdf.aspx)
- Australian type 2 diabetes management algorithm updated August 2022 (http s://www.racgp.org.au/getattachment/2938847a-968c-40bc-b147-df2d651ab508/ Australian-type-2-diabetes-management-algorithm.pdf.aspx)
- Management of type 2 diabetes: A handbook for general practice Clinical summary (https://www.racgp.org.au/getattachment/7a2da393-b76f-405a-a2fe-0 c9c0c0d5ac8/Clinical-summary.pdf.aspx)
- Diabetes management during the coronavirus pandemic (https://www.racgp.or g.au/getattachment/1bbba82a-d780-47ec-ade0-d82e4ba5ab6c/Diabetes-management-during-coronavirus-pandemic_1.pdf.aspx)
- <u>Diabetes management during Ramadan (https://www.racgp.org.au/getattachmen t/cbebef7d-9738-4dc8-af85-b822ecbd164b/Diabetes-management-during-Rama dan.pdf.aspx)</u>
- Emergency management of hyperglycaemia in primary care (https://www.racgp.org.au/getattachment/ebb0683e-fed4-4b90-b0bb-e4f353399386/Management-of-hyperglycaemia.pdf.aspx)
- Type 2 diabetes sick day management plan template (https://www.racgp.org.a u/getattachment/ae279c2d-7e4e-43f6-af26-823b2fb5101b/Type-2-diabetes-sickday-management-plan-template.docx.aspx)

Further information on Type 1 diabetes can be found on the following <u>Diabetes Australia</u> (https://www.diabetesaustralia.com.au/) webpages:

- <u>Diabetes Australia Type 1 diabetes (https://www.diabetesaustralia.com.au/about-diabetes/type-1-diabetes/)</u>
- <u>Diabetes Australia Managing type 1 diabetes (https://www.diabetesaustralia.com.au/living-with-diabetes/managing-your-diabetes/managing-type-1/)</u>

The Diabetes Australia website contains a range of further information for health professionals, including:

 managing diabetes during hot weather (https://www.diabetesaustralia.com.au/bl og/insulin-needs-special-attention-over-summer-too/)

- <u>best-practice guidelines (https://www.diabetesaustralia.com.au/health-professional-guidelines/)</u>
- <u>eLearning for health professionals (https://www.diabetesaustralia.com.au/healt h-professional-development/)</u>
- access to recent <u>reports</u> (<u>https://www.diabetesaustralia.com.au/news-resource s/publications/reports/</u>) into the prevention, diagnosis and management of diabetes
- <u>news (https://www.diabetesaustralia.com.au/news/research)</u> about current diabetes research.

Cardio-vascular disease (CVD)

Cardio-vascular disease (CVD)

Heat can exacerbate existing CVD and risk of stroke due to dehydration, haemoconcentration causing increased clotting risk, and increased skin blood flow and sweat 31.

GPs may encourage patients with CVD to adopt strategies to help stay safe during extreme heat, such as:

- drinking appropriate amounts of water
- avoiding physical activity during periods of extreme heat or, alternatively, exercising in a cool
 place such as pool or air-conditioned gym
- avoiding substances that can induce dehydration (eg alcohol, tea and coffee)
- staying in cool environments with air conditioners or fans. Or, if this is not possible, applying
 cool water to the skin, or visiting places with air conditioners such as shopping centres or
 libraries
- wrapping crushed ice in a towel and placing it around the neck or chest
- · placing feet or hands and forearms in a bucket of cool water
- · wearing light coloured, light-weight clothing
- if going outside, wearing sunscreen, a broad-brimmed hat, sunglasses and a long-sleeved, loose-fitting shirt. Where possible, remain in shade ³².

The Heart Foundation has a webpage dedicated to environment, climate change and heart health (health (https://www.heartfoundation.org.au/heart-health), as well as a range of resources available to health professionals (health professionals (https://www.heartfoundation.org.au/Bundles/For-Professionals (https://www.heartfoundation.org.au/Bundles/For-Professionals (https://www.heartfoundation.org.au/Bundles/For-Profe

Managing multi-morbidities

Managing multi-morbidities

Many patients may present with multiple chronic health concerns that will exacerbate their sensitivity to heat-related stresses, as well as viruses such as SARS-CoV-2 (COVID-19) and influenza. Multi-morbidity may be more likely in vulnerable populations and older people ³³.

Common multi-morbidities include arthritis, asthma, back problems, cancer, chronic kidney disease, chronic obstructive pulmonary disease (COPD), diabetes, mental and behavioural conditions, osteoporosis, and heart, stroke and vascular disease 33.

For patients who have multiple chronic conditions, it is important to consider the complexity and interaction of each condition, and how these may manifest during periods of extreme heat.

Module 4: Mental health

Mental health

Mental health

In response to the onset of natural disasters and other emergencies, patients may develop mental health conditions or find their existing mental health conditions exacerbated. The summer holiday period can be a difficult period for some patients, who may suffer anxiety or depression due to social isolation, grieving and / or their financial circumstances. Patients may develop mental health conditions if they are affected by a natural disaster or other emergency ³⁴. Mental health conditions may also be exacerbated by sustained heat, particularly in scenarios where vulnerable patients are not able to find relief through air conditioning and other cooling methods. According to Zhang et al (2018), hot days are a predictor of hospitalisations due to self-harm, and there are associations between higher annual temperatures and elevated suicide rates ³⁵. These issues may be made worse by reduced access to care over summer holidays from December through to the end of January if staff are on leave.

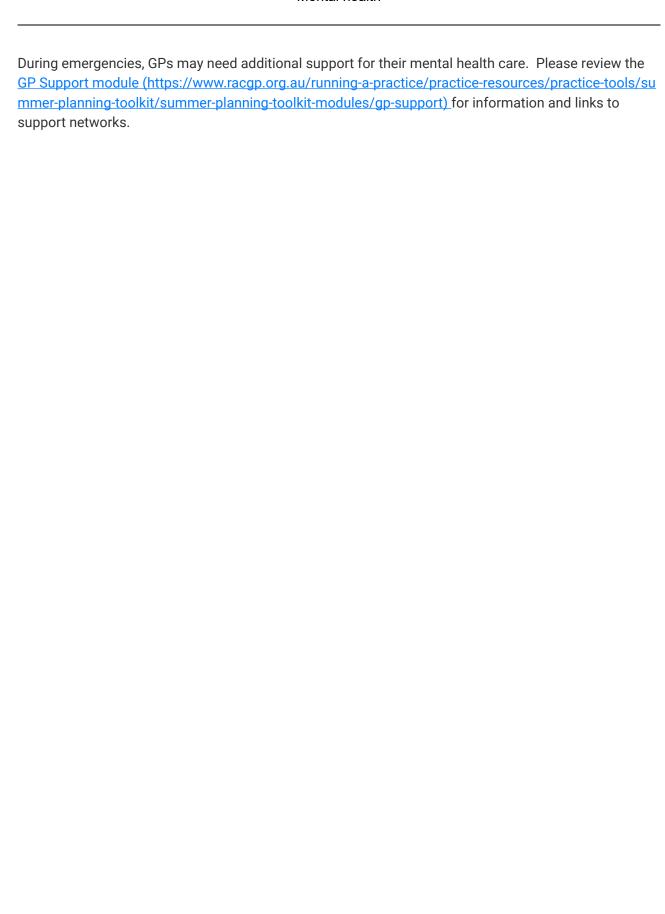
Your practice may wish to organise to have relevant staff trained in psychological first aid. Psychological first aid is usually applicable in the first hours, days and weeks following a traumatic event such as a natural disaster, however, it may also be useful several months or years later due to emotional triggers brought on by the initial traumatic event.

The Australian Psychological Society has collaborated with the Australian Red Cross to develop Psychological First Aid: A guide to supporting people affected by disaster. (https://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters/psychological-first-aid-supporting-people-disaster). This resource provides advice on how to respond to the mental health effects following an emergency, including ensuring safety, promoting calm, connectedness and self-efficacy, and instilling hope.

ॐ Resources

The RACGP has developed the following resources to assist practices in caring for their patients' mental health:

- Mental health in emergencies and disasters (https://www.racgp.org.au/FSDEDE V/media/documents/Running a practice/Support and tools/Factsheet-Mental-he alth-and-emergencies.pdf) fact sheet. This is an overview of advice for general practices immediately following a natural disaster or other emergency. It includes the 'Best practice framework' for provision of mental health care for disaster affected communities, and other useful resources.
- Managing emergencies in general practice Part C: Mental health in emergencies
 (https://www.racgp.org.au/running-a-practice/practice-management/managing-e
 mergencies-and-pandemics/managing-emergencies-in-general-practice/part-c-m
 ental-health-in-emergencies/introduction)
- Mental Health (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/mental-health) resources, including:
 - Practice guidelines for treatment of complex trauma and trauma informed care and service delivery (https://www.racgp.org.au/clinical-res ources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topi c/mental-health/practice-guidelines-for-treatment-of-complex-traum) (fee of \$66.00)
 - Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice (https://www.racgp.org.au/c linical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelin es-by-topic/mental-health/diagnosis-and-management-of-work-related-mental-he)
 - e-Mental health A guide for GPs (https://www.racgp.org.au/clinical-reso urces/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/ mental-health/e-mental-health)
 - General Practice Mental Health Standards Collaboration (GPMHSC)
 resources for GPs (https://gpmhsc.org.au/ResourceSection/Index/aa96 bb9f-b39c-4c90-821f-5a9be3a42d20)
 - Australian Guidelines for the Prevention and Treatment of Acute Stress
 Disorder, Posttraumatic Stress Disorder and Complex PTSD (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/mental-health/guidelines-for-prevention-and-treatment-of-stress)



Module 5: Acute illness, including viruses

Acute illness, including viral infections

There is a range of respiratory illnesses and viral infections GPs need to be aware of during the summer months, particularly summer colds and viral infections such as parainfluenza, COVID-19, and Monkeypox.

The RACGP's <u>Winter Planning Toolkit (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/winter-planning-toolkit)</u> contains COVID-19 and influenza resources to assist general practices in managing their responses to viral infections. While information within the Winter Planning Toolkit is aimed towards viral infections generally circulating during winter, it can help practices prepare for summer viruses as it includes information on vaccination, preventative measures and providing care for vulnerable populations.

Acute illness, including viruses

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Summer respiratory viruses

Summer respiratory viruses

While colds and influenza are generally associated with cooler weather, there are many viruses that circulate widely in the summer months as well. The respiratory viruses more widely circulating in warmer and more humid months of summer are enteroviruses and parainfluenza 3 virus. Both viruses cause common cold-like symptoms such as runny nose, low energy, muscle aches, cough, headaches, and sore throat. Parainfluenza can also cause people with low immunity to experience bronchitis and pneumonia ³⁶.

COVID-19

COVID-19

While COVID-19 has been prevalent for almost four years, there remains a complex range of factors that may contribute to continued spikes in COVID-19 cases during both winter and summer.

You can find a range of up-to-date COVID-19 resources on the RACGP website by visiting the <u>COVID-19</u> resources (https://www.racgp.org.au/clinical-resources/covid-19-resources) and the <u>Coronavirus</u> (COVID-19) information for GPs (https://www.racgp.org.au/coronavirus) pages.

Post-COVID-19 conditions

Some patients will continue to have symptoms such as fatigue, shortness of breath and cognitive dysfunction for several months following infection. The RACGP's <u>Caring for patients with post-COVID-19 conditions</u> (https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/car <u>ing-for-patients-with-post-covid-19-conditions/introduction</u>) guide provides clinical guidance to GPs on managing patients with COVID-19 related symptoms in the months following infection.

The Winter Planning toolkit

The RACGP's Winter Planning Toolkit collates a range of information to assist practice teams in managing COVID-19 within their practice. This COVID-19 information remains relevant during the summer months.

You will find guidance on:

- Module 1: Vaccination (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/test-toolkit/test-guideline-cover-page/guideline-1-section-1/about-this-module)
- Module 2: Preventative measures (https://www.racgp.org.au/running-a-practice/practice-resou rces/practice-tools/test-toolkit/test-guideline-cover-page/guideline-1-section-2/preventative-measures)
- Module 3: Testing (https://www.racgp.org.au/running-a-practice/practice-resources/practice-to ols/test-toolkit/test-guideline-cover-page/guideline-1-section-3/testing)
- Module 4: Managing patients (https://www.racgp.org.au/running-a-practice/practice-resource s/practice-tools/test-toolkit/test-guideline-cover-page/guideline-1-section-3-1/practice-signage)
- Module 5: Providing care for priority populations (https://www.racgp.org.au/running-a-practice/ practice-resources/practice-tools/test-toolkit/test-guideline-cover-page/module-5-providing-ca re-for-priority-populations/caring-for-aged-patients-during-winter)
- Module 6: Staffing (https://www.racgp.org.au/running-a-practice/practice-resources/practice-t ools/test-toolkit/test-guideline-cover-page/module-6-staffing/staffing)
- <u>Module 7: Infection prevention education (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/test-toolkit/test-guideline-cover-page/module-7-infection-prevention</u>

n-education/infection-pre	vention-education))	

Allergies

Allergies

Allergic rhinitis

Allergic rhinitis, commonly referred to as hay fever, is the most common allergic disorder in Australia. It affects approximately 19% of the population $\frac{37}{2}$.

Co-morbidities with allergic rhinitis include asthma, nasal polyps, Eustachian tube dysfunction, oral allergy syndrome, conjunctivitis and non-allergic rhinitis.

Allergic rhinitis is a risk factor for the later development of asthma. Effective treatment of allergic rhinitis is important in asthma management. According to the Australasian Society for Clinical Immunology and Allergy (ASCIA), patients with either asthma or allergic rhinitis should be screened for coexistent disease as:

- 50-80% of patients with asthma have allergic rhinitis
- 20-30% of patients with allergic rhinitis have asthma ³⁷.

The <u>ASCIA (https://www.allergy.org.au/)</u> have developed numerous resources to assist clinicians in diagnosing and treating allergic rhinitis, including:

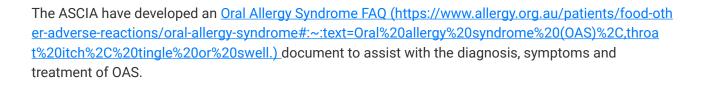
- Health Professional information (https://www.allergy.org.au/hp)
- Respiratory Allergy Allergic Rhinitis (Hay Fever), Asthma and Sinusitis (https://www.allergy.or g.au/hp/allergic-rhinitis)
- Allergic Rhinitis Clinical Update (https://www.allergy.org.au/hp/papers/allergic-rhinitis-clinical-update)
- About ASCIA Allergic rhinitis e-training for health professionals (https://etraininghp.ascia.org.a u/mod/page/view.php?id=300).

While most patients will be able to manage hay fever at home without visiting their GP, patients experiencing persistent symptoms (>4 days in a week for at least 4 weeks) or symptoms that affect their sleep and daily activities may require further investigations ³⁸.

Oral allergy syndrome

Oral allergy syndrome (OAS), also known as pollen food syndrome, is a food allergy that usually results in itchy, swollen or tingly lips, mouth, tongue and throat. In rare occasions, it can cause anaphylaxis. OAS is usually triggered by raw fresh vegetables, fruits, spices or nuts ³⁹.

OAS commonly occurs in people with asthma or allergic rhinitis as they are sensitised to inhaled tree, grass and weed pollens. These pollens contain proteins similar to those found in some foods. Pollen allergy usually precedes OAS, and OAS symptoms may be exacerbated by high levels of pollen in the air $\frac{39}{2}$.



Water-borne and vector-borne disease

Water-borne and vector-borne disease

The threat of both waterborne illnesses and vector-borne viruses can increase over the summer months, including in areas not known for vector-borne presentations (eg in southern states). The RACGP has developed a <u>fact sheet (https://www.racgp.org.au/download/Documents/Disaster/Flooding_Fact-sheet.pdf)</u> to help practices prepare for and respond to water and vector-borne illnesses. GPs are encouraged to watch for public health alerts on unfamiliar diseases via their <u>state and territory (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/summer-planning-toolkit/summer-planning-toolkit-modules/module-1/disaster-relief-in-general-practice)</u> health departments.

Water-borne diseases

Water-borne diseases caused by contaminated drinking water during and after floods include hepatitis A, gastroenteritis, leptospirosis and melioidosis. Practices can prevent patient and staff exposure to these diseases by ensuring an adequate supply of clean drinking water and by wearing protective clothing when assisting with clean-up efforts ²⁸.

Vector-borne viruses

There is an increased likelihood of vector-borne viruses following flooding, as standing water can provide a breeding ground for mosquitoes. Vector-borne viruses include Barmah Forest Virus, Ross River virus, Dengue fever ²⁸ and Japanese encephalitis.

Contraction of mosquito-borne viruses can be mitigated by using insect repellents, wearing light coloured protective clothing, avoiding the outdoors during times where mosquito infestation may be higher (eg in evenings during warmer months), using screens and checking your practice for areas where mosquitoes are more likely to breed (eg emptying uncovered water containers) ²⁸.

Ross River virus

Ross River virus, also known as Ross River fever and epidemic polyarthritis, is spread to humans via mosquitoes. Symptoms include joint pain and swelling, fever headache, fatigue, swollen lymph nodes and rash. While most people recover within a few weeks, others may continue to experience symptoms for months after infection $\frac{44}{5}$.

☼ Resources

The following resources may be useful when preparing for possible vector-borne virus outbreaks and informing patients about what they can do to protect themselves:

- healthdirect Barmah Forest virus (https://www.healthdirect.gov.au/barmah-fore st-virus)
- Australian Government Department of Health and Aged Care Barmah Forest virus infection (https://www.health.gov.au/diseases/barmah-forest-virus-infection#:~:text=Barmah%20Forest%20virus%20infection%20is,who%20contract%20this%20illness%20recover.)
- <u>Australian Government Department of Health and Aged Care Ross River virus infection (https://www.health.gov.au/diseases/ross-river-virus-infection)</u>
- healthdirect Ross River virus (https://www.healthdirect.gov.au/ross-river-virus)
- <u>Australian Government Department of Health and Aged Care Dengue virus infection (https://www.health.gov.au/diseases/dengue-virus-infection)</u>
- <u>healthdirect Dengue fever (https://www.healthdirect.gov.au/dengue-fever)</u>
- Australian Government Department of Health and Aged Care Japanese encephalitis (https://www.health.gov.au/diseases/japanese-encephalitis)
- healthdirect Japanese encephalitis (https://www.healthdirect.gov.au/japaneseencephalitis)

Module 6: Staffing

Staffing

Staffing

Practices may close for a certain period of time over the summer holiday months, or be required to operate with fewer GPs and other staff. Practices in popular holiday destinations may also find an increase in patient numbers which can put strain on an already stretched workforce.

If your practice is prepared for the summer months, you are more likely to provide effective continuity of care for your patients and continue operating your business as smoothly as possible. This may involve preparing an emergency management plan, COVID Safety plan and thinking about business continuity.

If your practice closes completely for a period over summer, it is important to communicate this widely with your patients. You may consider the following approaches:

- · widely publicising closure dates over email, social media and posters around the practice
- identifying patients who may need a letter or phone call to notify them of the practice closure (for example older patients)
- directing patients to other health facilities (ie after-hours GP services, the healthdirect hotline (healthdirect-hotline) and emergency departments).

Surge capacity

Surge capacity

Surge capacity is the capability of a healthcare system to manage and respond to the unpredictable and sudden increases in demand for healthcare services.

Many practice staff will take planned leave over the Christmas and New Year break, which may result in staffing shortages. Practices in popular holiday destinations may experience a dual issue of staff shortages due to sickness or holidays, paired with increases in patients due to a general increase in population over the summer.

Planning for a surge in patient demand will help to ensure that your practice has enough willing and able staff available and resources on hand to care for an increased patient load.

Regular whole-of-practice meetings are encouraged to ensure that all practitioners and staff have a consistent understanding of the issues surrounding sudden surges in patient demand, and how your practice's surge capacity management plan can help in minimising any stress that these surges may place on the practice team. It is important to do this at the beginning of summer, especially if major changes to operations are planned.

Practices will need to be prepared for the following during the summer months:

- managing staffing, including absences and extended hours
- managing routine summer holiday leave with contracted doctors, principal doctors, reception and other team members
- ensuring adequate patient cover, whether by locums, collaborative agreements with other local practices or extending clinic hours
- if your practice has reduced hours, considering ensuring all health summaries for your patients are accurate and accessible
- practices in popular holiday destinations who are seeing a lot of new patients could access shared health summaries on the Personally Controlled Electronic Health Record (PCEHR)
- implementation and communication of plans and procedures in case of an emergency
- · ensuring contact details for staff members are up to date
- having sufficient PPE
- · hosting more patients in the waiting room, ensuring physical distancing is considered
- managing increases in patients requiring appointments.

Emergency management plan

Emergency management plan

General practitioners are essential in supporting individuals and communities before, during and in the aftermath of natural disasters and emergencies.

☼ Resources

The RACGP has a <u>suite of resources (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics)</u> to assist your practice in managing emergencies:

- Providing care and support during disasters (https://www.racgp.org.au/running-apractice/practice-management/managing-emergencies-and-pandemics/naturaldi sasters)
- Emergency Response Planning Tool (https://www.racgp.org.au/running-a-practic e/practice-management/managing-emergencies-and-pandemics/emergency-res ponse-planning-tool)
- Managing emergencies in general practice (https://www.racgp.org.au/running-a-p ractice/practice-management/managing-emergencies-and-pandemics/managin g-emergencies-in-general-practice)
- Emergency planning and response factsheets (https://www.racgp.org.au/runnin g-a-practice/practice-management/managing-emergencies-and-pandemics/factsheets)
- Managing pandemics (https://www.racgp.org.au/running-a-practice/practice-ma nagement/managing-emergencies-and-pandemics/managing-pandemics)

COVID Safety Plan

COVID Safety Plan

The RACGP's <u>COVID Safety Plan (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-safety-plan-template)</u> (known in some states and territories as a COVIDSafe Plan) template assists practices in complying with requirements for businesses operating during the COVID-19 pandemic. It is best used as a guide and should be adapted to suit your practice's procedures, workflows and local requirements.

Telehealth

Telehealth

The onset of emergencies and pandemics may mean that your practice isn't physically accessible, or that patients may not have the capacity to visit your practice in person.

The RACGP's <u>Telehealth</u> (https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth) webpage provides comprehensive information on the following:

- Items for COVID-19 telehealth and phone services (https://www.racgp.org.au/running-a-practic e/practice-resources/medicare/medicare-benefits-schedule/new-items-for-covid-19-telehealth-services)
- Guide to providing telephone and video consultations in general practice (https://www.racgp.or g.au/clinical-resources/covid-19-resources/telehealth-1/telehealth-guides/guide-to-providing-t elephone-and-video-consultatio/introduction)
- Telephone and video consultations in general practice: Flowcharts (https://www.racgp.org.au/c linical-resources/covid-19-resources/telehealth-1/telehealth-guides/telephone-and-video-cons ultations-in-general-pract/introduction)
- Telehealth consultations using an interpreter (https://www.racgp.org.au/clinical-resources/covi d-19-resources/telehealth-1/telehealth-guides/telehealth-consultations-using-an-interpreter/inf ormation-and-support-for-gps)
- Telehealth and supervision: A guide for GPs in training and their supervisors (https://www.racg p.org.au/clinical-resources/covid-19-resources/telehealth-1/telehealth-guides/telehealth-and-s upervision-a-guide-for-gps-in-trai/introduction)
- Having a phone or video consultation with your regular GP: Information and support for patients (https://www.racgp.org.au/clinical-resources/covid-19-resources/patient-resources/having-a-phone-or-video-consultation-with-gp)
- The Medicare Benefits Schedule (http://www.mbsonline.gov.au/internet/mbsonline/publishin g.nsf/Content/Factsheet-Telehealth-Updates-April%202023) website has the most up to date information on telehealth, including updates to item numbers and fact sheets. It also includes information specific to natural disasters and other emergencies, including expansion of telehealth to support patients and GPs going through emergencies.

Exemptions to telehealth eligibility in areas of natural disaster or emergency

Patients in areas affected by natural disaster are now exempt from the existing relationship ("12-month rule") requirement for telehealth. This means that patients do not need to have had a face-to-face consult with a GP in the last 12 months in order to access MBS subsidised telehealth services.

A person is exempt from the "12-month rule" if, at the time of accessing a telehealth service, they are living in a local government area that is declared by a State or Territory Government to be a natural disaster area $\frac{41}{2}$.

Module 7: GP Support

Module 7: GP Support

GP Support

Natural disasters and pandemics can impact all members of your practice team in many ways. GPs and practice staff may experience:

- · firsthand stress and trauma, as well as second-hand trauma from patients
- sleep disturbance
- · denial and distress
- · physical injury from the event
- · viruses and disease.

GPs could look at ways to optimise their own physical and mental health to be prepared for an emergency. This could include ensuring they have their own GP and/ or defining clear boundaries around work/life balance.

RACGP GP Support Program

The RACGP GP Support Program (https://www.racgp.org.au/running-a-practice/practice-management/gp-wellbeing/the-gp-support-program) offers free, confidential specialist advice to GPs to assist them in coping with professional and personal stressors impacting areas such as mental health and wellbeing, work performance and personal relationships.

The service is available to all RACGP members who are registered medical practitioners at locations across Australia, including in regional and remote areas. Clinicians are Australian Health Practitioners Regulation Agency (Ahpra) registered psychologists and Australian Association of Social Workers (AASW) registered social workers with at least three years' clinical experience. This service is delivered by LifeWorks.

Appointments for face-to-face or telephone counselling during business hours can be made by calling 1300 361 008 (office hours 8.30 am – 6.00 pm, Monday to Friday) and via the same number for 24-hour/7-day-a-week crisis counselling.

The RACGP website also has a range of resources available on the <u>GP wellbeing (https://www.racgp.org.au/running-a-practice/practice-management/gp-wellbeing)</u> webpage to assist GPs in taking care of their own health and safety, as well as responding to patient aggression and sexual harassment.

DRS4DRS

<u>DRS4DRS (https://www.drs4drs.com.au/)</u> provides independent, confidential health and wellbeing support to GPs and medical students, including providing online resources and referral services.

Confidential phone advice is available 24-hour/7-days-per-week for any doctor or medical student in Australia via each state/territory helpline and referral service.

Victoria

Western Australia

The Essential Network (TEN) for Health Professionals

This <u>online e-mental health hub (https://www.blackdoginstitute.org.au/ten/)</u>, developed by the <u>Black Dog Institute (https://www.blackdoginstitute.org.au/)</u>, connects frontline healthcare workers with services to help manage burnout and maintain good mental health.

CRANAplus Bush Support Service

8712 08 9321

3098

CRANAplus' Bush Support Services (https://crana.org.au/mental-health-wellbeing/call-1800-805-391) provides a free and confidential 24-hour/7-day-a-week telephone counselling service for rural and remote health practitioners. The service is staffed by psychologists, including two Aboriginal psychologists. CRANAplus membership is not required to access the service.

To access the CRANAplus Bush Support Service, phone their support team on 1800 805 391.

Community support services

Other support services available include:

Lifeline (https://www.lifeline.org.au/)
beyondblue (https://www.beyondblue.org.a 1300 224 636 u/)

MensLine (https://mensline.org.au/)
Kids helpline (https://kidshelpline.com.au/)
1300 789 978
1800 551 800

Standards, resources and references

RACGP Standards and the Summer Planning Toolkit

RACGP Standards and the Summer Planning Toolkit

The RACGP Standards for general practices (5th edition) (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition) (the Standards) has requirements for accredited practices to develop their own emergency response plan and undertake quality improvement activities which may relate to disaster preparedness, pandemics and chronic diseases. The following criterion and indicators will help guide your practice through the heat and potential emergencies of summer, as well as the acute and chronic illnesses that become more widespread during this time.

These indicators and criterion have been highlighted as they help practices to consider disaster and heat management in a holistic way (ie ensuring that IT and health record systems are kept confidential and backed-up in case of an emergency, or ensuring your practice has a risk identification and mitigation system).

These indicators also provide a framework for GPs and practice staff to safeguard the care of all patients, including those who are more vulnerable.

Criterion C1.1 – Information about your practice (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-1/criterion-c1-1-information-about-your-practice)

Indicator C1.1►A Our patients can access up-to-date information about the practice.

<u>Criterion C1.2 – Communications (https://www.racgp.org.au/running-a-practice/practice-standards/st andards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-1/criterio n-c1-2-communications)</u>

Indicator C1.2►A Our practice manages communications from patients.

<u>Criterion C1.4 – Interpreter and other communication services (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-1/criterion-c1-4-interpreter-and-other-communication)</u>

- Indicator C1.4►A Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.
- Indicator C1.4►B Our practice endeavours to employ communication strategies to engage with patients who have difficulty accessing the service due to a communication impairment.
- Indicator C1.4►C Our patients can access resources that are culturally appropriate, translated, and/or in plain English.

Criterion C2.3 – Accessibility of services (https://www.racgp.org.au/running-a-practice/practice-stan dards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standards-co

Indicator C2.3►A Our patients with disabilities or impairment can access our services.

Criterion C3.1 – Business operation systems (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standards-3/criterion-c3-1-business-operation-systems)

 Indicator C3.1 ➤ C Our practice has a business risk management system that identifies, monitors, and mitigates risks in the practice.

Criterion C3.3 – Emergency response plan (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standards/criterion-c3-3-emergency-response-plan)

• Indicator C3.3►A Our practice has an emergency response plan for unexpected events, such as natural disasters, pandemic diseases, or unplanned absences of clinical team members.

Criterion C3.4 - Practice communication and teamwork (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-3/criterion-c3-4-practice-communication-and-teamwork)

 Indicator C3.4►C Our clinical team discusses the practice's clinical issues and support systems.

Criterion C3.5 – Work health and safety (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-3/criterion-c3-5-work-health-and-safety)

Indicator C3.5►A Our practice supports the safety, health, and wellbeing of the practice team.

Criterion C4.1 – Health promotion and preventive care (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-4/criterion-c4-1-health-promotion-and-preventive-car)

 Indicator C4.1►A Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.

<u>Criterion C5.1 – Diagnosis and management of health issues (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-5/criterion-c5-1-diagnosis-and-management-of-health)</u>

- Indicator C5.1►A Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.
- Indicator C5.1►B Our clinical team supports consistent diagnosis and management of our patients.

Criterion C6.2 – Patient health record systems (https://www.racgp.org.au/running-a-practice/practic e-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard

• Indicator C6.2▶A Our practice has a system to manage our patient health information.

Criterion C6.3 – Confidentiality and privacy of health and other information (https://www.racgp.org.a u/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-6/criterion-c6-3-confidentiality-and-privacy-of-heal)

- Indicator C6.3►A Our patients are informed of how our practice manages confidentiality and their personal health information.
- Indicator C6.3►B Our patients are informed of how they can gain access to their health information we hold.

Criterion C6.4 – Information security (https://www.racgp.org.au/running-a-practice/practice-standard s/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-6/crit erion-c6-4-information-security)

- Indicator C6.4►A Our practice has a team member who has primary responsibility for the electronic systems and computer security.
- Indicator C6.4 ➤ D Our practice has a business continuity and information recovery plan.
- Indicator C6.4►E Our practice has appropriate procedures for the storage, retention, and destruction of records.

Indicator C7.1 – Content of patient health records (https://www.racgp.org.au/running-a-practice/pract ice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-st andard-7/criterion-c7-1-content-of-patient-health-records)

- Indicator C7.1►A Our practice has an individual patient health record for each patient, which
 contains all health information held by our practice about that patient.
- Indicator C7.1 ➤ B Our active patient health records contain, for each active patient, their identification details, contact details, demographic, next of kin, and emergency contact information.

<u>Criterion QI1.1 – Quality improvement activities (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/qi-standards/qi-standards-d-1/criterion-qi1-1-quality-improvement-activities)</u>

 Indicator QI1.1►A Our practice has at least one team member who has the primary responsibility for leading our quality improvement systems and processes.

Criterion QI1.3 – Improving clinical care (https://www.racgp.org.au/running-a-practice/practice-stand ards/standards-5th-edition/standards-for-general-practices-5th-ed/qi-standards/qi-standard-1/criter ion-qi1-3-improving-clinical-care)

 Indicator QI1.3►B: Our practice uses relevant patient and practice data to improve clinical practice (eg chronic disease management, preventive health). Criterion QI2.2 - Safe and quality use of medicines (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/qi-standards/qi-standard-2/criterion-qi2-2-safe-and-quality-use-of-medicines)

 Indicator QI2.2 ► E Our clinical team ensures that medicines, samples and medical consumables are acquired, stored, administered, supplied and disposed of in accordance with manufacturers' directions and relevant laws.

<u>Criterion GP1.1 – Responsive system for patient care</u> (https://www.racgp.org.au/running-a-practice/pr actice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-1/gp-standard-1)

- Indicator GP1.1►A: Our practice provides different consultation types to accommodate patients' needs.
- Indicator GP1.1 ▶ B: Our practice has a triage system.
- Indicator GP1.1C: Our recorded phone message advises patients to call 000 in case of an emergency.

Criterion GP1.2 – Home and other visits (https://www.racgp.org.au/running-a-practice/practice-stand ards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-st andard-1/gp-standard-2)

Indicator GP1.2►A Our patients can access home and other visits when safe and reasonable.

Criterion GP1.3 – Care outside of normal opening hours (https://www.racgp.org.au/running-a-practic e/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practic e-standards/gp-standard-1/gp-standard-3)

- Indicator GP1.3►A Our patients are informed about how they can access after-hours care.
- Indicator GP1.3 ➤ B Our patients can access after-hours care.

<u>Criterion GP2.1 – Continuous and comprehensive care (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-2/criterion-gp2-1-continuous-and-comprehensive-care)</u>

- Indicator GP2.1►B Our health service provides continuity of care.
- Indicator GP2.1 ▶ C Our health service provides comprehensive care.

<u>Criterion GP2.2 – Follow-up systems (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-2/criterion-gp2-2-follow-up-systems)</u>

- Indicator GP2.2 ➤ B Our practice recalls patients who have clinically significant results.
- Indicator GP2.2 ► E High-risk (seriously abnormal and life-threatening) results identified outside normal opening hours are managed by our practice.

<u>Criterion GP2.3 – Engaging with other services (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-2/criterion-gp2-3-engaging-with-other-services)</u>

Indicator GP2.3►A Our practice collaborates with other health services to deliver

comprehensive care.

<u>Criterion GP4.1 – Infection prevention and control, including sterilisation (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-4/criterion-gp4-1-infection-prevention-and-control-i)</u>

- Indicator GP4.1 ► B Our practice has a written, practice-specific policy that outlines our infection control processes.
- Indicator GP4.1 ➤ D All members of our practice team manage risks of potential cross-infection in our practice by methods that include:
 - good hand hygiene practices
 - the use of PPE
 - triage of patients with potential communicable diseases
 - safe storage and disposal of clinical waste including sharps
 - safe management of blood and body fluid spills.
- Indicator GP4.1 ► E Our patients are informed about respiratory etiquette, hand hygiene, and precautionary techniques to prevent the transmission of communicable diseases.

Criterion GP6.1 – Maintaining vaccine potency (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/general-practice-standards/gp-standard-6/criterion-gp6-1-maintaining-vaccine-potency)

 Indicator GP6.1 ► D: Our practice has a written, practice-specific policy that outlines our cold chain processes.

RACGP clinical guidelines

RACGP clinical guidelines

The RACGP has developed several <u>Clinical guidelines</u> (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic) to help GPs respond to common health concerns.

Aboriginal and Torres Strait Islander health (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/aboriginal-and-torres-strait-islander-health)

Aged care (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/aged-care)

<u>Chronic disease (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/chronic-disease)</u>

Mental health (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/mental-health-1)

<u>Preventative health (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/preventive-health)</u>

Guidelines for preventive activities in general practice (the Red Book) (https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/guidelines-for-preventive-activities-in-general-pr/preamble/introduction)

Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/vi ew-all-guidelines-by-topic/mental-health/diagnosis-and-management-of-work-related-mental-he) e-Mental health - A guide for GPs (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/mental-health/e-mental-health)

Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/mental-health/guidelines-for-prevention-and-treatment-of-stress)

<u>Caring for patients with post-COVID-19 conditions (https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/caring-for-patients-with-post-covid-19-conditions/introduction)</u>

RACGP Resources

RACGP Resources

Emergency management

Managing emergencies in general practice (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-emergencies-in-general-practice)

<u>Providing care and support during disasters (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/naturaldisasters)</u>

Emergency response planning tool (https://www.racgp.org.au/running-a-practice/practice-managemen t/managing-emergencies-and-pandemics/emergency-response-planning-tool)

Emergency planning and response factsheets (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/fact-sheets)

Managing pandemics (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics)

<u>Winter Planning Toolkit (https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/winter-planning-toolkit)</u>

Accreditation agencies (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5t h-edition/accreditation/accreditation-agencies)

Preventing heat-related disease in general practice (https://www1.racgp.org.au/ajgp/2018/december/preventing-heat-related-disease-in-general-practic) AJGP article

RACGP Standards for general practices - 5th edition (https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/table-of-contents)

Chronic disease

Preventing heat-related disease in general practice (https://www1.racgp.org.au/getattachment/94ff7af 7-b4e3-46c5-8e59-9cdb9bd60723/Preventing-heat-related-disease-in-general-practic.aspx) AJGP article National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people - Chapter 9 - respiratory health for COPD (https://www.racgp.org.au/clinical-resources/clinical-guideline s/key-racgp-guidelines/view-all-racgp-guidelines/national-guide/chapter-9-respiratory-health/chronic-ob structive-pulmonary-disease)

Management of type 2 diabetes: A handbook for general practice (https://www.racgp.org.au/clinical-res ources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/diabetes/introduction)

Type 2 diabetes: Goals for optimum management (https://www.racgp.org.au/getattachment/9cb2fff5-f

d32-491c-af8a-32e214897c37/20635-DBHB-Goals-for-optimum-management.pdf.aspx)

<u>Australian type 2 diabetes management algorithm - updated August 2022 (https://www.racgp.org.au/getattachment/2938847a-968c-40bc-b147-df2d651ab508/Australian-type-2-diabetes-management-algorithm.pdf.aspx)</u>

Management of type 2 diabetes: A handbook for general practice - Clinical summary (https://www.racgp.org.au/getattachment/7a2da393-b76f-405a-a2fe-0c9c0c0d5ac8/Clinical-summary.pdf.aspx)

Diabetes management during the coronavirus pandemic (https://www.racgp.org.au/getattachment/1bb ba82a-d780-47ec-ade0-d82e4ba5ab6c/Diabetes-management-during-coronavirus-pandemic_1.pdf.asp χ)

<u>Diabetes management during Ramadan (https://www.racgp.org.au/getattachment/cbebef7d-9738-4dc 8-af85-b822ecbd164b/Diabetes-management-during-Ramadan.pdf.aspx)</u>

Emergency management of hyperglycaemia in primary care (https://www.racgp.org.au/getattachment/ebb0683e-fed4-4b90-b0bb-e4f353399386/Management-of-hyperglycaemia.pdf.aspx)

Type 2 diabetes sick day management plan - template (https://www.racgp.org.au/getattachment/ae279 c2d-7e4e-43f6-af26-823b2fb5101b/Type-2-diabetes-sick-day-management-plan-template.docx.aspx)

RACGP media release 23 November 2023: Have a safety plan this thunderstorm asthma season – GPs (https://www.racgp.org.au/gp-news/media-releases/2023-media-releases/november-2023/have-a-safet y-plan-this-thunderstorm-asthma-season)

Mental health in emergencies and disasters (https://www.racgp.org.au/FSDEDEV/media/documents/R unning a practice/Support and tools/Factsheet-Mental-health-and-emergencies.pdf)

Mental Health (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/mental-health)

Practice guidelines for treatment of complex trauma and trauma informed care and service delivery (htt ps://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/mental-health/practice-guidelines-for-treatment-of-complex-traum) (fee of \$66.00)

Mental health

Managing emergencies in general practice Part C: Mental health in emergencies (https://www.racgp.or g.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-emer gencies-in-general-practice/part-c-mental-health-in-emergencies/introduction) Mental health resources (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-

topic/view-all-guidelines-by-topic/mental-health/practice-guidelines-for-treatment-of-complex-traum)
e-Mental health - A guide for GPs (https://www.racgp.org.au/clinical-resources/clinical-guidelines/guide
lines-by-topic/view-all-guidelines-by-topic/mental-health/e-mental-health)

Viruses

COVID-19 and COVID-19 vaccine resources (https://www.racgp.org.au/clinical-resources/covid-19-resources)

Coronavirus (COVID-19) information for GPs (https://www.racgp.org.au/coronavirus)

<u>COVID Safety Plan (https://www.racgp.org.au/clinical-resources/covid-19-resources/infection-control/covid-safety-plan-template)</u>

Emergencies and pandemics (https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics)

Telehealth

Telehealth (https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth)

GP Support

<u>GP support program (https://www.racgp.org.au/running-a-practice/practice-management/gp-wellbeing/the-gp-support-program)</u>

GP wellbeing (https://www.racgp.org.au/running-a-practice/practice-management/gp-wellbeing) page

External Resources

External Resources

Federal government resources

Contact your PHN (https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Contacts)
Australian Commission on Safety and Quality in Healthcare - Advisory GP23/02 (https://www.safetyand quality.gov.au/our-work/accreditation/national-general-practice-accreditation-scheme/advisories-and-resources-ngpa-scheme/advisory-gp2302-reguests-extensions-and-appeals)

Australian Bureau of Meteorology (http://www.bom.gov.au/)

<u>Australian Bureau of Meteorology - current cyclones (http://www.bom.gov.au/cyclone/index.shtml)</u>
<u>Australian Bureau of Meteorology - outlook for 2023 to 2024 (http://www.bom.gov.au/climate/cyclones/australia/)</u>

National Incident Centre (https://www.health.gov.au/initiatives-and-programs/national-incident-centre)
Services Australia - Natural disaster events (https://www.servicesaustralia.gov.au/natural-disaster-events?context=60042)

<u>Protecting Older Australians – Flooding preparedness (https://www.health.gov.au/news/newsletters/protecting-older-australians-flooding-preparedness)</u>

<u>healthdirect - Barmah Forest virus (https://www.healthdirect.gov.au/barmah-forest-virus)</u>

<u>Australian Government Department of Health and Aged Care – Barmah Forest virus infection (https://www.health.gov.au/diseases/barmah-forest-virus-infection#:~:text=Barmah%20Forest%20virus%20infection%20is,who%20contract%20this%20illness%20recover.)</u>

<u>Australian Government Department of Health and Aged Care – Ross River virus infection (https://www.health.gov.au/diseases/ross-river-virus-infection)</u>

<u>healthdirect - Ross River virus (https://www.healthdirect.gov.au/ross-river-virus)</u>

<u>Australian Government Department of Health and Aged Care – Dengue virus infection (https://www.health.gov.au/diseases/dengue-virus-infection)</u>

<u>healthdirect - Dengue fever (https://www.healthdirect.gov.au/dengue-fever)</u>

healthdirect hotline (https://www.health.gov.au/contacts/healthdirect-hotline)

Australian Capital Territory

Australian Capital Territory Health (https://health.act.gov.au/)

<u>Australian Capital Territory - Emergency arrangements (https://esa.act.gov.au/cbr-be-emergency-ready/emergency-arrangements)</u>

Australian Capital Territory - Extreme Heat (https://esa.act.gov.au/be-emergency-ready/extreme-heat)

New South Wales

New South Wales Health - emergency preparedness (https://www.health.nsw.gov.au/emergency_preparedness/Pages/default.aspx)

New South Wales Government - Disaster relief and support (https://www.nsw.gov.au/disaster-recovery/

disaster-relief-and-support)

New South Wales Health – Beat the Heat (https://www.health.nsw.gov.au/environment/beattheheat/Pages/default.aspx)

NSW Rural Doctors Network (https://www.nswrdn.com.au/site/index.cfm)

Queensland

Queensland Health - disaster management (https://www.health.qld.gov.au/public-health/disaster)
Queensland Government - Disaster management (https://www.disaster.qld.gov.au/Pages/default.aspx)
Get ready Queensland - Heatwave (https://www.getready.qld.gov.au/understand-your-risk/types-natural-disasters/heatwave)

Health Workforce Queensland (https://www.healthworkforce.com.au/?source=rhwa.org.au)

Northern Territory

Northern Territory - Health disaster management (https://health.nt.gov.au/governance-strategies-committees/about/health-disaster-management)

NT Police, Fire and Emergency Services - Emergency Management (https://www.pfes.nt.gov.au/emergency-service/emergency-management)

Northern Territory Government - Heatwave (https://securent.nt.gov.au/prepare-for-an-emergency/weather-events/heatwave)

Rural Workforce Agency NT (https://www.ntphn.org.au/)

South Australia

South Australia Health - Disaster management (https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/disaster+management/disaster+management)

South Australian Government - Emergencies and Safety (https://www.sa.gov.au/topics/emergencies-and-safety)

<u>South Australian State Emergency Service – Be prepared for a heatwave (https://www.ses.sa.gov.au/heatwave/)</u>

Rural Doctors Workforce Agency South Australia (https://www.ruraldoc.com.au/)

Tasmania

Tasmania Department of Health (https://www.health.tas.gov.au/)

<u>Tasmanian Government - Office of Security and Emergency Management (https://www.dpac.tas.gov.au/divisions/osem)</u>

Tasmanian Government – Preparing for extreme heat (https://www.health.tas.gov.au/campaigns/healthy-ageing/extreme-heat-advice/preparing-extreme-heat)

HR Plus Tasmania (https://www.hrplustas.com.au/)

Victoria

Victoria Department of Health - Our role in emergencies (https://www.health.vic.gov.au/our-role-in-emer

gencies)

Emergency Management Victoria (https://www.emv.vic.gov.au/)

<u>Victoria Department of Health - Planning for extreme heat and heatwaves (https://www.health.vic.gov.au/environmental-health/planning-for-extreme-heat-and-heatwaves)</u>

Rural Workforce Agency Victoria (https://www.rwav.com.au/)

Western Australia

<u>Western Australia Department of Health - Disaster management (https://ww2.health.wa.gov.au/Health-for/Health-professionals/Disaster-management)</u>

Government of Western Australia - Department of Fire and Emergency Services (https://www.dfes.wa.gov.au/wa-emergency-and-risk-management)

<u>Western Australia Department of Health – Heatwave strategies (https://ww2.health.wa.gov.au/Articles/F_I/Heatwave-strategies)</u>

Rural Health West (https://ruralhealthwest.com.au/)

Health equity

<u>Australian Red Cross - Emergency Resilience in Culturally and Linguistically Diverse Communities (https://apo.org.au/sites/default/files/resource-files/2021-02/apo-nid315281.pdf)</u>

<u>Psychological first aid guide (https://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters/psychological-first-aid-supporting-people-disaster)</u>

<u>Australian Red Cross - resources (https://www.redcross.org.au/emergencies/resources/#prepare)</u>

<u>Australian Red Cross - rediplan (https://www.redcross.org.au/globalassets/cms/downloads/pdfs/disaster-plan/red-cross-rediplan-disaster-preparedness-guide.pdf)</u>

2022 Close the Gap report (https://www.lowitja.org.au/page/services/resources/Cultural-and-social-det erminants/culture-for-health-and-wellbeing/close-the-gap-campaign-report-2022---transforming-power-voices-for-generational-change)

<u>Australian Indigenous Health InfoNet (https://healthinfonet.ecu.edu.au/learn/determinants-of-health/environmental-health/emergency-management/)</u>

The Australian Red Cross Emergency Resilience in Culturally and Linguistically Diverse Communities tool (https://apo.org.au/sites/default/files/resource-files/2021-02/apo-nid315281.pdf)

Telehealth

Medicare Benefits Schedule (http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home)

MBS online fact sheets (http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Fact sheet-Telehealth-Arrangements-Jan22)

General Practice Mental Health Standards Collaboration

GPMHSC resources for GPs (https://gpmhsc.org.au/ResourceSection/Index/aa96bb9f-b39c-4c90-821 f-5a9be3a42d20)

Lung Foundation Australia

<u>Lung Foundation Australia (https://lungfoundation.com.au/patients-carers/living-with-a-lung-disease/copd/overview/)</u>

COPD-X Concise Guide (https://lungfoundation.com.au/resources/copd-x-concise-guide/)

Diabetes

<u>Diabetes Australia (https://www.diabetesaustralia.com.au/)</u> website

<u>Diabetes Australia – Type 1 diabetes (https://www.diabetesaustralia.com.au/about-diabetes/type-1-diabetes/)</u>

<u>Diabetes Australia – Managing type 1 diabetes (https://www.diabetesaustralia.com.au/living-with-diabetes/managing-your-diabetes/managing-type-1/)</u>

<u>Diabetes Australia - Managing diabetes during hot weather (https://www.diabetesaustralia.com.au/blog/insulin-needs-special-attention-over-summer-too/)</u>

<u>Diabetes Australia - Reports (https://www.diabetesaustralia.com.au/news-resources/publications/reports/)</u>

<u>Diabetes Australia - News (https://www.diabetesaustralia.com.au/news/research)</u>

CVD

The Stroke Foundation - Guidelines for the assessment and management of absolute CVD risk (http s://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/view-all-guidelines-by-topic/chronic-disease/guidelines-for-the-management-of-absolute-cardiova)

The Heart Foundation: 'Environment, climate change and heart health' (https://www.heartfoundation.org.au/heart-health-education/climate-change-and-heart-health)

<u>The Heart Foundation - For health professionals (https://www.heartfoundation.org.au/Bundles/For-Professionals)</u>

National Asthma Council

National Asthma Council Australia (https://www.nationalasthma.org.au/health-professionals) website Australian Asthma Handbook (https://www.asthmahandbook.org.au/)

Asthma and respiratory workshop education program (https://www.nationalasthma.org.au/health-professionals/education-training/asthma-and-respiratory-workshop-education-program)

Asthma action plan library (https://www.nationalasthma.org.au/health-professionals/asthma-action-plan ns/asthma-action-plan-library)

<u>Asthma how-to videos (https://www.nationalasthma.org.au/health-professionals/how-to-videos)</u>

Asthma resources (https://www.nationalasthma.org.au/living-with-asthma/resources/health-professionals/information-paper)

Asthma first aid (https://www.nationalasthma.org.au/asthma-first-aid)

Managing acute asthma in clinical settings (https://www.asthmahandbook.org.au/acute-asthma/clinical)

Australasian Society for Clinical Immunology and Allergy (ASCIA)

ASCIA website (https://www.allergy.org.au/)

Health Professional information (https://www.allergy.org.au/hp)

Respiratory Allergy – Allergic Rhinitis (Hay Fever), Asthma and Sinusitis (https://www.allergy.org.au/hp/allergic-rhinitis)

Allergic Rhinitis Clinical Update (https://www.allergy.org.au/hp/papers/allergic-rhinitis-clinical-update)
About ASCIA Allergic rhinitis e-training for health professionals (https://etraininghp.ascia.org.au/mod/page/view.php?id=300)

Oral Allergy Syndrome FAQ (https://www.allergy.org.au/patients/food-other-adverse-reactions/oral-aller gy-syndrome#:~:text=Oral%20allergy%20syndrome%20(OAS)%2C,throat%20itch%2C%20tingle%20or%20swell.) document

Mental health

Psychological First Aid: A guide to supporting people affected by disaster (https://psychology.org.au/for-the-public/psychology-topics/disasters/recovering-from-disasters/psychological-first-aid-supporting-people-disaster)

GP Support

DRS4DRS (https://www.drs4drs.com.au/)

The Essential Network (TEN) online e-mental health hub (https://www.blackdoginstitute.org.au/ten/)

Black Dog Institute (https://www.blackdoginstitute.org.au/)

CRANAplus' Bush Support Services (https://crana.org.au/mental-health-wellbeing/call-1800-805-391)

Lifeline (https://www.lifeline.org.au/)

beyondblue (https://www.beyondblue.org.au/)

MensLine (https://mensline.org.au/)

Kids helpline (https://kidshelpline.com.au/)

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