RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Disaster health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Disaster health.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Disaster health

Context

In 2025 there were 57 recorded disasters in Australia.[1] Hazards that cause disasters can be natural such as climate events (heatwaves, bushfires), technological (major transport events), geophysical (earthquake), and those with more malevolence (terrorism).

Disasters affect humans socially, physically, mentally, and economically. Disasters impact the social determinants of health, including employment status, housing, access to healthcare, and food insecurity, leading to poor long-term outcomes.[2,3] No Australian community is exempt from the risk of disaster.

Disaster health effects can occur over the immediate, short and long-term and lead to acute and chronic physical and mental impacts.[2] Typical acute disaster-related presentations include burns, smoke, and dehydration.[2] Longer term effects include poor control of established conditions such as diabetes, delayed diagnosis of other new medical conditions, increased deaths in the elderly population, and long-term psychological impacts.[2] Disasters can also have indirect impacts, including damage to health infrastructure, loss of access to healthcare, and dislocation between patients and their regular healthcare provider – which causes gaps in continuity of care.[2]

GPs manage the bulk of usual healthcare in a community in inter-disaster periods. This healthcare burden does not disappear when disasters occur, and research shows the major burden of healthcare demand during and after disasters falls within the realm of general practice.[4] GPs are onsite when disasters occur and remain in the community to manage the ongoing effects of disasters long after other responders have left. The World Health Organization acknowledges general practice as an essential health service in a disaster in *Primary healthcare and health emergencies*.[4]

Increasingly, Australian communities and GPs themselves are affected by major disasters. Awareness and understanding of disaster health management and disaster medicine is essential to prepare and protect GPs – allowing them to work alongside other healthcare responders.

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Learning outcomes

The GP is able to:

- summarise the key concepts of disaster management and how GPs contribute through each of the four stages of a disaster: prevention, preparedness, response, and recovery (PPRR)
- explain the aims and strategies of the stages of pandemic management and how GPs contribute at each PPRR stage
- evaluate situations where psychological first aid (PFA) and skills for psychological recovery (SPR) are needed and demonstrate competence in their provision
- discuss disaster triage and sieve and sort strategies, including where they fit within structured major incident medical management and support (MIMMS) systems
- explain the risk factors and epidemiological pattern of psychological and physical health conditions likely to occur during the disaster (and in the weeks, months, and years following), to enable early identification and management through screening and active case finding
- demonstrate culturally safe, trauma-informed, context-appropriate care for patients, families and communities who have experienced disasters
- adapt and innovate clinical care during the difficult environment of disasters and pandemics, working within disaster and pandemic management systems informed by evidence and best practice
- maintain self-awareness of the effects of disasters on GPs and practice staff in their dual roles as local community members and local health professionals, taking into account strengths, vulnerabilities, personal characteristics, and disaster exposure
- discuss the principles involved in business continuity and disaster planning in a general practice setting, including for a pandemic
- discuss how to provide a practice environment that is physically, culturally, and psychologically safe for disaster-affected community members and for practice staff, including GPs themselves.

Key areas of learning

Understand population health and the context of general practice, including:

- key concepts of disaster management:
    - all hazards
    - all agencies
    - prevention, preparedness, response, recovery (PPRR).
- the changing roles of GPs in natural and man-made disasters through each phase of PPRR
- how GPs are linked to the structured systematic all-of-health response to disaster
- business continuity planning for a general practice setting during disasters and pandemics
- adaptation of practice procedures and processes to accommodate changing healthcare needs during disasters and pandemics.

Understand pandemics, including:

- how they are one type of disaster requiring unique planning
- how pandemics occur and evolve
- the aims and strategies of pandemic management; eg public health measures and governance systems
- the changing roles of GPs through the PPRR stages of a pandemic: prevention, preparedness, response and recovery.

Understand the health consequences of disasters, including:

- the variations in health consequences across and within various hazards
- the risk factors for, and epidemiological patterns of, psychological and physical health conditions likely to occur during the disaster (and in the weeks, months and years following), to enable early identification and management through screening and active case-finding.
- the risk to local population health and deterioration of social determinants of health, and the potential for change in chronobiology of clinical conditions.

Consider resilience and vulnerability, with understanding of:

- contributing factors to optimise disaster healthcare and surveillance during the acute and post-disaster periods.
- the different impacts of disasters and pandemics on, and mitigation strategies for, different populations: rural, culturally, and linguistically diverse people, Aboriginal and Torres Strait Islander peoples, socially disadvantaged communities, children, pregnant and breast-feeding women, the elderly, and those with chronic disease.

Understand principles of self-care for GPs and practice staff.

Be competent in:

- trauma-informed care
- psychological first aid (PFA) and skills for psychological recovery (SPR)
- disaster triage sieve and sort
- donning and doffing of full personal protective equipment (PPE); including fit-checking.

Manage information, with attention to:

- critically appraising competing information sources in disasters and pandemics, identifying several sources of truth for reference regarding the changing environment and changing clinical recommendations
- understanding when it is appropriate and safe to provide updated health information to the local community in a disaster.

Opportunities for learning

Words of wisdom

- Disasters have catastrophic effects on humans. The local GP will inevitably be involved when disaster strikes a community. It is vital to consider your role as a GP before disaster occurs.

- Disaster planning doesn't need to be complicated. It's valuable to simply run through your disaster plan in your mind or create a one-page plan.

- There are several ways to begin to understand your professional role in disasters:
    - through a scenario, guided by someone knowledgeable in the field, such as your supervisor or the local hospital disaster manager
    - by taking part in a local health district or primary health network disaster exercise
    - by listening to those who has been through a disaster – particularly in a professional capacity, but also as a personal experience.

- Recovery and resilience begin in planning and preparedness, including monitoring your own safety and wellbeing. The best disaster professionals monitor their own alertness levels and know when to remove themselves from the disaster response until they feel safe to return to continue to assist. This helps them stay safe and be able to continue to provide support to their community in the years that follow.

- During a disaster, or a pandemic, a unified collaboration is crucial for successful management: at the local, national and global levels. You can't fight a pandemic or a disaster on your own.

Learning strategies

On your own

Read this story of a GP affected by the 2009 Victorian bushfires or this study of GPs who experienced the Christchurch earthquakes.

- *Consider their experience. Does this give you some ideas for self-care if you find yourself involved in a disaster?*

Watch the three *In focus: Trauma-informed care* short videos from Emerging Minds by child experts on trauma-informed care

- *Consider a patient you may have seen recently who was 'behaving poorly'. Does the video change your approach to such patients? In what ways?*

Complete one of these units in the Emerging Minds Community Trauma Toolkit for GPs that discusses how GPs can support children during disasters. For children aged 0–5 years or For children aged 6–8 years

- *Consider the two children of the patient in the case example later in this unit. Is their change in behaviour concerning? What more would you want to know about them? How would you help the parent/s to support their children?*

With a supervisor

Run through a pandemic scenario at your practice with your supervisor and then answer the following questions.

- *What worked well and what needs changing? What would your role be?*
- *How would you manage patient flow? How would you manage staff? How would you manage infection prevention and control, alongside business continuity for your patients?*
- *What were your sources of information truth? How did you communicate to patients and staff?*

Following a disaster, a GP practice can be very busy; there may be many distressed patients presenting, and even police seeking information on the missing or deceased. Consider how you would manage your practice and support staff.

- *How could you manage the distress in the waiting room and prepare and support your front desk staff, as well as the rest of your GP team?*
- *Ask your supervisor about any experience of disaster situations they have had and what they learnt from them.*

Discuss being a rural GP in a disaster-affected area. Consider one of your usual patients who presents during the disaster, then at one week, three months and six months later.

- *Which physical and mental health presentations are more likely to present at these different times following a disaster?*

In a small group

Read *Psychological First Aid: An Australian guide to supporting people affected by disaster*, then consider this disaster scenario:

Immediately following a cyclone you are assisting at an evacuation centre where a woman and young boy are sitting alone in a corner. You go over and they appear to be physically unharmed but in shock.

Discuss or role-play the scenario with your group.

- *Consider how you would manage this situation, including the use of psychological first aid.*
- *If you are watching the role play, make notes on what principles are being applied in this situation.*
- *Give feedback to each other.*

Children are particularly vulnerable in disasters. They may present with behavioural changes in the immediate aftermath of a disaster; for example, an adolescent needing to sleep with their parents, or a normally active child becoming withdrawn and quiet. Discuss with your small group the different psychological and physical vulnerabilities of children in disaster.

- *How would you help parents to support their children through these difficult times? What resources could you direct them to?*
- *See the learning resources section for more ideas.*

Discuss a pandemic scenario: There has been an outbreak of a new influenza virus and it has just arrived in your local community. Two cases have been identified in a neighbouring practice which has now shut for two weeks. Hold a meeting to discuss your practice's pandemic plan in this situation.

- *What would you do to reorganise your usual business to keep yourself, staff and patients safe?*
- *What are your main aims at this early stage?*
- *Discuss how you might support patients from the other practice.*
- *How might you manage your infection prevention and control processes?*

With a friend or family member

Discuss your family's disaster plan with them or develop one together; keep it to one page. Brainstorm what it should include.

- *Was it hard to keep it to one page? What are the priorities?*
- *Who is best placed to be responsible for which items?*
- *Did you include your pets, if you have any?*

Talk to your family, friends or patients about how the COVID-19 pandemic affected them.

- *What did you learn that surprised you? How can this help you with your clinical practice?*

Case example

You are one of four GPs working in a small remote community where a prolonged heatwave has been followed by high winds and catastrophic fires in the nearby national park. Several lives have been lost; no one knows who is safe and who is missing. Many locals have been evacuated. Smoke is blanketing the town. Most of the town is without power. Your family, home, and property are safe.

Peter, a 38-year-old local farmer with hypertension, diabetes, and asthma presents asking for scripts for his usual medications.

'My meds got burnt in the fire, along with my house, my best stud Murray Grey, and most of my feed. I'm not sleeping so well, doc. I'm having trouble focusing and getting a bit irritable with the kids,' he says. 'The boys are four and eight years old. They've both gone really quiet which is pretty unusual for them, but that's normal after a big bushfire, isn't it? I guess it's good because we're all staying at the in-laws, and it's very crowded.'

In a case-based discussion, questions relating to each role could be:

Communicator

- How would you approach this consultation in a trauma-informed manner?
- How could you empower Peter using skills for psychological recovery?

Clinician

- What are your priorities in history-taking and clinical examination? Why? How does the disaster context broaden and reprioritise the information you need to gather?
- What more would you like to know about Peter's children and their significant change in behaviour? Is it concerning?
- What factors in Peter's environment support or undermine his resilience?
- What strengths, supports, or preferences might Peter have?
- During this acute phase of the disaster what are the key social, mental, and physical health needs to consider for Peter and his family?
- What is your approach to managing Peter and his family? What resources could help you?
- What if Peter's wife arrives during the consultation and insists on joining? She is obviously distressed and unable to focus. Can you demonstrate how you would provide psychological first aid?
- How would you safety-net Peter, considering his chronic conditions?
- Can you demonstrate donning and doffing full personal protective equipment (PPE) including fit-checking a P2 or N95 mask?

Health advocate and leader

- How might you identify people needing extra support in your local community? Which organisations could you partner with in your community to provide that support?
- What if you receive a phone call notifying you that the local aged care facility is being evacuated and relocated into the community hall as all roads out of the town are closed due to fire? About 40 patients will be arriving with access only to nursing and care staff. What would you do? How would you adapt and innovate to provide good medical care?

Professional

- A GP is often involved in a disaster as both a professional and a member of the community. The time to develop self-care strategies is before a disaster occurs. What strategies could you use for yourself, your family and your practice?
- What is the role of a GP in each of the four phases of disaster? Which of the four phases applies to this case example?

- Does your practice have a disaster plan? A pandemic plan? Can you draft a one-page version of either? (See learning resources section for more information.)

Scientist, educator and researcher

- Situations rapidly evolve during disasters and that means guidelines change too. How can you stay up to date with the latest accurate information?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam