Task Force Session: Coordination and Control

Chair: Dr. Etsuko Kita

New South Wales Bushfires 2001–2002: Catastrophe Averted

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Objectives: To evaluate the health response to the New South Wales (NSW) Christmas Bushfires, 2001–2002, with particular regard to an evaluation of the role of health-disaster medical teams in support of the emergency.
Design: Descriptive, observational, case study with historical comparisons and retrospective review of information from health debriefing session.
Setting: The bushfire emergencies in NSW from December 2001 to December 2002,
Background: Wild fires (bush fires) are the major cause of loss of life in Australia from all emergencies and disasters. The geography, weather patterns, and demographics of Australia contribute to the occurrence of bush fires and their devastation. In spring and summer, north-westerly weather patterns with low humidity and high winds lead to extreme fire conditions. From 2001 and during 2002, El Niño weather patterns and drought have led to a protracted and dangerous fire season across the Eastern seaboard.

Sydney, the largest city in Australia, is at particular risk of bush fire impact during summer. Sydney is surrounded by native bushland that also weaves its way through many of its suburbs. The Blue Mountains, the southern suburbs and the north western suburbs are particularly at risk, exacerbated by population pressures and demand for housing on the outskirts of the metropolis.
Outcome measures: The presentation will describe the major events that have affected health and the ambulance services, particularly the evacuations of aged care facilities at Waterfall, Heathcote, Barnsley, and Thirlmere, and the evacuations of the townships of Helensburgh, Hilltop, and Sussex Inlet. Further fire impact in November and December 2002, led to severe damage in Engadine in Sydney's south and Berowra and Glenorie in the north. Deployment of health disaster medical teams under HEALTHPLAN will be described, as well as how this was effective in supporting ambulance services and the combat agencies during the emergency. The importance of multi-agency communication is emphasised with how strategic planning was achieved by regular, multi-agency conferencing through the state Emergency Management Committee.
Results: (1) nine aged care facilities and >1,500 clients were evacuated; (2) 10 disaster medical teams were deployed; (3) eight medical commanders and five nursing commanders were deployed; (4) >10,000 evacuees were assisted; and (5) two deaths were reported.
Conclusion: NSW Health mounted a successful operation in support of the NSW Bushfire emergency.
Keywords: agencies; ambulances; Australia; bushfires; demography; emergency; evacuation; fires; health disaster medical teams; support; weather
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Co-operation in Disasters and Crises in the Nordic Countries

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For many years, annual meetings have taken place in which the five Nordic countries (Denmark, Finland, Iceland, Norway, Sweden) mainly have informed each other about actions taken and crisis planning within the health sector with regard to disaster and war situations. At the meeting during 2001 in Svalbard, Norway, it was decided to take a more proactive apprach, and to identify possible mutual activities both in relation to planning and with regard to cross-border assistance in case of a crisis. September 11, 2001 and the following anthrax incidents the same month highlighted the need for such co-operation, and the health ministers of the five countries strongly supported the suggestions of the "Svalbard Group".

During June 2002, a "Nordic Treaty for Public Health Preparedness" was signed by the five health ministers, thereby declaring the wish and intention of the five countries to work together within the health sector both in planning for and providing mutual assistance in cases of crises and disasters. This co-operation takes place in close connection with the framework of the Nordic Council of Ministers, and should not interfere with co-operative activities within other international organizations such as EU, EFTA, WHO, and NATO. A number of activities have been identified for further development, and some of them are in various stages of implementation. Until now, the focus has been on activities related to biological, chemical, and radio-nuclear (B, C, and RN) incidents.

Apart from the benefit from the individual projects, this intensified co-operation also has led to another very important benefit: the networking of experts and others involved from the five countries.
Keywords: 11 September 2001; biological, chemical, and nuclear incidents; cooperation; networking; Nordic Council of Ministers; Nordic countries; Nordic Treaty for Public Health Preparedness; Svalbard Group
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Disaster Response in India: Coordination and Control in Response Management

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The study objectives were:
- Examine the disaster response structure in India;
- Evaluate the role played by the various agencies—government and non-government;
- Assess the coordination and control mechanisms; and
- Suggest an integrated policy to strengthen and expand the capacity, preparedness and response of the various