

State Health
Trauma Disaster Subplan

September 2004

Authorisation

The State Health Trauma Disaster Subplan has been developed as a supporting operational document to the individual hospital disaster plans and as a Subplan to Westplan-Health. This Trauma Disaster Subplan details procedures for managing a major disaster involving multiple trauma patients.

This document has been endorsed formally as the Standard Operating Procedure to be followed in the event of such a disaster.

Approved

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Dated

Dr Andrew Robertson
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Dated

Foreword

This Trauma Disaster Subplan has been developed in 2004 along with other Subplans to support the recently rewritten Westplan Health.

The Trauma Disaster Subplan outlines the Local, District (including Regional and Metropolitan) and State response required to ensure that the health emergency trauma response is coordinated and local resources can be supplemented where necessary.

Activation of this plan will occur at the State level by the State Health Coordinator in response to any major disaster involving multiple trauma that threatens life or health and requires resources beyond Local or District (including Regional and Metropolitan) capabilities.

This Trauma Disaster Subplan is supplemented by local and district level health disaster response plans. These plans all form part of a coordinated health disaster management response under the direction of the State Health Coordinator.

The Trauma Disaster Subplan highlights the responsibilities and obligations of local and district health services to provide the initial health response to trauma disasters within their areas but also the overall arrangements to the health response in a major multiple trauma disaster.

It is important for all health institutions to have plans in place to meet these challenges in recognition of the emergency management principles of prevention, preparedness, response and recovery.

Dr Andrew Robertson
Director, Disaster Preparedness and Management.

September 2004

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Distribution List

<u>Organisation</u>	<u>Number of Copies</u>
Department of Health	
Director General	1
Director, Disaster Preparedness and Management	1
State Health Emergency Operations Centre	1
Areawide Medical Coordinator	1
Metropolitan Business Continuity Coordinator	1
Metropolitan Emergency Coordination Centre	1
State Health Emergency Director	1
Trauma Surgeon – RPH	1
HOD, Surgical Unit – SCGH, RPH, Fremantle and PMH	1 Each
All Public Hospital Emergency Coordination Centres (however titled)	1
All Public Hospital Emergency Departments	1
All Private Hospital Emergency Coordination Centres (however titled)	1
All Private Hospital Emergency Departments	1
Royal Flying Doctor Service	
Chief Senior Policy Officer	1
Medical Director	1
St John Ambulance Australia, WA Ambulance Service Inc	
Ambulance Service Director	1

Glossary of Terms

Areawide Medical Coordinator - Means that person designated by the State Health Coordinator, or their delegate, to be the Metropolitan Areawide Medical Coordinator for the purposes of coordinating the metropolitan health response in an emergency.

Trauma Medical Response Team - In this Trauma Disaster Subplan, the trauma medical response team is the specialist team that is dispatched from the Metropolitan area and will consist of senior surgeon, a senior doctor from the emergency department and anaesthetic department, two emergency department nurses and two theatre nurses. Other staff members such as paediatric staff or intensive care nurses will be coopted as necessary.

Disaster - An event, actual or imminent, which endangers or threatens to endanger life, property or the environment, and which is beyond the resources of a single organisation to manage or which requires the coordination of a number of significant emergency management activities.

NOTE: The terms "emergency" and "disaster" are used nationally and internationally to describe events which require special arrangements to manage the situation. "Emergencies" or "disasters" are characterised by the need to deal with the hazard and its impact on the community.

The term "emergency" is used on the understanding that it also includes any meaning of the word "disaster".

Disaster Plans - For the purposes of this document, disaster plans refer to plans developed by the nominated person responsible for maintaining up to date plans, which include actions to be taken in the event of a disaster. Every hospital and health service should have such a plan.

District Health Coordinator - Means that person designated by the State Health Coordinator, or their delegate, to be the District Health Coordinator of a designated regional health service in accordance with the operational circular distributed in April 2004, for the purposes of coordinating the regional health response in a burn emergency.

Hospital - In this Trauma Disaster Subplan, a Hospital is any hospital or health care facility within WA that provides health care services to the public.

Hospital Health Coordinator – Means that person designated by the Hospital Executive to be the Hospital Health Coordinator for the purposes of coordinating the hospital response in an emergency.

Major Disaster - For the purposes of this document, a major disaster is defined as an incident which is beyond the normal capabilities of any single organisation and requires a coordinated response to ensure appropriate patient care is delivered, and patients are transferred to a suitable centre where definitive care can be administered.

Metropolitan Perth Business Continuity and Disaster Plan - Provides the operational framework, to manage and maintain critical business functions in the event of system failure(s) or a mass influx of patients due to an external incident or disaster.

Medical Response Team – In this Trauma Disaster Subplan, the medical response team is the team that is dispatched from the nearest hospital to the site of the major disaster. This medical response team is responsible for providing initial triage, resuscitation measures and transfer to the closest hospital.

State Health Coordinator - The State Health Coordinator has the authority to command the coordinated use of all health resources within WA, for response to and recovery from, the impacts and effects of a major emergency or disaster situation. The State Health Coordinator is also responsible for obtaining Commonwealth assistance should it be required.

State Health Disaster Management Committee - A committee that may be convened by the State Health Coordinator, to assist in the provision of a coordinated health response to, and recovery from, the burn emergency. It is the operational arm of the Department of Health's disaster response and includes representation from the different health care providers whom would need to be involved in the response and recovery for the trauma emergency.

Support Organisation - An organisation whose response in an emergency is either to restore essential services (e.g. Western Power, Water Corporation of WA, Main Roads WA etc) or to provide such support functions as welfare, transport, communications, engineering, etc.

PART ONE

1.0 Introduction

1.1 Background

Western Australia (WA) covers a large geographical area, some 3000km by 1800km, and has a population of approximately two million people, of which 1.4 million live in the metropolitan area. There is considerable on-shore industry, an extensive off-shore oil and gas industry, as well as multiple sites of potential mass gatherings which provide significant risk of multiple trauma casualties. This provides unique challenges for the WA Department of Health because of the tyranny of distance. A robust trauma service is a pre-requisite to enable the activation of this Trauma SubPlan.

This Trauma Disaster Subplan details the hierarchy of command and control, and the steps that should be considered when incidents or disaster occur. It is acknowledged that not all situations can have plans developed and that the management of any incident will be situation specific at the time it occurs.

1.2 Aim

The aim of this Trauma Disaster Subplan is to provide a basis for managing and transferring patients and resources as necessary to care for an influx of multiple trauma patients due to a disaster.

1.3 Scope

The Trauma Disaster Subplan identifies the roles and responsibilities of the individual Hospital Health Coordinators, District Coordinators, Areawide Medical Coordinator, the designated Trauma Surgeon (until such time as the Director of Trauma Service is appointed) and State Health Coordinator in the event of a major disaster. As a component of this Trauma Disaster Subplan, standard operating procedures should be established to provide an individual hospital response.

This Trauma Disaster Subplan will be utilised for any major disaster, when a coordinated response is required to manage the patients.

1.4 Objectives

The objectives of this Trauma Disaster Subplan are to:-

- ◆ To describe the Department of Health's management structure when coordinating a disaster response.
- ◆ Provide the basis for the provision and coordination of a health emergency management response during a major disaster emergency.
- ◆ Provide guidelines for the operating of the plan following its activation.

1.5 Basic Assumptions

The following basic assumptions have been made in the development of this plan:

- ◆ All individual hospitals have disaster plans.
- ◆ All individual hospitals are responsible for ensuring that their staff are familiar with these plans.
- ◆ In the event of a major incident, the principles of the Westplan-Health, to ensure the greatest good for the greatest number and management graduates from local or district to state level as required, will apply.
- ◆ That there is a hierarchical system of trauma care and communication in existence within the State.

1.6 Title

The plan shall be titled the State Health Trauma Disaster Subplan and abbreviated to the “Trauma Disaster Subplan”.

1.7 Related Plans

Related health plans, which may be activated to support this Trauma Disaster Subplan, are:

- ◆ Westplan-Health.
- ◆ Metropolitan Perth Business Continuity and Disaster Plan.
- ◆ Regional / District Health Disaster Plans (however titled).
- ◆ Individual Hospital Disaster Plans.
- ◆ Overseas Mass Casualty Plan (OSMASCASPLAN).
- ◆ Medical Team Subplan.
- ◆ Australian Mass Casualty Burn Disaster Plan (AUSBURNPLAN).
- ◆ Western Australia Burn Disaster Subplan
- ◆ Health Facility Surge Subplan.

1.8 Authority and Planning Responsibility

The development, implementation and revision of this Trauma Disaster Subplan is the responsibility of the Disaster Preparedness and Management Unit, Department of Health in consultation with the designated Trauma Surgeon and the State Health Disaster Management Committee.

PART TWO

2.0 Operational Management

2.1 Introduction

Emergency management requires a structure to coordinate all actions needed to deal with incidents or disasters. This section outlines the roles and responsibilities of those persons implementing the Trauma Disaster Subplan.

All trauma incidents or disasters will, in the first instance, be managed within the individual hospital as per the hospital disaster plans (however titled). This is in accordance with the principle of gradual escalation from local to district to state level as required at the time. The trauma care provided in individual hospitals should follow the concepts of a Trauma System.

Escalation of response to the Trauma Disaster Subplan will occur:

- ◆ If the number or severity of disaster victims is deemed to be beyond the normal capabilities and responsibilities of the local hospital staff.
- ◆ In the development of a worsening situation.
- ◆ When it is necessary to coordinate resources across hospitals.
- ◆ When it is required that the State Westplan-Health be activated.

2.2 Roles, Responsibilities and Authorities

2.2.1 State Health Coordinator

The State Health Coordinator is the Director General, Department of Health. This responsibility has been formally delegated to the Director, Disaster Preparedness and Management, who will take the role of the State Health Coordinator in a major event or disaster. He/she has the authority to command the coordinated use of all health resources within WA for response to, and recovery from, the impact and effects of a major emergency.

The responsibilities of the State Health Coordinator are to:

- ◆ Activate/deactivate this Trauma Disaster Subplan and coordinate all activities relating to the activation of this Trauma Disaster Subplan.
- ◆ Monitor the responses to a major emergency
- ◆ Chair and facilitate the activities of the State Health Disaster Management Committee.
- ◆ Represent the Department of Health at the State Emergency Management Committee (SEMC) and advise SEMC on health related issues.

- ◆ Act as a conduit for information between other agencies, departments and Department of Health staff and services.
- ◆ Direct the operations of the State Health Emergency Operations Centre during times of activation.
- ◆ Ensure the preparation, testing and maintenance of the Trauma Disaster Subplan.

2.2.2 Areawide Medical Coordinator

The Areawide Medical Coordinator has an operational role and is responsible to the State Health Coordinator (SHC) and the State Health Emergency Director (SHED) for the activation and management of the Metropolitan Perth Business Continuity and Disaster Plan (MPBCDP) as appropriate.

The responsibilities of the Areawide Medical Coordinator are:-

- ◆ Planning and coordinating the operational control of all resources required to resolve resource and equipment failures detailed in the MPBCDP.
- ◆ Notifying the SHC and SHED of any activation of the MPBCDP.
- ◆ Activating the MPBCDP, if required.
- ◆ Activating the Expert Advisers as appropriate.
- ◆ In consultation with the SHC determining when normal operations may be resumed and managing the recovery phase.
- ◆ Maintenance of operational coordination with backup supplied from the State level.
- ◆ Maintenance of the MPBCDP.
- ◆ Assessment and collation of information provided by the Medical Commander and determine appropriate hospital destinations for particular categories of injured persons and mode of transport.
- ◆ Liaison with other hospitals to determine receipt and treatment capacity.
- ◆ Providing the Medical Commander (Senior Health representative at the disaster site) with current information on the various hospitals' capacity to receive and treat the transported injured.
- ◆ Direct the hospital receipt and treatment response.
- ◆ Providing regular update reports to the SHC and SHED.
- ◆ In the event of a major disaster, where Westplan Health is activated, the AWMC will act as the SHC's main medical adviser.
- ◆ Providing the medical overview at debriefing events.
- ◆ Liaison with the SHC, Expert Advisers and SHED.

2.2.3 District Coordinator (however titled)

The District Coordinator is an operational role and is responsible to the SHC.

The District Coordinator's responsibilities are to:-

- ◆ Notify the State Health Coordinator of any incident or disaster involving multiple disaster patients, which is beyond the normal capabilities of the hospital and transfer services.
- ◆ Plan and coordinate the operational management of all resources required within the health region to provide an initial response to the disaster.
- ◆ Activate and manage the District Health Disaster Plans as appropriate, including the dispatch of a medical response team to the site if required.
- ◆ Represent the health region on District Emergency Management Committee (DEMC).
- ◆ Ensure regular review and testing of District Emergency Management Plans.
- ◆ Liaise with the Local Hospital Health Coordinator.
- ◆ Notify the SHC of Emergency Management and/or Business Continuity Plan activation.
- ◆ Notify the Chief Executive Officer (CEO) of the Western Australian Country Health Services (WACHS).
- ◆ Monitor the need for external agency involvement/assistance.
- ◆ Provide regular updates to the SHC and the CEO of WACHS.
- ◆ Coordinate regional recovery needs as required.
- ◆ Arrange regional debriefing following stand-down.
- ◆ Ensure a suitably qualified, resourced and supported proxy for this role is in place during periods of absence.

2.2.4 Hospital Health Coordinator

The Hospital Health Coordinator is responsible to the District or Areawide Medical Coordinator for:

- ◆ Notifying the District or Areawide Medical Coordinator of any incident or disaster involving multiple trauma disaster patients beyond the normal capabilities of the hospital and transfer services.
- ◆ Activating the Hospital Disaster Plan as necessary, including the dispatch of a medical response team to the site if necessary and resources available.
- ◆ Assuming overall command and control of the Hospitals' general resources and management of its responses.
- ◆ Determining when it is appropriate to return to normal operations within the hospital and managing the recovery phase.
- ◆ Representing the Hospital at Local Disaster Management meetings.
- ◆ The maintenance of the Hospital Disaster Plan.
- ◆ Other duties as directed.

2.2.5 Designated Trauma Surgeon / Director of the State Trauma Service

The designated Trauma Surgeon / Director of the State Trauma Service is responsible to the Areawide Medical Coordinator for:-

- ◆ Providing the clinical expertise required to manage a mass casualty event involving multiple trauma patients.
- ◆ Providing clinical advice and support to the local surgeons.
- ◆ Coordinating the allocation of surgical resources to assist with the trauma care across the systems, including surgical services at the scene, rural and regional hospitals.
- ◆ Liaising with the Areawide Medical Coordinator for additional resources such as pharmaceuticals, disposable supplies and equipment.
- ◆ Liaising with the Areawide Medical Coordinator for additional staff.

2.3 **Management Structure**

2.3.1 Control, Coordination and Communication

The Department of Health is the single agency responsible for coordination of the Statewide health emergency management response. This Trauma Disaster Subplan will be activated by the State Health Coordinator who has overall responsibility for the control and coordination of the health emergency management response. The organisational structure is outlined at **APPENDIX 1 and 2**.

The State Health Coordinator is supported within the Department of Health by Duty Officers who provide a 24 hour on-call service and are the first point of contact for queries in relation to emergencies and requests to activate this plan.

The State Health Coordinator is supported in the Metropolitan Area by the Areawide Medical Coordinator of the Metropolitan Perth Business Continuity and Disaster Plan. The Areawide Medical Coordinator is responsible for the activation and coordination of the Metropolitan Perth Business Continuity and Disaster Plan, which may involve deploying a Specialist Trauma Medical Response Team to the scene of a disaster and will involve coordination of the hospital beds for receipt of trauma casualties. Coordination of the beds will involve decanting current hospital inpatients in order to create surge capacity for the receipt of mass casualties in the Metropolitan area. This will be in accordance with the Health Facility Surge Subplan.

The State Health Coordinator is supported in the rural areas by the District Health Coordinators. The District Health Coordinators are responsible for activation and coordination of the Regional Health Services' Disaster Plans, which may involve deployment of medical teams to the scene of the disaster, receipt of casualties at the local hospital and providing information to the State Health Coordinator regarding patient transfer requirements. All contact details are in **APPENDIX 3**.

Individual hospitals, health services are responsible for maintaining their individual disaster plans and ensuring that they are congruent with the District or Metropolitan Plan, whichever is appropriate to their facility. They are also responsible for ensuring that there is a contact person i.e. a Hospital Health Coordinator, available 24hrs per day should the State Health Coordinator, Metropolitan Areawide Medical Coordinator or the District Health Coordinators require their assistance.

2.3.2 State Health Emergency Operations Centre

The State Health Emergency Operations Centre is the focal point of decision making and communications between the State Health Coordinator, the Areawide and District Health Coordinators, between the State Health Coordinator and the Minister for Health and senior health officials, between

the State Health Coordinator and external agencies, and between the State Health Coordinator and any interstate or international agencies or departments involved in the emergency. The primary and alternate State Health Emergency Operations Centre are located as follows:-

Primary:- 3rd Floor C Block
189 Royal Street,
East Perth, WA. 6004

Secondary:- Grace Vaughan House
Stubbs Terrace
Shenton Park, WA. 6008.

2.3.3 State Health Disaster Management Committee

Purpose

The purpose of the committee is to assist the Department of Health in developing and managing its disaster preparedness and management function. The committee will also provide the State Health Management Team with high level advice on service and strategic planning issues and operational matters relating to emergency management, disaster preparedness and disaster management.

Accountability

The Committee is accountable to the Deputy Director General (Health Care) through the Director, Disaster Preparedness and Management.

Responsibilities

The SHDMC shall:-

- ◆ Maintain, develop and test the State Health Emergency Management Support Plan (WESTPLAN – HEALTH) and other related plans, as required.
- ◆ Provides advice to the Department on all aspects of disaster preparedness and management.
- ◆ Provide stimulus and focus for resolution of health disaster and emergency management issues.
- ◆ Identify health service resources within the State available for use in the management of major emergencies and disasters.
- ◆ Develop and maintain a database of the health service resources available within the State.
- ◆ Make appropriate recommendations to the Director Disaster Preparedness and Management to improve the State's health disaster and emergency management preparedness.
- ◆ Provide advice and support to the Director Disaster Preparedness and Management on all aspects of health disaster management services with regard to major emergencies and disasters.
- ◆ Provide the Operational Disaster Management Committee of the Department of Health during significant emergencies and disasters.
- ◆ Review post operations/exercise reports of emergencies involving health emergency management services with a view to amending current arrangements and plans.
- ◆ Conduct an annual audit of the health services disaster preparedness.
- ◆ Provide a reference point for Interstate negotiations and liaison.

Membership

The Committee, as detailed in **APPENDIX 4** will consist of members appointed by the Deputy Director General (Health Care) on recommendation from the Director Disaster Preparedness and Management.

2.4 State Activation Procedures (See APPENDIX 5)

The activation procedures detailed hereunder relate to State level arrangements. Similar procedures should be developed and followed at the regional and metropolitan level.

The first indication that this Trauma Disaster Subplan may need to be activated may come from a number of sources as follows:

- ◆ One of the District Health Coordinators may identify the need to activate this Trauma Disaster Subplan to help manage a local multiple trauma emergency.
- ◆ The Areawide Medical Coordinator may identify the need to activate this Trauma Disaster Subplan based on information provided from other sources, such as Emergency Department 1800 number, the designated Trauma Surgeon / Director of the Trauma Service , Royal Flying Doctor Service or St John Ambulance Australia, WA Ambulance Service Inc.

- ◆ The State Health Coordinator may be asked to activate this Trauma Disaster Subplan by other State Emergency Management Agencies.
- ◆ The State Health Coordinator may be contacted as part of the OSMASPLAN to provide assistance for a National response.

Regardless of who first identifies the need, the District or Areawide Medical Coordinator and the State Health Coordinator shall confer and agree that the Trauma Disaster Subplan should be activated. Once this decision is made, the State Health Coordinator shall activate and manage the Trauma Disaster Subplan accordingly.

2.4.1 STAGES OF ACTIVATION.

The Trauma Disaster Subplan will normally be activated in stages. In an impact event, these stages may be condensed with stages being activated concurrently.

- a. Stage 1 – Alert (Code White). Code White, or the alert stage, is activated when advice of an impending emergency is received or when, following the occurrence of an event, it is unclear as to whether a Trauma Disaster response is needed. During this stage, the situation is monitored to determine the likelihood and nature of the Trauma Disaster response. The following actions are undertaken:
 - ◆ State Health Coordinator liaises with the Metropolitan Areawide Medical Coordinator and affected District Health Coordinators to determine the extent of the health response required, consulting the State Health Disaster Management Committee and the designated Trauma Surgeon / Director of Trauma Services where necessary.
 - ◆ State Health Coordinator alerts participating organisations.
 - ◆ Participating organisations alert their own personnel.
 - ◆ State Health Coordinator keeps participants advised of the situation.
- b. Stage 2 – Standby (Code Yellow). Code Yellow, or the standby stage, is activated when information received is sufficient to warrant preparatory activities in readiness for a response. Depending on the level of incident, the following actions may be undertaken:
 - ◆ Meeting of the State Health Disaster Management Committee to consider the situation and determine strategy.
 - ◆ Additional information allowing participating organisations time to undertake response preparations is provided to the appropriate District and or Metropolitan Areawide Medical Coordinator. Such preparations may include checking:
 - a) Medical team members availability, both for initial site response and a Specialised Trauma Medical Response from the Metropolitan area.
 - b) Medical kits.

- c) Transportation requirements.
 - d) Hospital bed availability, including consideration of patients who may be discharged.
 - e) Availability of additional staff for call up.
- ◆ State Health Emergency Operations Centre is prepared for staffing.
 - ◆ Liaison officers from participating organisations are identified and assigned.
- c. Stage 3 – Call Out (Code Red). Code Red, or the call out stage, is activated when a health emergency management response is required and resources are deployed accordingly. Two phases of Code Red should be considered. Phase 1 is the initial response and phase 2 is the redistribution phase.

Phase 1 should include the following actions:

- ◆ State Health Emergency Operations Centre is activated and staffed.
- ◆ The appropriate District and Metropolitan Areawide Medical Coordinator(s) and support organisations are advised of the need to initiate a health response, which may involve the deployment of a medical response team(s).
- ◆ Metropolitan Emergency Coordination Centre is activated and staffed.
- ◆ Hospital inpatients are decanted to other healthcare facilities or discharged to continue care in the community in order to create beds for the trauma casualties.
- ◆ Resource requirements for management of the trauma casualties are identified and obtained.

Phase 2, or the redistribution phase, is activated when the initial disaster response has been completed and the victims are all placed within the local hospital system. The redistribution phase in WA will include transfer of patients to definitive care in the tertiary sector as well as interstate transfer. This phase may stay in place for some weeks depending on the health response required to manage the patients. Depending upon the situation, the following actions may be undertaken:

- ◆ Transportation of patients to a tertiary facility where definitive care can be given.
- ◆ Treatment and theatre programs are initiated and maintained.
- ◆ Ongoing work force planning to provide a sustainable service.
- ◆ Ongoing management of all resource and supply items to provide an ongoing service.

d. Stage 4 – Stand Down (Code Green). Code Green, or the stand down stage, is activated when an organisations response is no longer required and may include the following actions:

- ◆ Participating organisations are informed of “stand down” by the State Health Coordinator.
- ◆ Organisations are stood down in accordance with relevant procedures for each organisation (Emergency Site personnel are withdrawn, additional staff called in are released from duty, etc).
- ◆ Organisations are to advise the State Health Coordinator when stand down has been completed.
- ◆ Arrangements for debriefings are advised.

2.4.2 Debriefing

The State Health Coordinator will ensure the debriefing of all participating agencies within a reasonable time following stand down and will participate in any general debrief conducted by the Hazard Management Agency, if separate from Department of Health.

2.4.3 Reports

The State Health Coordinator will arrange for the provision of a report relating to the trauma disaster response to the State Health Disaster Management Committee, the Hazard Management Agency, and the SEMC.

The report is to identify any problems or shortfalls relating to the provision of health emergency management support and any amendment that may be required to this Trauma Disaster Subplan.

2.4.4 Contact Details

A listing of key participants and their contact details are given at **APPENDIX 3**.

2.4.5 State Coordination Procedures

The overall coordination of the WA health emergency response to a major multiple trauma disaster will be through the activation of this Trauma Disaster Subplan, which will be managed from the State Health Emergency Operations Centre. The State Health Emergency Operations Centre will liaise with the hospitals via the Emergency Coordination Centre in the Perth Metropolitan Area and the District/Regional Health Coordinators in the rural areas.

2.4.6 Perth Metropolitan Area

The overall operational management, preparation and assessment of victims in a major emergency will be managed under the Metropolitan Perth Business Continuity and Disaster Plan.

The overall medical response is coordinated from the Emergency Coordination Centre situated in Royal Perth Hospital. The Emergency Coordination Centre is in immediate contact with the State Health Emergency Operations Centre and the external emergency site. The Emergency Coordination Centre will obtain details of numbers and types of casualties, and respond to any request for assistance from the site. The Emergency Coordination Centre coordinates the other metropolitan hospitals and, depending on the types and numbers of casualties, will instruct the emergency site as to which hospitals specific casualties should be transported to.

In addition, the Metropolitan Perth Business Continuity and Disaster Plan will be activated to provide assistance to the rural areas if it is required. Assistance will be provided in the form of medical teams, equipment or receipt of casualties.

2.4.7 Hospital Management

Hospital Management, from an emergency management context, relates to hospitals being prepared for the impact of emergencies. Hospitals are required to plan for internal and external emergencies on an individual basis. They are also required to ensure that their local plans integrate with the district or Metropolitan plan (whichever is relevant) in order that a cohesive response can be mounted should activation of the Trauma Disaster Subplan be required. These plans should make provision for:

- ◆ Provision of Medical Response Teams to work at the disaster site.
- ◆ Act as a receiving hospital for casualties transferred from a disaster site.
- ◆ Receive patients transferred from other hospitals where bed space is required by the receiving hospital for the admission of mass trauma cases.
- ◆ Act as a triage hospital in extreme mass casualty situations.

2.4.8 Rural Areas

The overall operational management, preparation and assessment of victims in a major emergency will be managed under the District Health Disaster Plans (however titled). In the event that the level of trauma management response required is beyond the capabilities of that District Health Disaster Plan, this Trauma Disaster Subplan will be activated to provide support to that district.

2.4.9 Medical Response Team

The local hospital should be able to provide a medical response team, which is capable of providing initial resuscitation treatment to the trauma victims at the site of the disaster. If the local hospital cannot provide a medical response team, then the District Health Coordinator should be contacted to provide a medical response team from within the Regional Health Service as per the District Health Disaster Plan (however titled).

2.4.10 Emergency Site Management

Emergency Site Management relates to the medical/health structure established at the site of an emergency and embraces the provision of triage, resuscitation, patient treatment and the loading and transportation of casualties. It is generally established when mass casualties have occurred. This responsibility is generally undertaken, in the first instance, by St John Ambulance, WA Ambulance Service Inc. and/or the RFDS who are usually first on site.

Depending on the magnitude of the emergency, they will be supplemented by a Site Medical Team(s) and a Medical Commander.

An overview of the emergency site management organisation and staff is given at **APPENDIX 6**.

2.4.11 Medical Teams

A medical response team will be provided to the disaster scene and undertake the roles outlined in **APPENDIX 6**, as per the Medical Team Subplan. These team members should have received, as a minimum, training as a Major Incident Medical Management and Support (MIMMS) team member and the Senior Health representative at the site should have attended the MIMMS Commander Course.

2.4.12 Specialist Trauma Response Team

In certain mass casualty situations, including locally or the need to deploy a team Intrastate, Interstate or Internationally, a Specialist Trauma Response Team will be organised by the Areawide Medical Coordinator.

The Specialist Trauma Response Team would be activated for a local disaster response (i.e. within one hour of the metropolitan area, in keeping with the "Golden Hour" philosophy) in the following circumstances:-

- ◆ Field amputation required for a trapped victim.
- ◆ The number of patients, and associated transport available at the scene to transfer the victims to hospital, may result in the victims requiring surgical management at the scene, including assistance with venous access.

The Specialist Trauma Response Team would be activated for assistance to the rural or regional facilities in the event that:-

- ◆ The number of casualties are beyond the capabilities and or resources of the local facility.
- ◆ The level of transportation available would result in a delay in the patients receiving definitive care. Therefore the Specialist Trauma Response Team would provide surgical care at the local facility until such time as transfer could be organised.

This Specialist Trauma Response Team will be provided from the Tertiary Hospitals within the Metropolitan area when requested by the State Health Coordinator. This Specialist Trauma Response Team will be transported to any part of the State, Nation or overseas by transport arranged by the State Health Coordinator. These team members should have attended the MIMMs team member course and the Emergency Management Severe Trauma (EMST) course.

The Specialist Trauma Response Team will take the necessary equipment and theatre packs with them.

The Specialist Trauma Response Team will consist of:

- ◆ A senior emergency department doctor.
- ◆ A senior surgeon.
- ◆ A senior anaesthetist.
- ◆ Two emergency department nurses.
- ◆ Two operating theatre nurses (depending on the number of casualties).
- ◆ Other staff members such as intensive care unit nurses and paediatric staff will be provided if required.

The purpose of the Specialist Trauma Response Team is to provide direction, support and specialist advice to the local hospital or health care workers in the provision of trauma care. Trauma patients will be resuscitated and stabilised at the local hospital as much as possible prior to transfer. Resuscitation and stabilisation measures undertaken by the Specialist Trauma Response Team will include, but are not limited to:

- ◆ Securing and maintaining the airway via endotracheal tube or tracheostomy if required.
- ◆ Securing venous access and commencement of fluid replacement
- ◆ Pain management.
- ◆ Insertion of urinary catheters.
- ◆ Surgical procedures, such as insertion of chest tubes and life saving amputations.
- ◆ Use of inotropes for circulation support.

2.4.13 Trauma Equipment

The Specialist Trauma Response Team will take:

- ◆ IV fluids.

- ◆ Airway equipment
- ◆ Analgesia and other medication required.
- ◆ Theatre packs and equipment depending upon the level of resources at the local facility. This information will be available on the Critical Infrastructure Database or through verbal communications with the local Hospital Health Coordinator.
- ◆ Satellite phone.
- ◆ Radios.
- ◆ Any further specific equipment requested by the Hospital or District Health Coordinator, including retrieval / transport equipment such as transport ventilators, monitors and infusion pumps.

2.4.14 Patient Transport to the Perth Metropolitan Area

It is preferable to transfer patients to definitive care in the Tertiary sector as quickly as possible to optimise the patients' outcome. Patients can be transferred in a number of ways:

- ◆ St John Ambulance will transfer all patients from around the Metropolitan area by road to the Tertiary Hospitals following advice from the Areawide Medical Coordinator.
- ◆ The Royal Flying Doctor Service will transfer all critically ill patients to the Tertiary Hospitals via Jandakot airport.
- ◆ Patients that are stable enough can be transported to Perth via commercial airline accompanied by health professionals.
- ◆ In the event of large numbers of patients requiring transport to Perth, the State Health Coordinator may request the assistance of external agencies such as the Royal Australian Air Force via the SEMC and Emergency Management Australia to transfer the patients.

2.4.15 Initial Clinical Care of Trauma Patients

The Clinician caring for the trauma patients is responsible for:

- ◆ Liaising with the Hospital Health Coordinator.
- ◆ Obtaining expert advice from the Designated Trauma Surgeon / Director of the Trauma Service.
- ◆ Providing initial resuscitation measures as advised by the Designated Trauma Surgeon / Director of the Trauma Service.
- ◆ Contributing to the maintenance of Hospital Disaster Plan.
- ◆ Other duties as directed by Hospital Health Coordinator.

2.4.16 Management and disposal of bodies.

The coroner should be informed of all deaths resulting from the disaster. The coroner will decide whether or not the death will be formally investigated.

When the victims have deceased at the scene of the disaster, they should remain at the scene until such time as the police identification process is

complete or if the police advise that they can be moved to a suitable storage facility.

Victims who die en route or at a health care facility should remain at the health facility until such time as the coroner and police advise otherwise. Depending on the number of fatalities and the storage capacity of the health service, there may be a requirement for temporary morgue facilities to be utilised. If this should be required the police will assist with the organisation of the temporary morgue facilities and liaise with health staff accordingly.

2.4.17 Health Assistance to or from Interstate or Overseas Agencies

Assistance from Commonwealth, Interstate and Overseas Agencies.

Where the WA health emergency management services are unable to cope with the magnitude and nature of health services required, the State Health Coordinator may request, through the Executive Officer, SEMC, for Commonwealth, interstate or overseas assistance from Emergency Management Australia.

2.5 **Communications**

The provision of communications for the Trauma Disaster Subplan is based on the use of the normal communication facilities required for the day-to-day activities of participating organisations. Supplementary communication facilities such as radios and a satellite phone will be distributed as appropriate to the medical response team(s) to ensure that they can communicate with the emergency coordination centre, District Health Coordinator or Areawide Medical Coordinator.

The communication cascade (see **APPENDIX 1**) from the site of the disaster will be as follows:

- ◆ Medical Response Team shall communicate via the Medical Commander or most senior staff member at the site.
- ◆ The Medical Commander or designated senior staff member at the site shall communicate via the Areawide Medical Coordinator in the Emergency Control Centre in the Metropolitan area and the Hospital Health Coordinator in the rural area.
- ◆ The Areawide Medical Coordinator shall communicate with both the Hospital Health Coordinator and the State Health Coordinator.
- ◆ The Hospital Health Coordinator shall communicate with both the Areawide Medical Coordinator and the District Health Coordinator.

The clinical communication cascade will be as follows:

- ◆ The clinician will obtain clinical advice via the dedicated Trauma line on 1800 631 798. The Trauma Surgeon will then contact the requesting clinician to provide clinical advice and support. Any requests for resource or administrative support are to go via the nominated Hospital or District

Health Coordinator, to ensure that the normal administrative structure remains in situ.

2.6 Coordination

2.6.1 Public Relations and Media Coordination

Intense media and public interest can be anticipated following the impact of an emergency. The following actions will assist with the handling of the media and public inquiries.

Overall responsibility for the preparation of Department of Health media statements and coordination of media inquiries during an emergency event lies with the Manager, Public Affairs or nominated delegate. No health personnel are to make media statements without the approval of the State Health Coordinator and the Manager, Public Affairs, Department of Health.

The State Public Information Emergency Management Support Plan (Westplan Public Information) can provide additional media relations support for the health emergency management functions if required. The State Health Coordinator, with advice from the Manager Public Affairs, is responsible for determining if such assistance is needed.

2.6.2 State Registration and Inquiry System

The State Registration and Inquiry Supplementary Plan establishes a system to enable details of victims of an emergency, including those admitted to hospitals, to be entered into the State Registration and Inquiry System (SRIS).

The State Health Coordinator will liaise with the State Welfare Coordinator to determine the status of the SRIS. When informed that the SRIS has been activated, the State Health Coordinator will advise the Areawide Medical Coordinator and District Health Coordinators who will inform the Health Care Units of the contact details. This will enable Health Care Units to refer callers to the SRIS system.

Health Service Units' emergency plans should incorporate procedures to register the details of persons presenting as a result of an emergency, whether they are injured or not, using the Health Service Unit's normal medical record documentation. From these records a listing of all such persons is to be forwarded to the State Health Emergency Coordination Centre by the most expedient/practical method available. This list is to include the following details:

Name of Health Service Unit
Full name of person
Address
Sex

Age or Date of Birth

In addition, local information regarding disaster victims shall be entered in the metropolitan public hospital's The Open Patient Administration System (TOPAS) disaster flag system.

2.6.3 Crisis Counselling

Mental health professionals can provide acute assessment and intervention and may need to do so alongside emergency support agencies involved in the recovery process. Mental health responsibilities with respect to the emergency site may include provision of general support and comfort to disaster affected persons; provision of psychological first aid; providing information about normal responses to disaster; triage; screening for acute stress reactions; keeping adequate records of all persons seen and interventions conducted.

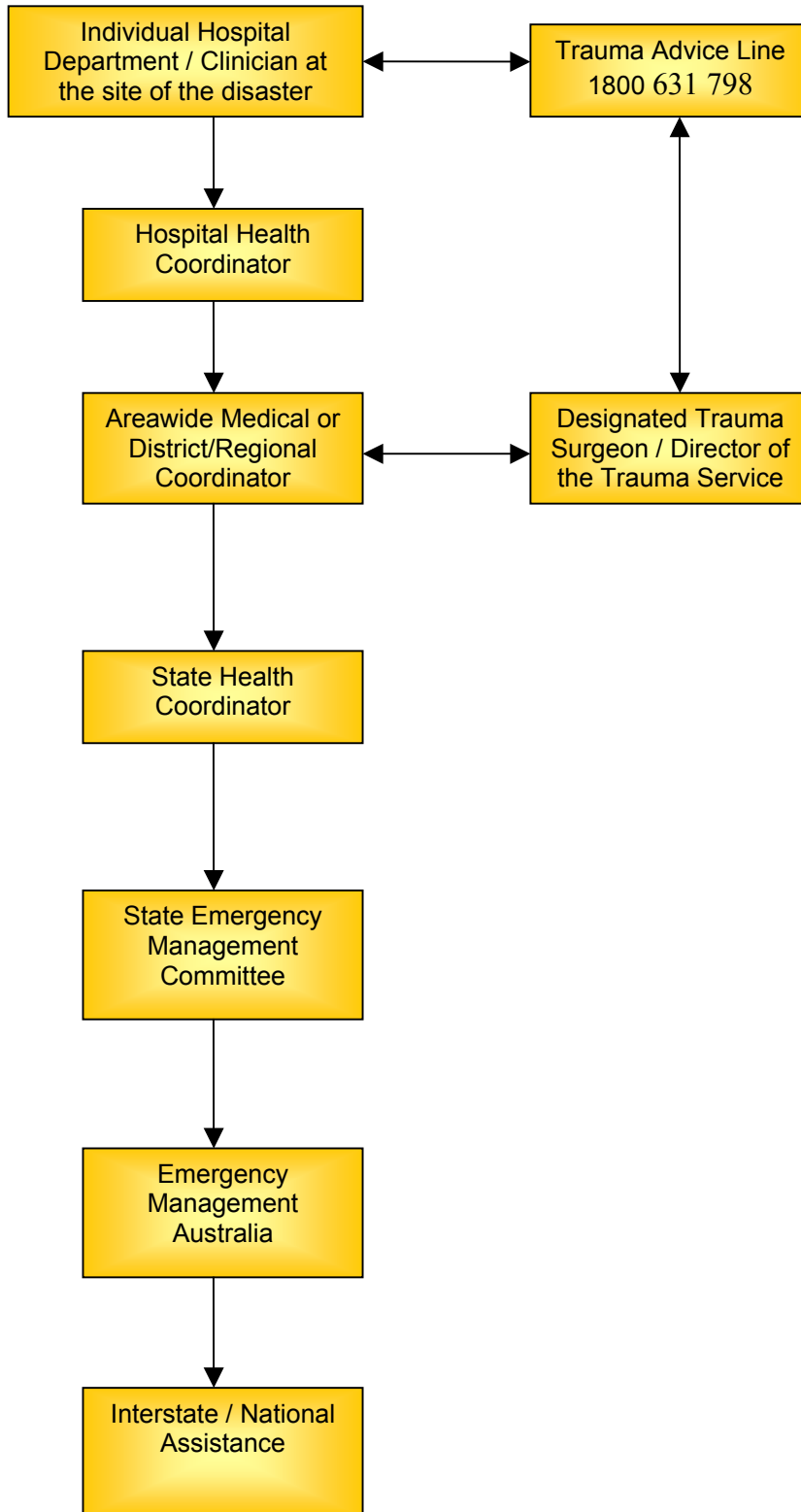
Specialist referral may be necessary in some instances and should be carried out supportively. Many people present to their local primary care provider in the post disaster period, therefore mental health services and GPs should collaboratively plan and train to ensure an integrated response to mental health issues post disaster, as well as ensuring consultative processes are available.

The provision of post-disaster psychological support, counselling and welfare services is conducted by a number of services. Establishing cross linkages between fellow professionals who have emergency responsibilities ensures that appropriate physical and psychological resources are brought to bear in a timely fashion. Mental health services as well as local GPs have a key role in this process.

Further advice is available in the Mental Health Subplan.

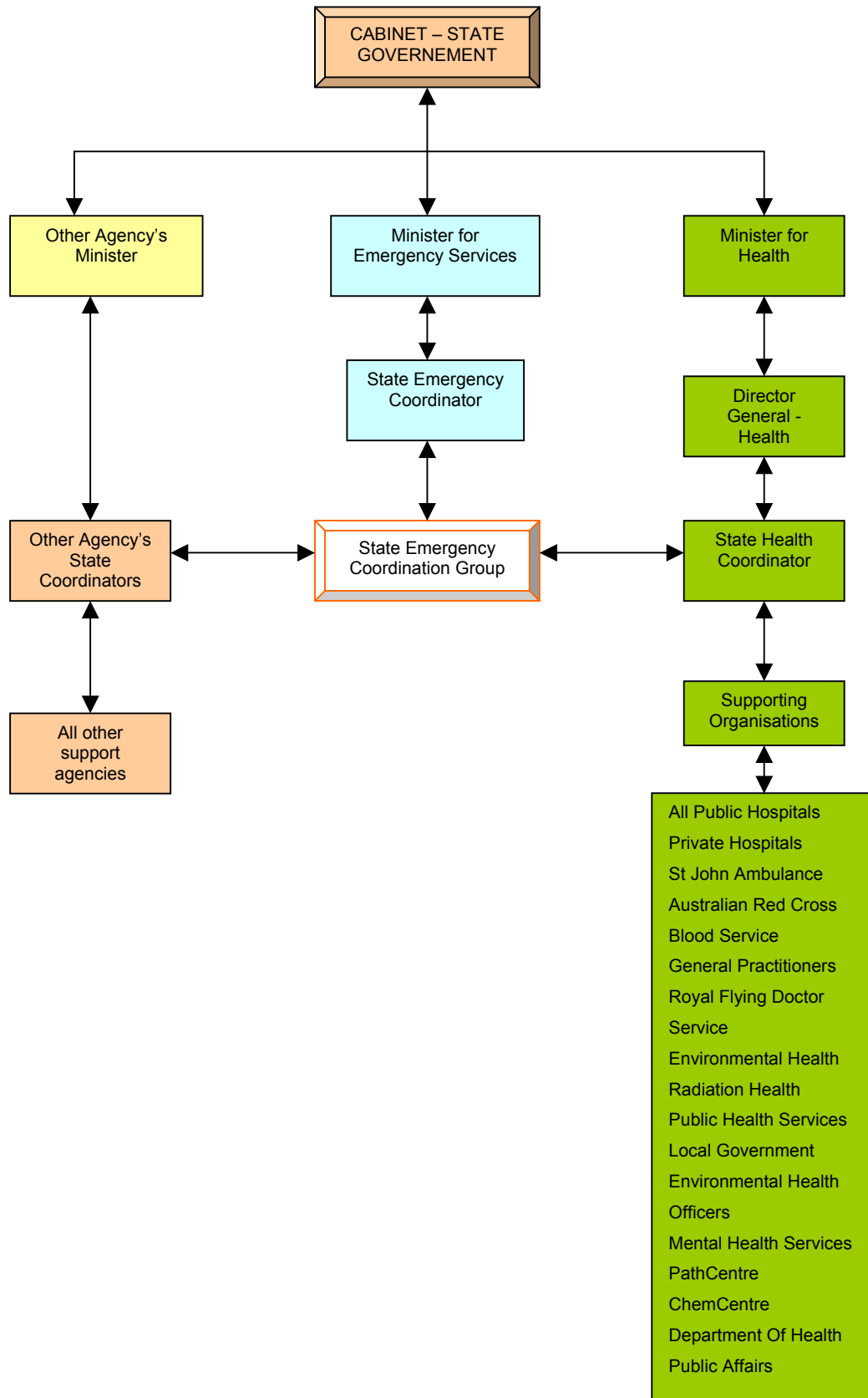
Appendix 1

Trauma Disaster Response – State Organisational Chart



Appendix 2

State Emergencies – Organisational Structure



Appendix 3

Contact Details

Name/Position	Location/Address	Telephone No
State Health Coordinator Dr Andrew Robertson	Department of Health	☎ 08 9328 0556
Areawide Medical Coordinator Dr Bill Beresford Director of Clinical Services	Royal Perth Hospital 08 9224 2244	☎ 08 9224 2244 ask for the Medical Administrator on call
Trauma Advice Line	Royal Perth Hospital	☎ 1800 631 798
Adult Tertiary Hospitals	Royal Perth Hospital Sir Charles Gairdner Hospital Fremantle Hospital	☎ 08 9224 2244 ☎ 08 9346 3333 ☎ 08 9431 3333
Paediatric Tertiary Hospital	Princess Margaret Hospital	☎ 08 9340 8222
DISTRICT / REGIONAL COORDINATORS		
Goldfields and SE Coastal Regional Health Service	Dr Fraser Moss Ms June Doyle	☎ 0407992781 / 0890805888 0419906024 / 0890805700
Great Southern Regional Health Service	Keith Symes Regional Director	☎ 0898922675 / 0419952655
Kimberley Regional Health Service	Mr Ian Smith Mr Glen Bowers Dr Russell-Weisz	☎ 041 986 2664 041 893 1449 041 992 6872
Midwest and Murchison Health Service	After Hours Manager at Geraldton Regional Hospital	☎ 08 9956 2222 pager 245
Pilbara and Gascoyne Health Service	Mr Tim Shackleton Regional Director	☎ 0417986940
South West Regional Health Service	Ms Sue Jones Director Direct Care	☎ 1800 794 767
Wheatbelt Regional Health Service	Mr Kim Darby	☎ 0429 784073
Royal Flying Doctor Service	Operations Centre 3 Eagle Drive Jandakot Airport JANDAKOT WA 6164	☎ 94141200 or 1800625 800
St John Ambulance Australia, WA Ambulance Service.	Team Leader Operations Centre 209 Great Eastern Highway BELMONT WA 6104	☎ 9334 1234

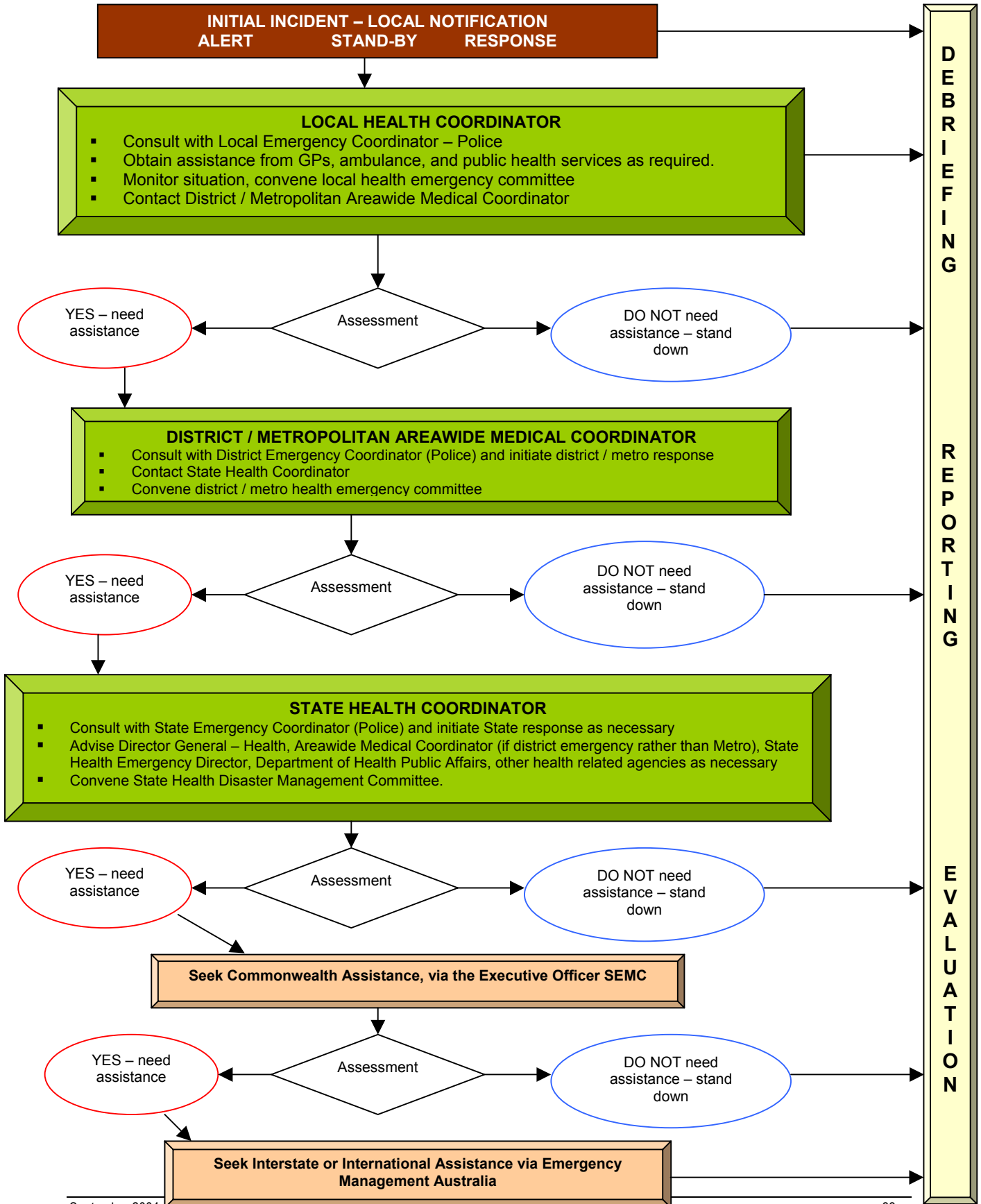
Appendix 4**State Health Disaster Management Committee**

<i>Member</i>	<i>Name/Address</i>	<i>General Contact</i>
Australasian College of Emergency Medicine representative	Dr Roger Swift Sir Charles Gairdner Hospital, Hospital Avenue, NEDLANDS. WA 6009	08 9346 4790
Clinical Toxicologist	Dr Frank Daly Royal Perth Hospital, Wellington Street, PERTH. WA. 6000	08 9224 2662
Director, Disaster Preparedness and Management	Dr Andrew Robertson Department of Health 189 Royal Street EAST PERTH.W.A. 6004	9222 2277
Director, Communicable Disease Control	Dr Shirley Bowen Grace Vaughan House 227 Stubbs Terrace SHENTON PARK. WA. 6008	08 9388 4801
Director, Environmental Health	Mr Jim Dodds Grace Vaughan House 227 Stubbs Terrace SHENTON PARK. WA. 6008	08 9388 4901
Director, Office of Mental Health	Dr Aaron Groves Department of Health 189 Royal Street EAST PERTH.W.A. 6004	08 9222 4114
Executive Director Medical Services, WCHS	Dr Geoff Masters Princess Margaret Hospital for Children Roberts Road SUBIACO. WA. 6008	08 9340 8245
Medical Director, Fremantle Hospital/MIMMS training representative	Dr Paul Mark Fremantle Hospital, Alma Street, FREMANTLE. WA. 6160	9431 3074

<i>Member</i>	<i>Name/Address</i>	<i>General Contact</i>
Medical Director, Country Services	Dr John Keenan Yamamoto House BROOME. WA. 6725	08 919 25933
Medical Director, Royal Perth Hospital/Metropolitan Areawide Medical Coordinator	Dr Bill Beresford Royal Perth Hospital, Wellington Street, PERTH. WA. 6000	08 9224 2280
Medical Director, SCGH	Dr Mark Platell Sir Charles Gairdner Hospital, Hospital Avenue, NEDLANDS. WA 6009	08 9346 3528
PathCentre representative	Dr Tim Inglis PathCentre, QE11 Medical Ctr Hospital Avenue, NEDLANDS. WA. 6009	08 9346 3461
Public Health Laboratory Network representative	Dr David Smith PathCentre, QE11 Medical Ctr Hospital Avenue, NEDLANDS. WA. 6009	08 9346 2164
Senior Policy Officer, Disaster Preparedness and Management	Mr Fred Gebhard Ms Hazel Harley Department of Health 189 Royal Street EAST PERTH.W.A. 6004	08 9222 2282 08 9222 4396
State Health Emergency Director	Dr Shane Kelly Fremantle Hospital, Alma Street, FREMANTLE. WA. 6160	08 9431 2000
St. John Ambulance Australia WA Ambulance Service Inc representative	Mr Bill Thomson St. John Ambulance 209 Great Eastern Highway BELMONT. WA. 6104.	08 9334 1222

Appendix 5

Health's Organisation Structure for Response and Activation in the event of a Disaster.



Appendix 6

Medical Emergency Site Management

1. INTRODUCTION

- a. Dependent upon the size of the emergency and geographic location, the availability of rapid medical response and the initial level of special services, may vary considerably.
- b. The following is a general description of the medical emergency management and site organisation for a mass casualty situation within the Perth Metropolitan Area. Outside the Perth Metropolitan Area, and especially in remote areas of the State, the response will be modified consistent with available medical resources.

2. SITE ORGANISATION

The emergency site organisation is based on the following:

- a. **Forward Command Post** – the Hazard Management Agency for the emergency shall determine the safe location for its Forward Command Post at the emergency site. Both the Medical Commander and the Ambulance Commander are located within the Forward Command Post.
- b. **Primary Triage Area** - the area in which casualties are initially assembled and triaged. This facility may be in one of two locations:
 - (1) within the incident site; or
 - (2) if rescue services are extracting casualties from a hazardous area:
 - (a) as near as possible to the incident site to alleviate long distance stretcher carrying, and
 - (b) in an area safe for personnel to perform their duties.
- c. **Casualty Clearing Post** (CCP) – the area established for triage and treatment of casualties. The CCP should be:
 - (1) as near as possible to the Primary Triage Area to alleviate long distance stretcher carrying;
 - (2) large enough to accommodate the casualties and staff, with ease of access and egress, ideally in an area protected from the elements, and
 - (3) in an area safe from the effects of the event.

- d. **Safe Holding Area** – the area established for the initial holding of non injured victims and those with minor injuries (*delayed patients*) pending registration and non ambulance evacuation from the site. The safe holding area should be:
- (1) within reasonable proximity but not immediately adjacent to the CCP,
 - (2) in an area safe from the effects of the event, and
 - (3) have easy access with good egress.
- e. **Ambulance Loading Point** – the area where patients are loaded and the patient identity and destination recorded, which should be:
- (1) as near as possible to the CCP,
 - (2) large enough to accept more than one vehicle with easy access and egress, ideally with movement in one direction only, and
 - (3) located in a safe area, particularly in relation to other traffic.
- f. **Ambulance Assembly Point** – the area where vehicles are marshalled if the Ambulance Loading Point is unable to accommodate them and should be:
- (1) as near as practicable to the Ambulance Loading Point, but not to cause traffic congestion,
 - (2) easily accessible with good egress,
 - (3) large enough to accommodate all responding ambulances, and
 - (4) in an area with proven communications with the Ambulance Loading Point.

3. **OFF-SITE ORGANISATION**

The off-site organisation is based on the following:

- a. **Ambulance Emergency Operation Centre** – located at the St John Ambulance, WA Ambulance Service Inc. facility at the State Office, Belmont;
- b. **Incident Coordination Group (ICG)** – the group of ambulance personnel located at St John Ambulance State Office, who are responsible for providing strategic support to the ambulance field operations. This group of people includes the Incident Commander, Ambulance (EOC) Manager, ICG Operations Officer, ICG Planning Officer, ICG Logistics Officer and Volunteer First Aid Service On-Call Officer
- c. **Emergency Coordination Centre** – the Emergency Coordination Centre is located at Royal Perth Hospital from which the off site Hospital response for the Perth Metropolitan Area is coordinated by the Areawide Medical Coordinator.

- d. **State Health Emergency Operations Centre** – the location from which the coordination of the overall State level health response takes place.

4. **SITE - KEY HEALTH PERSONNEL AND THEIR FUNCTIONS**

The key personnel and their functions are as follows:

4a. **Medical Commander (Designated medical administrator or nursing practitioner nominated by the Areawide Medical Coordinator)**

Location

Based at the Hazard Management Agency's Forward Command Post.

Functions

- a) Liaise continuously with Ambulance Commander (at Forward Command Post)
- b) Liaise with other liaison officers and other agency Commanders at the Forward Command Post.
- c) Provide communication link between the Senior Doctor (at CCP) and the Areawide Medical Coordinator at the Emergency Coordination Centre and the agencies within the Forward Command Post.
- d) Provide assistance and information to the Senior Doctor as required.

4b. **Senior Doctor (Designated ED physician)**

Location

Casualty Clearing Post (CCP).

Function

- a. Together with the Senior Nurse and the SJA Casualty Clearing Officer, responsible for the triage, assessment, patient management and coordination of the CCP and Medical Teams

4c. **Senior Nurse (Designated senior ED nurse)**

Location

Casualty Clearing Post (CCP).

Function

- a) Together with the Senior Doctor and the SJA Casualty Clearing Officer, responsible for triage, assesment, patient management and the coordination of CCP and Medical Teams

4d. Communications Officer

Location

CCP

Function

- a. Provides administrative and communications support to the Senior Doctor in the CCP.

4e. Triage Nurse (Most senior triage nurse)

Location

CCP

Function

- a. Perform Secondary Triage Assessment (TRIAGE SORT) / re-triage RED, ORANGE and GREEN priority patients as they arrive at the CCP.

4f. Transport Coordinator (Nurse with radio communication skills)

Location

CCP

Function

- a. Communication with the Areawide Medical Coordinator at the Emergency Coordination Centre to determine the destination of the patient.

4g. Transport Nurse

Location

CCP

Function

- a. Management of casualties waiting for hospital transport.

4h. Red/Orange Area Nurse

Location

CCP

Functions

- a) With allocated Doctor and Ambulance Paramedics, systematically perform a secondary survey of casualties, including observations and after treatment, re-prioritise patients as required.
- b) Inform Senior Nurse of patients requiring urgent transfer to the trestle area where definitive management will occur.

4i. Red/Orange Area Doctor

Location

CCP

Functions

- a) With allocated Nurse and Ambulance Paramedics, systematically perform a secondary survey of casualties, including observations and after treatment, re-prioritise patients as required.
- b) Inform Senior Nurse of patients requiring urgent transfer to the trestle area where definitive management will occur.
- c) Begin basic medical management, i.e. Oxygen, IVC / IVT

4j Treatment Nurse (Nurse with advanced life support skills)

Location

CCP

Function

- a) Team up with a treatment doctor, and treat / stabilise casualties. Trestle tables may be utilised.

4k. Treatment Doctor

Location

CCP

Function

- a) Team up with a treatment nurse, and treat / stabilise casualties. Trestle tables may be utilised.

4l. Delayed Priority Nurse

Location

CCP

Function

- a) Together with the SJA Delayed Priority Officer, assess and manage walking wounded / delayed priority patients.