Responding to Thredbo

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On the night of the 31st July of 1997 a landslide at Thredbo cost nineteen lives. This article details the site medical response to the disaster at Thredbo from the Canberra Hospital.

Notification

The Emergency Department at the Canberra Hospital was notified of the disaster at 12.30 a.m. on 31st July 1997 by the Goulburn Ambulance Control. The medical co-ordinator of the South East NSW region, Dr Trish Saccsan-Whelan, contacted the ACT Medical Commander, Dr Kumar. The initial reports indicated casualties of up to 100 in number by 2.00 a.m. The revised list of casualties was down to between 20 and 30. The medical controller of ACT was notified by the site commander of the incident.

The medical co-ordinator at Goulburn requested a site medical team, preferably including an anaesthetist and an emergency physician. Initially this team was to leave Canberra immediately. This decision was revised and it was decided to leave Canberra at 4.00 a.m. so that the team can be on standby when search and rescue commenced at day break, at approximately 6.00 a.m.

The external disaster plan of the Canberra Hospital was activated and a site medical team was assembled in the emergency department. The team included the medical commander for ACT, Dr Kumar, Dr Lawrence, VMO anaesthetist on call and four emergency-trained nurses from the emergency department who were called in. A team was assembled and ready to be depart within 30 minutes of notification.

A standard medical site team of the hospital comprises one doctor and two nurses, and on this occasion two such teams were assembled.

Transport to the scene

The ACT Ambulance Service was able to transfer the team to the site. An ambulance van with equipment and another vehicle commandered by ACT Ambulance Superintendent Jon Quiggon was able to transport the team. The team was briefed at the Ambulance bay of the Emergency Department prior to departure by the medical commander and ambulance superintendent. This explained to the team the nature of the disaster and the number of expected casualties and the role of the team on arrival at the site.

Disaster equipment

The team stopped at the Cooma village ski shop, where they were kitted out for mountain conditions on this wintery night where the temperature dropped down to –9°C. This included waterproof pants, jackets, socks, gloves and hats. The proprietor of the ski shop was extremely courteous, generous and helpful and the team arrived at Jindabyne at daybreak, where they were met by other emergency services vehicles. It was obvious here that the team could not proceed further towards the site as it was declared unsafe and the search and rescue operation had been withheld pending a review of the site by engineers to decide on the safety issue.

Emergency Operation Centre (EOC)

The EOC had been set up soon after the incident at the Jindabyne Information centre, about a 20-minutes drive from the site. The ACT Ambulance commander and medical commander met with EOC controller Chris Ingram (NSW Police) and NSW Ambulance commander, Phillip Brotherhood. Regular briefings were held at the EOC, to assess the situation and obtain regular sitreps. The ACT medical team was transported to the nearby primary school to rest and await further instructions.

Communication

Regular mobile phone communication was maintained throughout the day with the medical co-ordinator at Goulburn, the medical controller in Sydney and the ACT Medical controller. It was also possible to keep in close contact with the site medical commander.

The Canberra Hospital was on standby for Code Disaster, which was revised by 9.00 a.m. as it was clear that it was unlikely that any patients would arrive at the Canberra Hospital for treatment over the next four hours. The operation lists that were cancelled were restarted and later on during the day the afternoon list was allowed to carry on as normal. The hospital was stood down from Code D by about 11.00 a.m.

Relief team

At 3.00 p.m. it was decided that the ACT medical team would stay in place until a relief team arrived from Sydney to replace the existing team at the site. No casualties were found at this stage.

The relief team arrived at 4.00 p.m. and at 5.00 p.m., following consultations with the site medical commander and the medical controller in Sydney, the ACT medical team left the EOC in Jindabyne.

The medical team was transported back by the ACT Ambulance, and en-route to the Canberra Hospital the news of the sighting of the first body under the rubble was conveyed to the team. There were still no signs of life.

Discussion

The communication from the site to Goulburn and to Canberra Hospital worked extremely well.

The ambulance that transported the team had a flat battery at the Canberra Hospital and had to be jump started by the NRMA. This caused a delay of about 10 minutes and this has been addressed with the ACT Ambulance service.

The equipment of the medical team, especially clothing and footwear, was totally inadequate. This has been addressed by the Emergency Planning committee since the response and a budget has been allocated to upgrade the disaster equipment at the Canberra Hospital.

It was a remarkable effort that a team could be assembled and ready to go within thirty minutes of the request at 2.00 a.m., which was very reassuring.

The hospital control centre was activated but the hospital controller could not be identified on the day. It was well in the late morning until it was clear that the Director of Nursing had assumed that role in the absence of the senior medical executive. This has been addressed with hospital management.

No casualties were seen or treated at the scene but a team was assembled dispatched and arrived on time fully geared and ready for action upon notification.

Sole survivor

The sole survivor, Stuart Diver, arrived at the Canberra Hospital by helicopter. His arrival was widely published and it was the centre of world media attention. This was handled very well by security and the media-liaison office of hospital. Although the emergency department was fairly busy with the usual weekend rush, Mr Diver was promptly attended to and admitted to the Intensive Care Unit for his injuries.

Lessons learnt

The disaster equipment of the site medical team was reviewed and upgraded and will be updated regularly thanks to a special budget for disaster preparedness and training which has since been initiated.

The issue of hospital controller has been addressed and this will be identified on a daily basis. This information will be available at the communications centre at the hospital.

Dr Sashi Kumar is Chairman of the Canberra Hospital Emergency Planning Committee and joint ACT–Southern NSW Critical Care Committee Site Medical Commander. He is also a member of the ACT Medical Board, ACT Medical Advisory Committee and the ACT Ambulance Service.

He is a member of a number of other associations that have their focus on emergency and disaster medicine, including the Australasian College for Emergency Medicine and the Australasian Society of Emergency Medicine.

Helping communities to manage their own recovery (cont.)

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development and opening of memorial pathways and release of a calendar and compact disc put together by local artists, highlighted the importance of anniversaries and other significant milestones in the recovery process.

As with all aspects of emergency management the media play a key role in publicising and scrutinising recovery activities. This was highlighted in a presentation which focused on media coverage of recent disasters. A second presentation emphasised the importance of working to develop a positive relationship with the media. In this manner the media may become a powerful information dissemination tool. This point was highlighted later in the program during presentations on the Port Arthur shootings.

Following the shootings a positive relationship was developed between recovery agencies and the media, enabling dissemination of information to a far greater audience than would otherwise have been possible.

A consideration of two public health emergencies, Salmonella contamination and Anthrax outbreak, provided an insight into the broad applicability of recovery management arrangements within Victoria. While a decade ago the definition of disaster or emergency was restricted to natural events such as fire or flood, the recovery management arrangements are now being applied to a range of events with significant community impact. Following a presentation of key aspects of Victoria's Public Health Emergency Management Plan consideration was given to the difficulty of developing and maintaining a community development program following an event which attracted little public attention or awareness.

Presentations on two interstate events were also highlighted as part of the program — the Port Arthur shootings of April 1996 and the more recent Thredbo landslide.

The Port Arthur shootings may be considered Australia's first 'national' disaster. While the event took place on the Tasman Peninsula in Tasmania, the majority of people deceased came from mainland states, particularly Victoria. The first presentation on Port Arthur highlighted recovery activities within Tasmania, and the second looked at the support provided to Victorian individuals and families affected by the event.

The two presentations emphasised the importance of effective coordination of services and activities which may be provided by a wide range of government and non-government agencies during and after a disaster. The difference in this event was that services required coordination not only within one particular State but also between States.

A presentation on the Thredbo landslide gave participants an opportunity to consider the approach taken to recovery management in New South Wales, where the principles of recovery management have been enhanced by a 'Memorandum of Understanding', developed with key non-government agencies to formalise their involvement.

In summary, the presentations highlighted the need for planning for disaster recovery, particularly at the local level. They also reinforced the fundamental principle that while individuals and communities will need varying levels of support the most effective recovery from any disaster is that which is driven by community needs and input.

One of the main reasons for the success of the forum was the quality of each of the presentations, both in delivery and content. A selection of papers will be published in the next edition of this journal.

Expo displays

In addition to the formal presentations a number of expo stands provided the focus for much discussion and networking opportunities during breaks in the program.

Displays were provided by the City of Darebin, Red Cross, Salvation Army, VICSES, the Department of Human Services and the Australian Emergency Management Institute.

Of particular interest to many participants was the Emergency Recovery Management Information System, recently developed by the Department of Human Services. The system provides a capacity to monitor and record details of individuals affected by disasters and financial assistance and other recovery services provided to them. Use of the system at a regional level will ensure people affected by disasters are provided with the most effective range of services possible to meet their particular needs.

The future

Given the success of the Forum organisers propose that a similar activity be held on an annual basis. The 1998 event will be held in September–October, again as a lead up to Victoria's bushfire season. A shorter one-day program is likely, to enable participation by a greater number of people. Details will be advertised in this journal and distributed to a wide range of agencies later in the year.