

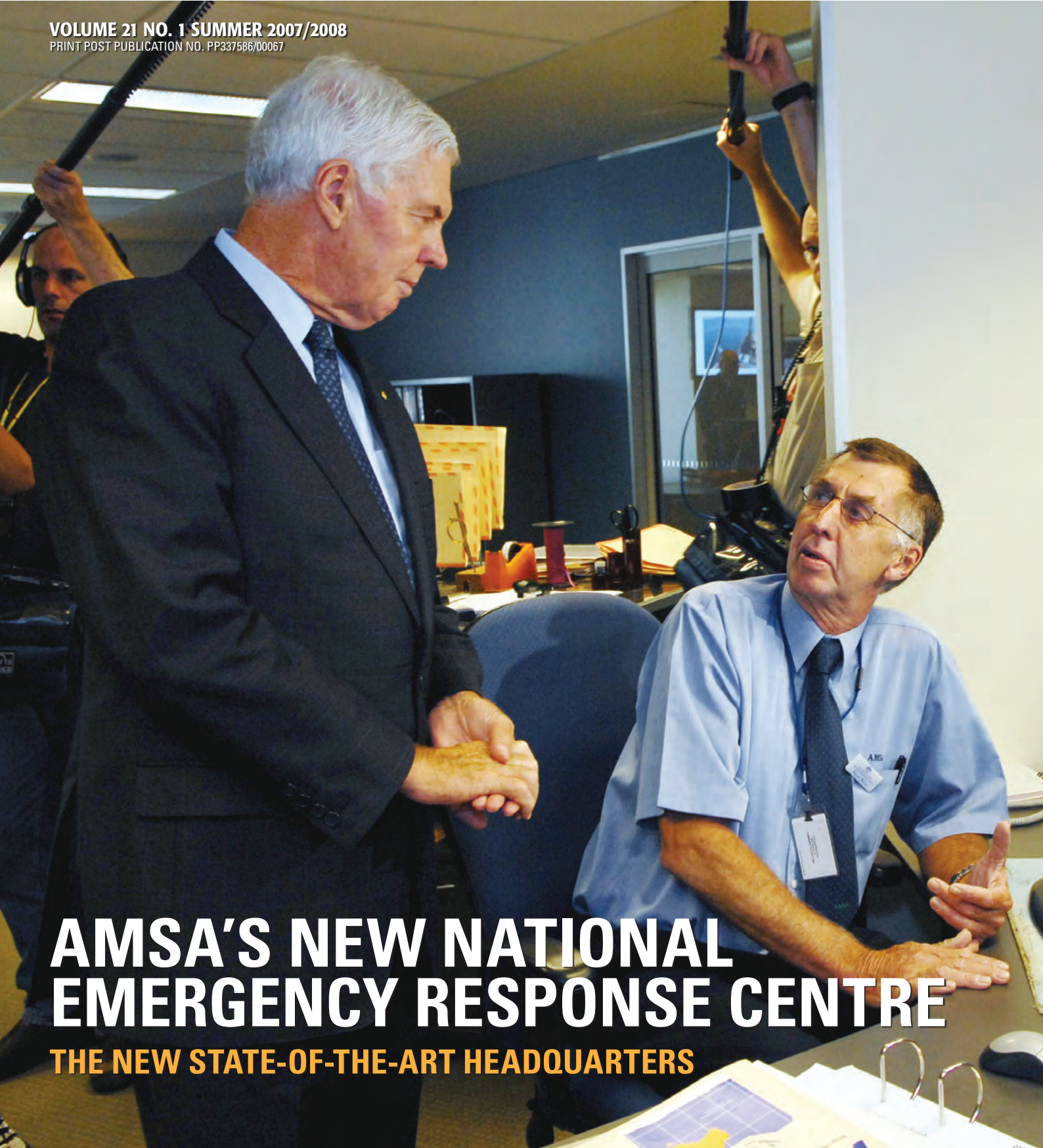


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WEB REGISTRATION

The new Website has been registered and is <http://www.aies.net.au>

WEBSITE CONTENT

The new Website has sections for each State as well as National Areas. If you have ideas for State Division content, please contact your State registrar, for National content, email web@aies.net.au. Please be aware that all content must go past the National Registrar prior to web publication to ensure it meets required guidelines.



CONTENTS

REGULAR ARTICLES

2	From the President's Desk
4	From the General Secretary/Registrar
6	Divisional Reports
32	Conferences and Events
33	New Members
34	Membership Application Form
36	AIES National Contacts

FEATURE STORIES

8	Lost Opportunities <i>Shaun Fletcher</i>
12	AMSA's New National Emergency Response Centre <i>John Rice</i>
16	Fatigue and Emergency Service Personnel <i>Gaye Cameron</i>
20	RACQ CareFlight on the Up and Up <i>John Rice</i>
22	Disaster Psychology - A Dual Perspective <i>Grant Coultman-Smith</i>
26	Telstra Community Information Warning System Presentation <i>Eddie Tracey</i>
28	Community Meetings During Bushfires <i>Ian Rhodes, Gwynne Brennan</i>
30	Crisis and Emergency Management June 1-2, 2006 <i>Chris Ainsworth</i>
32	New Laws to Protect Emergency Workers <i>Michael Atkinson</i>

FRONTCOVER

The Governor General of Australia, Major General Michael Jeffery AC., CVO, M.C., pictured with AMSA Aviation Search and Rescue Officer Karl Webb. See our feature story on page 12.



FROM THE PRESIDENT'S DESK

Maurice Massie

*QPM, LFAIES,
National President*

NER MAGAZINE

I would like to thank all those members who submitted articles for the Spring Edition of our magazine. Your effort in this regard is much appreciated. Congratulations to our Editorial team and in particular Allan Calleja for producing a very professional publication.

Once again, I would urge all members to contribute by providing articles for the magazine. As Allan indicated in his editorial note in the last issue, he is quite happy to assist by producing stories from the ideas of members so it is not necessary for individuals to be talented authors, but rather it is your real life experience that is required in order to formulate articles of interest for the benefit of other members.

One of the strengths of our Institute is the background experience of our members so that in sharing information we provide knowledge that will better assist other members in their endeavours.

APEC - SYDNEY 2007

There is no doubt that there was a serious breach at the APEC meeting venue in Sydney on September 6, 2007, when the ABC's *Chasers War on Everything* crew were able to gain access to the inner perimeter of the secure area accommodating delegates to the conference. One would have thought that in this day and age, it would have been a reasonably simple procedure to install electronic identification on authorised vehicles able to access the roads within the secure area. Such technology is available and we are aware of the electronic badging of vehicles accessing toll ways as well as the micro chip technology used in identifying animals, not wishing to draw of course any correlation between APEC delegates and stray dogs!!

I am sure that such technology would have prevented the severe embarrassment caused to the Police and those responsible for maintaining security. There would obviously have been considerable planning that went into this operation, so that this electronic identification technology should have been investigated and employed.

In making these observations, one certainly does not wish to condone the stupid and reckless antics of the 'Chaser Team', but in the hope that the incident will act as a wake-up call for security authorities from which valuable lessons can be learned.



COLLECTION OF MEMBERSHIP DUES

Divisional Registrars by now should have forwarded a request to members of their division for payment of their annual subscriptions. This is necessary so that fees can be collected and capitation fees forwarded to the National General Registrar/Secretary Bob Maul in early January. I know that in the past some Divisions have been tardy in carrying out these procedures which has created problems for the National Registrar/Secretary in preparing the appropriate national financial statements. I would request that all Divisions exercise due diligence in their administrative duties.

GENERAL COUNCIL MEETING AND AGM – 2008

The Annual General Meeting of the Institute and the General Council Meeting will be conducted in Brisbane on Monday, April 21, 2008. Divisions having any business for the Annual General Meeting should complete their submissions by January to ensure proper and timely dissemination to the Divisions prior to the meeting.

CHRISTMAS MESSAGE

This being the last publication prior to Christmas, I would like to take this opportunity to wish all members, their families and loved ones, the very best for the festive season and a safe and happy New Year. ●





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FROM THE GENERAL SECRETARY/REGISTRAR

Bob Maul, LFAIES

General Secretary/Registrar

Dear Colleagues,

This is a general newsletter from the General Secretary/ National Registrar to keep you abreast of developments of the AIES nationally.

NEW NSW DIVISION BOARD

Recently, the NSW Division Board was reconstituted with three new members on that Board, namely, Mr Greg Perry, Mr Greg James and myself, for the time being, including the appointment of a new NSW Registrar, Ms Gaye Cameron, following the retirement of Ian Cunningham from this position.

In accordance with a direction of General Council (the National Board of AIES Directors), I took over temporary control of all administrative records and financial books of account of the NSW Division, and undertook a detailed audit. I am pleased to advise that following this action, our NSW Membership Register has been updated and all NSW AIES Division books of account have been completely brought up to date.

There were no adverse findings with the exception of late bankings of cheques and credit slips. I have advised the NSW Board that in future all moneys received must be banked immediately and receipts issued. This is a mandatory requirement of National Council and statutory accounting requirement under company law. The new board will ensure that this action is taken in future.

NSW QUARTERLY DIVISION MEETING - 12 NOV 2007

For your information, a quarterly AIES social evening will be held at the Burwood RSL Club, Shaftsbury Road, Burwood, commencing at 7pm, on November 12 and the guest speaker on this occasion will be Assistant Commissioner John Anderson, Chairman of the NSW State Emergency Management Committee. We are looking forward to his interesting address. You are cordially invited to attend this evening, the cost of a three-course meal being \$30 for members and \$35 for non members.

Those of you who could attend please make a sincere effort to be at the meeting to offer a warm welcome to our guest speaker. If you can attend, please advise Mr Steve Anderson, our Board Co-ordinator, on 0411 671 566 so that he can advise the club of catering arrangements.

Further meetings of the NSW Division will be advised to you by the NSW Registrar. These will be held quarterly at the same venue.

MEMBERSHIP RENEWALS 2007/08

You will by now, (or shortly), have received from the NSW Registrar a renewal notice for subscriptions for the year 2007/8.

The National Board would appreciate it if you could renew your subscription, as it will enable us to conduct meetings, issue our quarterly journal NER (as well as improving the magazine) and pay for administrative incidentals at State and National levels. Furthermore, it will assist in establishing chapters of the Institute at Regional levels. Cheques, postal money orders or credit slips should be sent to our NSW Registrar at PO Box 57, Oatley, NSW 2223. The reason that I am advising you of this also is that over the years many addresses of our members and their email addresses have changed, and it is possible that many letters sent to members by mail may be lost. Thus this letter is a "belt and braces job".

Would you kindly advise me by email of your current address and telephone number so that I can amend the NER Distribution list and inform the NSW Registrar of any amendments to the Register of NSW Members.

NER AIES JOURNAL

I trust that you are receiving our quarterly journal NER but if not let me know. Also members are encouraged to submit an article for inclusion in our journal NER. You never know, you may be the winner of the best annual article and be awarded a magnificent AIES inscribed "Parker" fountain pen.

AIES DIVISION SEMINARS/ACTIVITIES

Our Victorian counterparts conducted a very successful one-day emergency management seminar in



Melbourne on October 27, 2007. Over 110 AIES Members and other emergency management personnel attended this seminar from all over Australia. This event is getting better and bigger each year and is a credit to our AIES "Mexican cousins" and others from the Victorian Emergency Management fraternity.

The newly established ACT Division is going from strength to strength with new members joining this Division all the time and meetings and activities being held regularly. This is a credit to the President Mr John Rice and the Registrar Mr Phil Gaden. We are currently trying to establish new Chapters of the AIES in the Hunter, Orange/Bathurst/Dubbo areas, and Far North Queensland.

A new AIES Division Board is also about to be elected in Queensland and this Division should now operate on a much better footing in future. A new editor is to be appointed for our Journal NER but the publisher has assured us that the quality of the journal will be maintained as well as the journal's Australia and worldwide circulation.

NEW MEMBERS

It is very pleasing to note that of late we have admitted to the Institute a large number of officers from the Rural and Metropolitan Fire Brigades, and there are a number more awaiting ratification by the various Division Boards.

NATIONAL WEBSITE

Our National website is in the process of being refurbished and is expected to be fully operational again shortly. It was infected by a number of viruses, which were deliberately caused by overseas emails.

We look forward to your continued membership of the Institute and patronage of the AIES' Division activities, and thank you for your understanding and forbearance for what has been a very difficult year for some of our Divisions. Please remember that all our Division Boards consist of members who do the job voluntarily, and the majority of which have other very busy and onerous day jobs. ●

ERRATA IN VOL 20 #4

A small typo occurred in Vol 20 Number 4 on page 31 under VICTORIA STATE EMERGENCY SERVICE. Read as more than 5,000 volunteers. Not 55,000.

Geoff Webb, Editor.

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QLD DIVISION NEWS

Fred Rainsford, MAIES

Registrar, QLD Division

Well it's hard to believe that the end of 2007 is just a few weeks away and soon we will be into 2008. This year has been a busy one for others and myself as SES members. It has seen me deployed to Gosford to assist with the storms in June. In August, I was deployed to the Sunshine Coast to assist the local SES as part of the Incident Management Team for the local flooding around the Sunshine Coast.

2007 also saw the introduction of the Common Call Number for all SES services. 132 500 is the only number that members of the public need now to contact their local SES during Emergencies.

We sincerely congratulate all SES Volunteers who received awards during SES week in November.

I know there must be Queensland members of the AIES who have received honours for their contribution to emergency services; this is the type of information that we on the committee would like to hear about, so that we are able to place it in our section of the journal.

By now, all Queensland Division members should have received and returned their membership renewals before the end of December. You will also be aware that we are holding a Special General Meeting on Wednesday, December 19, 2007, to elect a new President, Vice President and other committee members.

This is necessary because Reg Marshall, after many years as the Queensland President and Queensland National Director, has stood down. The Queensland Division Committee is sincerely grateful to Reg for

his hard work towards keeping the AIES Queensland Division going.

Additionally, the Vice President's role was not filled at the last AGM. With the President's position also now vacant, we have called for nominations to fill both of these positions.

Queensland membership levels remain constant with people retiring being replaced by new members, mostly from the emergency services.

I hope that in 2008 we are able to increase the Queensland Division membership. On April 21, 2008, the Queensland Division will host the National Council Meeting followed by the National AGM later that evening.

For the first time, State Registrars will officially attend these national meetings. They will meet on the Sunday before the Annual Meeting of General Council. If you have any comments, ideas or suggestions to benefit the AIES, please contact your State Registrar so they can discuss your suggestions at their meeting.

Information on the venue for the AGM will be sent to you Queensland members along with details of the Queensland AGM to be held in March 2008.

Please feel free to contact me about any matters relating to your membership of AIES. Please see the details listed in the contact section of the journal.

On behalf of the Queensland Division Committee, I take this opportunity to wish you all a Safe and Merry Christmas, a great New Year and hope to see you all in 2008 with expectation of a successful year for the AIES. ●



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ACT DIVISION NEWS

John Rice, MAIES

President, ACT Division

Philip Gaden, MAIES

Registrar, ACT Division

The ACT Division continues to grow and consolidate its position in the ACT. On October 23, a small group gathered for our inaugural AGM and Dinner Meeting. The meeting was held at the Canberra Southern Cross Yacht Club, and was a great success.

The quorum decided that the present Committee would remain in force for the next twelve months in order to further develop the Division.

President:	John Rice, MAIES
Vice President:	Kevin Anderson, MAIES
Registrar:	Philip Gaden, MAIES

Committee Members:	Glenn Staff, MAIES
	Jeffrey Bollard, MAIES
	Stephen Carter, MAIES

One project that the Division is pursuing is the sponsorship of a berth in STS Young Endeavour for a young volunteer in the surrounding region. The Division intends to call for nominations from surrounding Emergency Services, and through a selection process hope to give an opportunity of a lifetime to a young volunteer. The Committee is working hard to raise funds and hopes to send our winner to sea soon. ●

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“When the hour of reality approaches, the zero hour, wholeheartedly welcome death, for the sake of god. Say a prayer before you hit your targets...”

Document found in Mohamed Atta’s luggage 11 September 2001¹

Lieutenant Colonel Shaun Fletcher, MAIES

INTRODUCTION

A defining moment in my life was the morning of September 11 2001 when Mohamed Atta and his colleagues completed their infamous work. My day started like any other – up at quarter to five, off for a run then finishing off at the gym. The normal radio banter was interspersed with numerous references to the situation in New York, where an aircraft had crashed into one of the World Trade Centre buildings.

After my shower I saw for the first time the buildings collapsing, people jumping to their deaths from burning windows and the dust and devastation resulting from an almost unimaginable disaster. I was shocked then and still fall into an almost trance-like state every time I think of those horrible sights. A mate of mine looked at me and said “it’s hunting season”. A couple of weeks later I was deployed. During my deployment I witnessed the planning and execution of all Coalition health support missions throughout the entire Middle East and Central Asian regions for the first six months of the “War on Terror”. Most things went well; some however, were less successful.

The aim of this article is to analyse the coordination and organisation of the health aspects of the Coalition response to the humanitarian disaster occurring in Northern Afghanistan in late 2001 and early 2002. I will focus on the Coalition response to the complex humanitarian situation around the city of Mazar-i-Sharif and attempt to identify both the successes and failures of this response.

The views expressed in this article are mine alone and are not, and should not be considered, an official record of the events I observed and describe.

MAZAR-I-SHARIF – THE OPPORTUNITY

Mazar-i-Sharif is the fourth largest city of Afghanistan, with a population of 183,000 people². It is the capital of Balkh province and is linked by highways with Kabul to the south-east, Herat to the west and Uzbekistan to the north. ‘Mazar-i-Sharif means Holy or Sacred Grave. The city is significant to Shia Muslims as it is the home

of the Blue Mosque, reputed to be the burial site of the fourth caliph of Islam³.

The humanitarian situation in and around Mazar-i-Sharif in late 2001 was complex, but indicative of the general state of affairs throughout Afghanistan at that time. Across the country millions of people had been displaced from their homes by over 20 years of war. Before September 11, the leading causes of displacement were ‘food and water shortages, localised persecution by Taliban or Northern Alliance authorities, security concerns arising from fighting between the Taliban and the Northern Alliance, and systematic destruction of homes and farmland by Taliban forces⁴. Fortunately, the Coalition intervention into Afghanistan did not significantly add to the numbers of people already displaced. In many parts of the north and west, displaced persons settled in unorganised and unsanitary camps near established urban areas. Scores of these camps sprung up outside Mazar-i-Sharif, Kunduz, and Pul-e-Khumri. ‘Many of the displaced were forced to beg for food and water from other Afghan families, who themselves were struggling to survive⁵. Even in the best of times, the “normal” health challenges facing the people of northern Afghanistan are huge. Anthrax, Plague, Hantavirus, Leishmaniasis and Acute Hemorrhagic Fever are all endemic⁶. Outbreaks of Cholera and Acute Watery Diarrhoeal Syndrome are common across the country. Indeed, the overall health situation in Afghanistan is so bad that the World Health Organisation (WHO) indicates the life expectancy of both male and female Afghans is only 42 years⁷. In late 2001, the health threats in the vicinity of Mazar-i-Sharif were consistent with the national “norm”.

Years of war creates other health challenges not present in first world environments. Besides the horrific nature of the many war-related wounds suffered by the Afghan people, the landscape was littered with millions of both anti-personnel and anti-tank mines. Movement off well travelled and defined tracks was hazardous and after rain or landslips, even these well known tracks became a dangerous unknown quantity. Where health facilities were established, accessing



them and their services could mean injury or death.

Into this environment of complex health challenges, the Taliban government of Afghanistan provided no public health services. Even though government-provided health facilities in the rest of the country were almost non-existent, at least in the Taliban heartlands of southern Afghanistan, Non-Government Organisations (NGOs) and Private Volunteer Organisations (PVOs) had been allowed to establish reasonably well equipped health facilities. Khandahar, the hub of Taliban Afghanistan, was particularly well served by the NGO and PVO communities. Northern Afghanistan was ignored.

But in late 2001, there were other considerations at play. The events stemming from Mohamed Atta's actions were to drive Afghanistan down a new road.

Mike Spann was a United States (US) Central Intelligence Agency operative assigned to working alongside the Northern Alliance. On November 25 2001 while conducting assessments of captured Taliban personnel in Qala-i-Jangi prison close to Mazar-i-Sharif, Spann was killed during a revolt by the prisoners⁸. Two factors drew US interest to the Mazar-i-Sharif region as a result of this event. Firstly, Mike Spann was the first official US combat death in Afghanistan. The second was the capture of John Walker Lindh (the American Taliban). That Lindh was a US citizen and could have been involved in the death of Spann (although this is unlikely) greatly embarrassed and infuriated the US government.

World attention was already drawn to the region as a result of the deaths of thousands of captured Taliban personnel around Sherbighan. Reports of the event are often conflicting but the broad story is that after the surrender of 3,000 Taliban fighters at Kunduz, they were tortured, then massacred by Northern Alliance forces. Another 3,000 captured Taliban personnel were transported to Sherbighan in container trucks. Some suffocated to death. Others died when Northern Alliance soldiers fired machine gun rounds into the containers, "for ventilation"⁹.

The final reason why Mazar-i-Sharif became important to the US was when Uzbekistan became an ally in the War on Terror. In 2001, the Uzbek government was already involved in a bloody campaign against an internal Islamist group, the Islamic Movement of Uzbekistan (IMU). After Uzbek government successes, the IMU commenced operating out of Afghanistan. Uzbek President Islam Karimov was quick to recognise the US War on Terror in neighbouring Afghanistan presented him with an opportunity to harness the resources of a powerful new ally in his own ongoing counterinsurgency campaign¹⁰. At the huge former Soviet base at Karshi Khamabad, the US established a base for conducting and supporting their operations into Northern Afghanistan. This base was particularly important during the early covert war waged by the US into Afghanistan against Al Qaeda and the Taliban¹¹. The unlikely union of Uzbekistan and the US was thus one formed by two countries with different, but linked agendas.

Mazar-i-Sharif therefore presented a unique opportunity to the Coalition to capture the international political high ground using the provision of a response to the local humanitarian situation as a pretext for intervention. At the same time, the US would be positioned to exact revenge for the death of Mike Spann, recover from the embarrassment of John Walker Lindh and support their important regional Uzbek ally.

THE COALITION RESPONSE

There is abundant literature and experience throughout the world on how to generically respond to a disaster. Albala-Bertrand define disaster response as "a wide array of endogenous and exogenous reactions, measures and policies that are aimed at mitigating, counteracting and preventing disaster impacts and effects"¹². At a national level, governments possess a number of options available to them when considering a response. These options range from political, economic, trade and educative options through to diplomacy and the use of a military force. The US government decided that their best response option to the humanitarian emergency occurring around Mazar-i-Sharif was a military response.

Military forces are designed to fight wars¹³. All other missions are considered secondary to warfighting and therefore the military is often not the best option to achieve a desired non-military outcome. This ability for one nation's military to deliver the desired strategic-political outcome is even more complicated when international Coalitions are formed.

One of the challenges of building any international Coalition is ensuring there are sufficient numbers of participating countries, but most importantly, making sure there are the "right" countries involved. Australian Army doctrine states "the changing nature of global politics means that a much wider range of actors than was previously the case will be present in the operational environment"¹⁴. For the US, their Coalition in Afghanistan had to include countries from the Middle East and Muslim world to provide legitimacy in the religious context of the Afghanistan environment.

In late 2001, no Arab speaking Muslim country was directly involved in the Coalition, although several were indirectly involved through the provision of bases for Coalition use. When Jordan offered to provide a military hospital to deploy into Afghanistan, the US immediately accepted and did everything they could to facilitate the Jordanian deployment. Significantly, the Coalition already had deployed a comprehensive and effective health system to support its operations throughout Afghanistan. The network in place spanned the full spectrum of preventive and treatment health effects – from primary care, food, water, sanitation and preventive medicine, through to dentistry, surgery, casualty evacuation and even Veterinary services. But none of these assets were committed to assisting the Afghan people. With no national health infrastructure in place, extremely limited NGO and PVO

involvement and an enormous range of illness and injuries affecting the local population, the Coalition were presented with an ideal opportunity to make a huge change for the better for the people of the Mazar-i-Sharif area.

It was into this politically, religiously and complex environment that the Jordanian military hospital became the focus of the Coalition response to the health situation facing the people of Mazar-i-Sharif.

The Jordanian hospital deployed was an amalgam of Jordanian medical specialists and US supplied equipment, stores and logistic support. The facility was established outside Mazar-i-Sharif city in an area cleared of land mines and surrounded by compacted earth walls. But through no fault of the Jordanians, the facility was located too far from major population concentrations to allow its potential to be maximised by those most in need.

In terms of services provided, the hospital was very much medical treatment focused, with little thought, personnel or equipment allocated to broader public health or preventive health responses. The hospital was a well equipped facility providing a large range of surgical and medical treatment services, including limited paediatric and gynecological services to the women of Mazar-i-Sharif. It contained two operating tables, a full range of diagnostic services and 60 low dependency to intensive care beds. The Jordanians staffed their hospital with their very best people, and the standards and work output of the Jordanian health staff were first rate. In its first six months of operation the hospital conducted up to 800 outpatient consultations and 12 surgical procedures per day. But other than a small amount of food aid, these were the only services provided by the Coalition to the people of Mazar-i-Sharif. But in terms of delivering a comprehensive package of critical public health interventions to the people of Mazar-i-Sharif, the Coalition response did not provide the range of services suggested by Noji¹⁵ or the Sphere Project.

THE COALITION FAILURE

The best intentioned and resourced public health programme must be sustained and continually improved if morbidity and mortality rates are to be lowered. In third world situations, where religious and traditional values are at play, sustainability and acceptability of any public health programme are keys to success. Redmond et al in their comprehensive ABC of Conflict and Disaster describe in detail the Sphere Project¹⁶. In the context of a comprehensive and coordinated response to the humanitarian situation at Mazar-i-Sharif in late 2001 and early 2002, the key sectors and standards articulated in the Sphere Project should have formed the basis of the Coalition response. The Sphere Project guidance was ignored. What else did the Coalition get wrong?

The first stage in providing any response to a humanitarian health disaster is to conduct an assessment. The assessment in military parlance is a reconnaissance and the military even have a saying to reflect its importance – “time spent in recon is

seldom wasted”¹⁷. The failure to conduct an adequate assessment at Mazar-i-Sharif was to have lasting effects for all other Coalition provided humanitarian support to the community. In a humanitarian disaster situation, the military’s multi-disciplinary civil military liaison teams are designed to liaise with all participating parties, assess the needs of the population at risk, coordinate and deliver aid to meet the community’s needs whilst supporting the national government. But at Mazar-i-Sharif, a civil military liaison team was not initially deployed and subsequently the scope of the problem remained poorly understood.

As a result of the failure to understand the problem, the Coalition provided a response to only one of the five key sectors of humanitarian aid suggested by the Sphere Project – Health Services. There was no attention given to water supply, sanitation and health promotion for the Mazar-i-Sharif community. There was no concerted effort to address community food security and nutrition needs. Also, limited food aid provided and limited shelter, settlement or non-food items were given to the community.

The second major shortcoming of the Coalition at Mazar-i-Sharif was its failure to conduct a review of the appropriateness of the response it provided. The failure of the Coalition to look beyond the compacted earth walls of the hardworking Jordanian Hospital to the broader public health needs of the Mazar-i-Sharif people marks the Coalition response as too narrow. In essence, it became a failure of organisation and poor planning. It was not until the arrival of NGOs, PVOs and the commencement of Afghan government control of services that things began to improve.

THE KEY DISASTER RESPONSE LESSONS

Although there are always many lessons to be learnt from any response to a humanitarian health disaster, there are two standout lessons from the Coalition response to the situation at Mazar-i-Sharif.

First, is the value of an accurate situation assessment before committing assets on the ground. The lack of an initial assessment drove the Coalition response down a single response pathway that, whilst looking good on paper and in the media, failed to understand and deliver what the people of Mazar-i-Sharif really needed.

Second, the failure of the Coalition to conduct a review of its humanitarian response operation at Mazar-i-Sharif resulted in a narrow delivery of health treatment services while ignoring other public health needs of the community.

Long term, although too late for the people of Mazar-i-Sharif, the US government has taken positive steps to change its approach to providing humanitarian assistance. In late 2006, President Bush tasked the US Department of Defence to ensure it could respond to both national or international humanitarian crises. I guess the political fallout from the Hurricane Katrina



debacle probably contributed to this new direction, but it certainly offers hope for the future.

CONCLUSION

Mohamed Atta did more than crash a passenger-filled aircraft into one of the World Trade Centre buildings – he provided the catalyst for the US and its Coalition partners to intervene in Afghanistan. But the decision to commit a military force to combat operations comes with the responsibility to provide, or at least establish, the foundations for meeting the public health needs of the local population. The humanitarian situation in Northern Afghanistan in late 2001 arose from decades of warfare and both national and international neglect. Food and water shortages, a host of endemic diseases, thousands of war-related casualties and no existing public health system, all combined to create a unique opportunity for the US-led Coalition to make a lasting impact on the lives of the people in Mazar-i-Sharif. Sadly, this opportunity was not maximised and with it a chance to possibly have influenced the course of ongoing conflicts throughout the Middle East and Central Asian regions.

The Coalition response to the complex humanitarian situation in northern Afghanistan in the immediate aftermath of the fall of the Taliban was a failure of command, control and coordination. Whilst thousands of people were treated through the magnificent efforts of the Jordanian hospital, the numbers benefiting the Coalition response could have been in their tens of thousands had basic Project Sphere principles been adhered to. ●

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(FOOTNOTES)

¹ Corbin J., 2002, The Base, Simon and Schuster, London, p.229

² 2002 official estimate

³ http://en.wikipedia.org/wiki/Mazari_Sharif

⁴ <http://hrw.org/wr2k2/asia1.html>

⁵ Loc Cit

⁶ All these diseases were observed, reported and/or treated during my deployment. Several get mentioned in the CIA Factbook overview of Afghanistan

⁷ <http://www.who.int/countries/afg/en/>

⁸ Moore R., 2003, Task Force Dagger, Macmillan, London, p.181

⁹ <http://www.web.net/sworker/En/SW2003/393-02-Afghanistan.html>

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¹⁶ Ibid, p.1

¹⁷ An often quoted saying but I can not trace an original source.

About the Author: Lieutenant Colonel Shaun Fletcher was born in Fremantle Western Australia and joined the Regular Army as an infantry soldier when he turned 17. Over 20 years later, he is currently posted to Land Headquarters as the Staff Officer Grade One (Health Plans). He is also Deputy Head of Corps of the Royal Australian Army Medical Corps and the Australian Army Health Services Coalition standardisation representative (for ABCA). Shaun has had several deployments and for his work planning support to and managing wounded Coalition soldiers in 2001/02, he was awarded both the United States Army Achievement Medal and the United States Meritorious Service Medal. Shaun is a blood donor, a member of the Returned and Services League and a Member of the NSW Division of the Australian Institute of Emergency Services.





AMSA'S

NEW NATIONAL EMERGENCY RESPONSE CENTRE



On the 21st February 2007 the Governor General, His Excellency Major General Michael Jeffery AC CVO MC, in the company of Her Excellency Mrs Marlena Jeffery, officially opened the Australian Maritime Safety Authority's new state-of-the-art Emergency Response Centre (ERC) at its headquarters in Canberra.

John Rice, MAIES

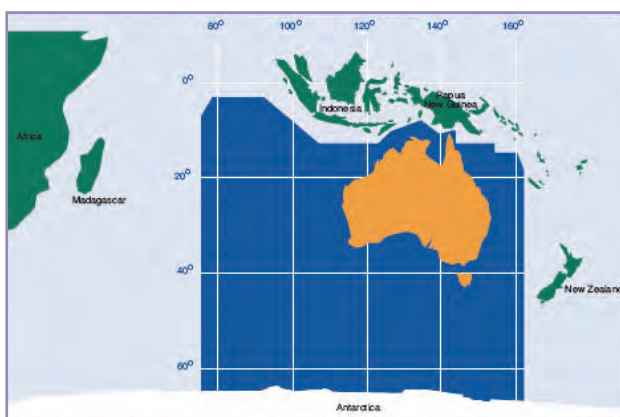
*President, ACT Division
Senior Search and Rescue Officer, Australian Search and Rescue (AusSSAR) Emergency Response, Australian Maritime Safety Authority*

The new ERC is the culmination of a two-year project made possible by an Australian Government \$74 million funding package in support of the Australian Maritime Safety Authority's (AMSA's) search and rescue (SAR) role. AMSA is responsible for both aviation and maritime SAR in a region that encompasses 53 million square kilometres or one-tenth of the world's surface.

AMSA's SAR responsibility is undertaken by the Rescue Coordination Centre (RCC) Australia, part of AMSA's Emergency Response business unit in accordance with responsibilities defined in the Australian National SAR Manual.

AMSA has created the new ERC by adding emergency towage and counter pollution roles to those of the existing Search and Rescue Coordination Centre.

The new centre has an improved capability to coordinate multi-disciplinary operations involving simultaneous search and rescue, emergency towage and marine pollution responses.



Above: The Australian Search and Rescue Region – 53 million square kilometres.
Left: The Governor General of Australia, Major General Michael Jeffery AC, CVO., M.C., pictured with AMSA Aviation Search and Rescue Officer Karl Webb who explained to His Excellency the workings of some of the new electronic data display panels strategically located throughout AMSA's New National Emergency Response Centre.



High quality information display workstation.

PURPOSE BUILT SAR MANAGEMENT COMPUTER SYSTEM

A major change in the way operations are conducted within the ERC has been brought about through the development of an SAR management computer system known as the AusSAR System.

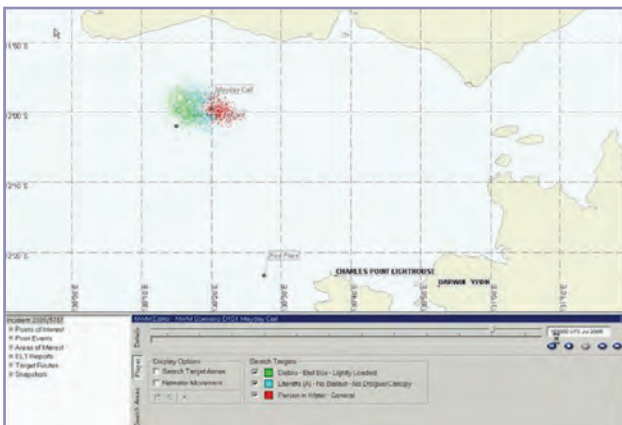
The ERC uses a number of independent computer and messaging systems to conduct SAR. These include the COSPAS-SARSAT distress beacon detection system and the Australian Ship Reporting System (AusREP).

As the ERC operates globally, its communication systems include the usual telephone and fax as well as secure FTP, internet, email, telex, the Aviation Fixed Telecommunication Network (AFTN), the Australian Defence Communications Network and satellite using INMARSAT A, B, C, M & Fleet 77.

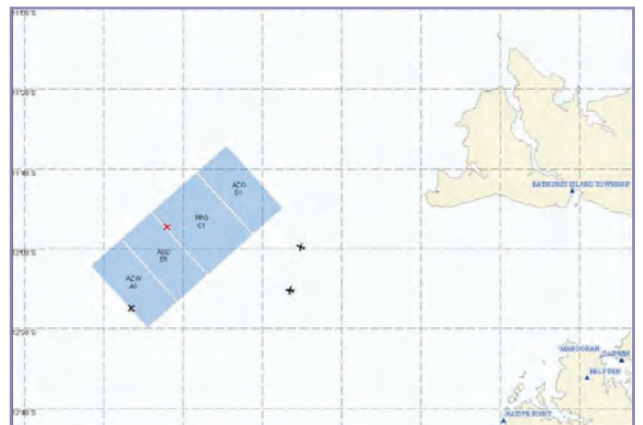
The AusSAR System, purpose-built for operations in the ERC, provides a nexus between the various computer programs and the communications systems in and out of the ERC, pulling together all the various systems into one operational entity.

In addition to these functions, the AusSAR System also provides search planning and management functions that assist SAR coordinators in the Centre to assess information, task and allocate search aircraft, and to plan SAR responses.

As the system continues to be developed, ongoing improvements in the messaging system will allow ERC coordinators to distribute data and to communicate more effectively with external partners, including the emergency services and other agencies during SAR missions.



Above: Net Water Movement Drift Planning Display indicating calculated target drift.



Above: Aircraft Allocations in search area.





Senior Coordinator Adrian Johnson (seated) and Search and Rescue Officer Noel Molloy operating the ERC computer system.

CAPABILITY OF THE CENTRE

The ERC deals with approximately 10,000 incidents a year (beacon activations, searches, medical evacuations, emergency towage incidents) – there are approximately 500 search-specific tasks and on average 300 lives saved every year.

THE CENTRE IS RESPONSIBLE FOR:

- Conducting SAR for missing ships and aircraft.
- Assisting Police and the Australian Defence Force for SAR.
- Providing maritime safety information in the Australian area.
- Operating the COSPAS-SARSAT system for satellite detection of distress beacons.
- Operating the AusREP ship reporting system keeping a safety watch on participating ships, and thereby a picture of shipping well-placed to respond to SAR.
- Assisting efforts to ensure ships passing through Torres Strait have qualified pilots embarked, to enhance navigational safety.
- Coordination of emergency towage operations for disabled ships.
- Coordination of environment protection responses in the case of marine pollution.

The National SAR Manual can be accessed on the Internet at http://natsar.amsa.gov.au/Manuals/Search_and_Rescue_Manual ●



His Excellency Major General Jeffery (right) discussing the functions of the new ERC with centre manager Mr John Young.

“The ERC deals with approximately 10,000 incidents a year (beacon activations, searches, medical evacuations, emergency towage incidents) – there are approximately 500 search-specific tasks and on average 300 lives saved every year.”

FATIGUE AND EMERGENCY SERVICE PERSONNEL

Gaye Cameron, MAIES

Registrar, NSW Division

Emergency service personnel for too long have been neglected in respect to the management of fatigue. Long shifts, back to back overtime, short weekends, varying types of work (rescue, administration etc) all contribute to the increased risk of fatigue on the worker. This paper will assist the emergency service worker and manager understand a little bit more on 'fatigue management' and how they cannot only manage their own but also assist managers/supervisors put into practice a fatigue management program. First of all we need to understand what is fatigue. Fatigue affects a person's health, reduces performance and productivity within the workplace, and also increases the chance of a workplace accident occurring.

Fatigue is mental or physical exhaustion that stops a person from being able to function normally.

Fatigue is mainly caused by a lack of sleep. However, fatigue is more than just feeling tired or drowsy — it is normal to become tired through physical or mental effort. Fatigue significantly affects a person's ability to function. It is associated with the following factors:

- spending long periods of time awake
- obtaining an inadequate amount of sleep over an extended period
- obtaining an insufficient quality of sleep over an extended period.

Fatigue is also caused by prolonged periods of physical and/or mental exertion without enough time to rest and recover. The level of fatigue varies, and depends on the following:

- workload
- the length of the shift/s
- previous hours and days worked
- time of day or night worked.

You may have heard that 'circadian rhythms', or the internal body clock, are the body's natural rhythms that are repeated approximately every 24 hours. Circadian rhythms affect:

- body temperature
- digestion
- hormone levels
- sleeping patterns
- many other functions of the human body.

Human beings are day-oriented. We are designed to work during the day and sleep at night.

Circadian rhythms are responsible for this. Most of the body's functions show maximum activity during the day and minimum activity during the night. For instance, the following functions rise during the day and fall at night:

- body temperature
- heart rate
- blood pressure
- respiration rate
- adrenalin production.

Due to circadian rhythms, the human body is programmed for different levels of wakefulness depending on the time of day. The human body experiences a depression or reduction in activity

in the midnight to dawn period. This decline is a fundamental characteristic of the human body and cannot be changed. Work schedules that require people to be awake and active at night, or to work for extended periods of time, disrupt circadian rhythms. These disruptions:

- adversely impact on the quality and quantity of sleep
- adversely impact on task performance
- may also create a sense of personal dislocation and imbalance.

The time of day when work takes place is a key factor in fatigue. Accidents are more likely to occur at night, particularly during the period when the circadian cycle is at its lowest point (midnight to dawn) when a person would ordinarily be sleeping.

While muscles can recover with rest, the brain can only recover with sleep. Sleep is the only effective long-term counter-measure to fatigue. Maintaining sufficient levels of sleep will prevent fatigue. Human beings experience two stages of sleep:

- rapid eye movement (REM)
- non-rapid eye movement sleep (NREM).

Sleep usually begins with a cycle that consists of approximately 80 minutes of NREM sleep followed by approximately 10 minutes of REM sleep. This cycle is repeated three to six times each night. Within each cycle, the amount of NREM sleep progressively decreases and the proportion of REM sleep progressively increases. Human beings require several sleep cycles, which include both types of sleep, to enable the brain to recover completely and avoid the onset of fatigue.

The optimum amount of sleep required by a person varies, with seven to eight hours of daily sleep considered the average amount required by an adult. People who continually get less sleep than that necessary for them will accumulate a sleep debt. A sleep debt is the difference between a person's required amount of sleep, and the actual amount of sleep obtained. For example, if a person who requires eight hours of sleep only obtains six hours of sleep, then this person is deprived of two hours of sleep. If this occurs over four consecutive nights, the person will have accumulated an eight hour sleep debt. Sleep debt leads to increased levels of fatigue.

A number of factors in the workplace and in a person's private life can cause sleep loss.



Examples from the workplace include:

- extended working hours
- irregular and unpredictable working hours
- time of day when work is performed and sleep obtained
- shift work
- having more than one job.

Sleep loss may also be caused by health conditions such as obstructive sleep apnoea. Obstructive sleep apnoea is a condition that occurs while sleeping, where the muscles of the throat relax and block the airway above the voice box. This causes breathing to stop until the brain registers a lack of breathing and sends a small wake-up call, briefly waking the sleeper before drifting immediately back to sleep (the sleeper is not aware of having woken up). This process can repeat itself many times through the night, causing a person to feel fatigued during the day.

Workers often drink caffeinated drinks to assist them to manage fatigue. However, stimulants such as coffee will contribute to sleep loss if they are taken within six hours before sleep. This effect may be increased when combined with medications containing ingredients such as pseudoephedrine hydrochloride.

Fatigue has an adverse effect on every aspect of human performance. High levels of fatigue cause reduced performance and productivity in the workplace, and increase the risk of accidents and injuries occurring. Fatigue affects the ability to think clearly, which is vital when making safety-related decisions and judgments. People who are fatigued are unable to gauge their own level of impairment. As a result, fatigued people are unaware that they are not functioning as well or as safely as they would be if they were not fatigued.

When fatigued, a person may experience micro sleeps. A micro sleep is a brief nap that lasts for approximately four to five seconds. People who suffer from micro sleeps are not always aware when a sleep occurs – this can have a significant impact on safety. A decrease in performance capacity is linked to fatigue. Performance levels drop as work periods become longer and sleep loss increases. Recent studies have shown that staying awake for 17 hours leads to the same level of impaired performance as having a blood alcohol content of 0.05%. Staying awake for 21 hours is equivalent to a blood alcohol content of 0.1%.

The most common effects associated with fatigue are:

- desire to sleep
- lack of concentration
- impaired recollection of timing and events
- irritability
- poor judgement
- reduced capacity for effective interpersonal communication
- reduced hand-eye coordination
- reduced visual perception
- reduced vigilance
- slower reaction times.

Evidence also suggests that fatigued people are more likely to engage in risk-taking behaviour. Each of the above effects is relevant to many, if not all, occupations. Not only do these effects decrease performance and productivity within the workplace, but they simultaneously increase the potential for accidents and injuries to occur. People working in a fatigued state may place themselves and others at risk, most particularly:

- when operating machinery (including driving vehicles)
- when performing critical tasks that require a high level of concentration
- where the consequence of error is serious.

HEALTH EFFECTS OF FATIGUE ON THE WORKER

The lack of sleep has been indirectly linked with the following health effects:

- heart disease and high blood pressure
- stomach ulcers and other gastrointestinal disorders
- depression
- lower fertility.

Fatigue and irregular sleeping habits disrupt circadian rhythms. Circadian disruptions affect eating and sleeping habits and have been linked to the following types of cardiovascular disease:

- coronary heart disease (blocked arteries in the heart)
- ischaemic heart disease (blocked arteries leading to lack of oxygen to the heart muscle)
- high blood pressure
- myocardial infarction (heart attack).

Gastro-intestinal disorders are the most common health problem related to fatigue. The body rhythm for digestion is designed for food to be eaten during the day irrespective of whether an individual is working or resting. This can cause problems when heavy or fatty foods are eaten during the night. The most common complaints include:

- bowel habit changes
- digestive complaints
- increased risk of peptic (stomach) ulcers.

Fatigue can also affect mental health. Anxiety and depression can be triggered or made worse by fatigue and irregular sleep patterns. The effects of fatigue increase with age. People over 50 years of age tend to have lighter, fragmented sleep. This can prevent them from receiving the recuperative effects from a full night of sleep, and can make them more likely to become fatigued. The metabolism of certain medications follows the body's circadian rhythm. When the circadian rhythm is disrupted, for example when working at night and sleeping during the day, the treatment of some medical conditions can be affected. Examples of medical conditions which may be affected include:

- asthma
- depression
- diabetes.



Women's reproductive health can also be affected by fatigue. Fatigue and irregular sleep patterns have been associated with a number of negative effects for pregnant women and fertility rates. These negative effects include:

- increased risk of miscarriage
- low birth weight
- higher occurrence of premature births.

SHIFT WORK AND THE INDIVIDUAL

Shift work is defined as any work that is conducted outside the standard 8am to 6pm work cycle.

Shift work includes:

- permanent night shifts, or other permanent shifts that extend into hours that would normally be spent asleep
- compressed work weeks with extra long work days
- rotating work shifts, or shifts where workers work permanently on one shift.

Extended working hours - approximately one-third of all Australians are now working significantly longer hours than the standard working week. The report "Extended Working Hours in Australia: Counting the Costs (2001)", which was commissioned by the Queensland Department of Industrial Relations, identified the following:

- approximately 2.6 million workers (29.6 per cent of the workforce) work overtime on a regular basis
- approximately 250,000 workers (2.8 per cent of the workforce) work full-time and have a second job.

The report also identified that the number and proportion of employees working extended hours (over 44 hours per week) has significantly increased:

- since 1981, the number of employees working over 44 hours has increased from 33 per cent to 46 per cent, indicating that just under half of Australia's current working population now work extended hours
- between 1977 and 1996, the number of Australian employees working in excess of 60 hours per week has increased from three per cent to seven per cent. This figure is now the second highest within the developed world.

EFFECTS OF SHIFT WORK AND EXTENDED WORKING HOURS ON FATIGUE

The times when a person works and sleeps will affect the amount of sleep obtained, the quality of the sleep and the subsequent fatigue experienced. Long hours and shift work patterns that disrupt the body's circadian rhythms often result in workers becoming fatigued. Shift workers as a group tend to obtain significantly less sleep than those who work equivalent hours that do not intrude on the typical sleep period (11pm – 7am). Sleep during the day is typically of a poor quality due to circadian disruptions and also due to environmental factors such as daylight, traffic and household noise.

Extended working hours, particularly for shift workers, adversely affect the amount of time available for sleep and social activities. As work hours increase, the individual compensates for the increased time spent at work by reducing the amount of time available for sleep and other activities. Once a person works more than 48 hours within a week, the increased competition between sleep and other activities results in sleep of a limited quality and length. As hours of sleep are reduced, the individual begins to accumulate a sleep debt. This causes fatigue levels to rise, which leads to poor effects on health and safety.

APPLYING RISK MANAGEMENT TO FATIGUE MANAGEMENT

Fatigue within the workplace should be managed by using a risk management approach. This includes:

1. identifying hazards
2. assessing risks that may result because of these hazards
3. deciding on control measures to prevent or minimise the level of risks
4. implementing control measures
5. monitoring and reviewing the effectiveness of control measures

To be continued in the next issue. ●



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RACQ CAREFLIGHT ON THE UP AND UP

The countdown is on to the official unveiling of RACQ CareFlight's latest fleet addition. After nearly five months in transit and refit, the not-for-profit organisation is about to welcome on board a twin-engine Bell 230. The new aircraft is single pilot IFR, comfortably carrying two stretchers and four crew men, taking the CareFlight fleet to three helicopters- a Bell 412, Bell 230 and a Squirrel AS350.

John Rice, MAIES

President, ACT Division

Senior Search and Rescue Officer, Australian Search and Rescue (AusSSAR) Emergency Response, Australian Maritime Safety Authority

In addition to its 24/7 Gold Coast operation, RACQ CareFlight now has a part-time service based at Toowoomba airport servicing QLD's south west. "We have been kept very busy in Toowoomba, but when the chopper is in the air it means we are helping save lives and that's what CareFlight is all about," said CareFlight CEO Ashley van de Velde.

CareFlight introduced its Squirrel AS350 to the area on weekends and school holidays late last year and has since gone to the aid of more than 50 people. CareFlight South West would not have come to fruition without the extraordinary support received from local businesses who offered more than \$300,000 in total sponsorship.

Not surprisingly, the new operation is quickly clocking up the hours. Based at the Toowoomba airport, the rescue helicopter covers north to Kingaroy, south to Texas on the NSW border and as far west as St George. When the new twin-engine helicopter comes on line in the region it will enhance the south west services' safety capabilities. The Bell 230 can fly in all weather and at night.

RACQ CareFlight has come a long way since its humble beginnings 26 years ago. What started out as a single-engine helicopter carrying volunteer crewmen has grown into Australia's largest air-medical retrieval service, having saved thousands of lives. On board every RACQ CareFlight rescue there is a critical care doctor, paramedic, air crewman and pilot at absolutely no cost to the patient.

As an accredited medical training facility, CareFlight offers registrars in their final stages of specialty training six month contracts. In July, 15 new doctors from seven different countries were put through an intensive air-medical induction course run by CareFlight Safety Services- the organisation's training arm. Although all



One of the doctors with a casualty being winched aboard the CareFlight helicopter.

doctors are trained and employed by CareFlight, only four are now based at the Gold Coast Hangar, the rest have spread throughout QLD working on the various rescue helicopters.

"Doctors are not passengers on our flights, they form part of the air crew so it's crucial for them to have aviation training. During retrievals, the doctor may need to be winched solo, with a stretcher or tandem with a paramedic; they need to be capable of all three," said CareFlight CEO Ashley van de Velde.

CareFlight Safety Services (CSS) didn't hold back on day one of induction back in July, throwing the doctors straight into Helicopter Underwater Escape Training (HUET). Strapped into a helicopter simulator and turned upside down underwater whilst wearing blacked out goggles, is certainly one way to test the doctors' composure.

"We made the decision to bring the HUET course forward to day one because we found it made the doctors very anxious all week during the rest of the





UAE Graduates with CareFlight Queensland Helicopter.

training; it can be quite overwhelming,” said CareFlight CEO Ashley van de Velde.

Doctors aren't the only ones being dunked by CSS, as one of the country's leading helicopter training divisions, CareFlight Safety Services each year puts up to 3000 military personnel and more than 1500 commercial clients through HUET training. Most companies that require staff to fly over water incorporate HUET training for their staff as a duty of care.

A group of 20 Abu Dhabi policemen from the United Arab Emirates also recently took the HUET plunge as part of an advanced helicopter rescue program. In total, 40 Abu Dhabi pilots and air crewmen trained with CSS over a seven-month contract, which included water winching, confined area stretch winching, boat drops and retrieval, sea survival, search and rescue planning and emergency beacon homing.

For more information on HUET course locations and dates or RACQ CareFlight in general, go to www.careflight.org.au. ●



Bell Rotary Wing CareFlight Queensland aircraft undertaking a sortie.



DISASTER PSYCHOLOGY - A DUAL PERSPECTIVE



This article challenges the accepted strategy of structured and compulsory post critical incident debriefing for emergency workers as often being counter-productive and investigates stress amongst the emergency services. It proposes that formal debriefing should be voluntary and that 'informal' debriefing and peer support be actively encouraged. It also explores the value of discipline in coping with catastrophe, both in emergency workers and the general population. Using Darwin 1974 (Cyclone Tracy) as an example, the theory of human reaction to trauma is compared with the reality from the perspective of the Author who was concurrently a victim and an emergency worker.

Grant **Coultsman-Smith**, MAIES

VA, MEmergMgt, BSocSc, Dip Bus

INTRODUCTION

It is a well-known fact that individuals react differently to stress and traumatic incidents. These being the case, in this treatise I briefly examine the psychological effects of traumatic stress on people as individuals and how it affects their personal recovery and the overall recovery of their family. I will also examine the effects of such traumatic incidents, both positive and negative, on Emergency Service Personnel and the overall benefit of discipline both within the Emergency services and the general populace as a tool to mitigate the immediate effects of trauma. Throughout the paper, I rely on recognised and authoritative texts and my extensive personal experience in facing and attending traumatic and critical incidents.

It is recognised that, during a traumatic incident, individuals will act with surprising courage and level-headedness especially when given some form of leadership and an attainable goal. Once the incident is over and there exists the opportunity for reflection on the sheer magnitude of the event and the realisation of the closeness of death, then the psychological effects of involvement either as a victim or emergency service professional take hold. For the majority, such effects can be easily remedied with post incident counselling (both formal and informal) leaving no long-term effects, but in the case of a minority, the effects are far more long reaching and deep-seated. The symptoms of which, unless recognised and treated, can become extremely serious indeed.

PART 1 (THE THEORY)

PSYCHOLOGICAL EFFECTS OF A TRAUMATIC INCIDENT

As a person begins to realise the enormity of the occurrence and tries to come to terms with the horror, death of friends and family, destruction of homes and the fact of their survival, they tend to go through recognisable set reaction stages from Realisation through to Recovery. Although this is not always the case, in the main the following appears to be the format:

DENIAL & SHOCK: During the early stages after a loss or traumatic incident there will often be a sense of denial of the existence of the event and an inability to believe that the event has occurred. This is a visible manifestation of shock.

DISTRESS, DESPAIR, HOPELESSNESS & SADNESS: A feeling that no matter what is done that there is no control whatsoever over one's destiny so one may as well just let it all happen, as it is no good trying to prevent a recurrence. "I may as well just give up". "This one didn't get me but the next one will".

SLEEP LOSS & CHANGE OF HABIT: Some will experience difficulty in sleeping and behavioural changes such as an increased alcohol intake, changed eating habits, heavier smoking, and loss of appetite.

ALIENATION, WITHDRAWAL & ISOLATION: On occasion, even the most outgoing people will become withdrawn from the rest of the community





and even their closest family, which can lead to alienation and develop into a sense of isolation.

REMORSE & GUILT: A belief that, "It's my fault". A feeling that if one hadn't been there it wouldn't have happened and family members would still be alive. "If only we'd gone yesterday..."

PANIC: This can develop as a feeling that one is no longer in control of one's destiny and faces an uncertain future. A feeling of being trapped and the certainty of one's death combined with the inability to think of what to do to survive.

UNABLE TO PLAN OR MAKE DECISIONS: The emotional pressures brought on by a traumatic event can cause difficulty in one's ability to plan for the future and to make decisions in critical situations, especially those affecting the future of self and family. "What's the point?"

ANGER, HOSTILITY & RESENTMENT: Usually directed at authority as a target of blame, but can be directed to those close and sympathetic to the victim, "What would you know, it didn't happen to you, you don't understand". Used to avoid closeness or when embarrassed over sympathy.

IDEALISATION: This is a desire to grasp the past rather than face the uncertainties of the future. "Remember how good it was before..." or "It'll never be that good again..."

ACCEPTANCE: Eventually this will progress steadily toward acceptance of the scope of the incident and the ability to plan for the future thus placing the incident in its proper perspective. This develops a renewed strength, energy, hope and confidence in the future, in the vast majority of victims.

This process may take days, weeks or in extreme cases, years before the victim actually accepts the loss and is able to place the incident where it belongs in its correct perspective and therefore then be free to get on with life as before. (Carter 1991, Erikson, Kai, T. 1976, Hodgkinson and Stewart 1991)

PERSONAL EXPERIENCE (THE REALITY)

I have experienced, at close range, the reactions of civilian victims of traumatic and critical incidents. This experience was heightened having been thrust, somewhat unwillingly, into the role of Rescue Worker during Cyclone Tracy, Darwin, Australia, Christmas Eve, 1974. This commitment was both during and immediately after the emergency had passed and relief, clean-up and recovery operations were beginning. At this time, I was a member of the Australian Army. In this regard, although I suffered no personal loss, I was probably both victim and emergency worker concurrently.

Being both a professional soldier and a Vietnam Veteran was a distinct advantage. I was acclimatised to extreme trauma and seeing death. I was able to switch off and simply act. A compatriot of mine, also an Army NCO, Darwin resident and Vietnam Veteran related the following: "It was an advantage being an Army NCO as I was conditioned to assess and act upon high risk situations both quickly and decisively". Not so those whose safety became our responsibility. Both of us, found shelter from the storm at the Naval female barracks. Although being military personnel they were female Naval Ratings billeted in the building of which the top floor had blown away. Had it not been for a female Naval Lieutenant, utter panic would have reigned. Being suddenly exposed to the prospect of a sudden and violent death, the majority of the girls, on the exposed floor, simply froze with fear and had to be either verbally abused or man-handled, by us, in order to move them to a place of safety. Their discipline came to the fore and they readily accepted direction. Once they knew that they were relatively safe, they calmed down and quickly became rational and were then able to perform tasks given by their superior officer. I have not spoken to the WRANS since, so cannot gauge the long-term effects, if any, of their exposure to such a traumatic experience.

The following morning, Christmas Day, I found that, in the main, the populace appeared to be somewhat shell-shocked but calm and readily accepted evacuation of the women and children. There was also very little looting. This was with the exception of some members of the ethnic Greek Community who tried to push their



way onto the evacuation aircraft, including the males and seemed to be the only looters, with the exception of several prisoners who escaped when Fanny Bay Jail blew down. I have no wish to vilify the Australian Greek Community as a whole. It is simply a fact that defies explanation. It was as if a portion of an ethnic group simply panicked and threw all feeling of community and socially accepted behaviour out the window. Other than this apparent aberration, there was no major breakdown of law. Control was quickly regained by the police and armed military personnel. (The official death toll was 49, making it the worst single disaster in Australian history. This figure did not take into account the hundreds of 'hippies' living in tents on the beaches, who were 'blown away' or simply disappeared. Obviously, for political reasons the casualties found after the 'official' figure were not included in the tally. It is my personal opinion, supported by rumour and innuendo, that the true figure was closer to 500. This cannot be substantiated and therefore remains an 'urban legend'.)

During the clean-up operation, where Army personnel were demolishing unstable houses and clearing the rubble, the legendary Australian stoicism came to the fore. Home-owners supplied the troops with cold beer as they watched their unstable properties being levelled. In one instance, a mistake had been made and a perfectly sound house was levelled by the crew I commanded. The owner, bless him, turned up and instead of going troppo (berserk) as one would expect, he simply went away and returned with his utility full of cold beer for the boys. He just shrugged and said, "Stiff, I guess it was time for a new one anyway." It was noted by many that there must have been some divine intervention, as all of the pubs (hotels/bars) survived.

Albeit brief, insulated and attitude influenced, my experience appears to be in severe contrast to much of the currently accepted victim reaction to exposure to such a traumatic event. Speaking to victims some time later, mainly military personnel and their families living in Darwin, the only symptoms they appeared to suffer were:

DENIAL & SHOCK: After the initial onset of the cyclone, though this appeared to last an extremely short time. Those who survived the cyclone, in the main, grasped the enormity of the situation and willingly followed the direction of the authorities regarding evacuation and casualty treatment.

PANIC: Initial panic did set in but was immediately submerged in the need for immediate survival. Where the responsibility of leadership was adopted, panic ceased and people calmly went about necessary tasks under the calming influence of their 'leaders'.

IDEALISATION: Occurred sometime after the event during the rebuilding stage. Those who decided to remain and rebuild initially had an unrealistic image of life prior to the cyclone which soon dissipated when the reality of the enormity of the reconstruction task set in.

ACCEPTANCE: In this case, acceptance seemed to appear prior to idealisation and in many cases even supplanted any feeling of panic. This is evidence that Australian stoicism in the face of disaster is not a myth but a very real attribute, especially in the 'bush' in which Darwin had always been proud to be included.

ANGER, HOSTILITY & RESENTMENT: This did not occur until the rebuilding phase. There had been ample warning, but due to many previous warnings coming to naught, was mainly ignored by the general populace. Anger was aimed at the authorities due to delays in the relief and rebuilding program, not as a personal attitude toward family and community members as a whole.

The personal recovery cycle, in this case, appears to be rather disjointed and out of sequence. This is probably due to the fact that a large number of the populace were Defence Force personnel or Defence Department employees. The former being subject



to varying levels of discipline, the latter automatically following the example of their military counterparts.

This is not to say that no long-term psychological effects amongst these groups were experienced although it has been my personal experience that amongst those of which I am acquainted, no long-term effects appear to have manifested themselves. Yet again, they experienced only destruction and loss of property not any major physical injury or loss of a family member. Had this occurred, no doubt the effects would have been somewhat different.

Occasionally I am haunted by the image of a person being sliced in half by a piece of wrought iron roofing, witnessed, by me during the storm. This and a slight but controllable fear of heavy winds appears to be the only ill effects I suffered both as a victim and emergency worker. The image at times does tend to merge with those from Vietnam and thus becomes part of an overall experience of trauma. During the cyclone I recall fear and possibly frustration over the fact that, as opposed to combat, this was a situation over which I had no control whatsoever.

DISCIPLINE: I believe that the presence of discipline and training can assist in the way people deal with a

traumatic event. Those who are or have been exposed to discipline or have experienced command tend to use the pressure of an emergency situation as motivation. They act with purpose and can actively assess a situation and naturally provide leadership and a focus for those without such attributes and experience. In an emergency situation, it can be equated to the shepherd and the sheep. Without a shepherd, the sheep simply mill about in confusion. The shepherd gives direction. This is a mantle that in my experience is automatically adopted by those with military and especially command experience. This experience is not confined to the Armed Forces alone. All the emergency services are moulded around the military model and during training provide the grounding necessary for members to accept the responsibility of leadership in an emergency situation. In fact, the civilian population automatically looks to emergency service members, especially police, to provide that leadership. The value of discipline in a critical incident cannot be underestimated. This factor is not mentioned in any of the authoritative texts. For reasons unknown, it has either been overlooked or rejected in the interests of "political correctness". Sadly, discipline is no longer considered an attribute in modern western society.

To be continued in the next issue. ●



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TELSTRA COMMUNITY INFORMATION WARNING SYSTEM PRESENTATION

This paper by Eddie Tracey was presented at the Combined Emergency Services Seminar held in Melbourne on October 27, 2007.

Eddie Tracey

Telstra

The primary benefit of any community information and warning system is a better informed community, one which is more capable of responding appropriately and safely to an emergency. Communities today should be confident, educated and informed about emergency situations that might affect them. This awareness will foster the development of decision-making processes that allow individuals to identify the best possible course of action to protect their own safety and that of others. The technological design of CIWS encompasses a range of technologies including;

- Personal digital assistants (PDA)
- Video streaming
- Wireless data
- Geocoded data
- Geographical information systems (GIS)
- Spatial mapping
- Database management
- Message transmission
- Fixed and mobile phone access
- Graphical reporting
- An interactive voice response system
- A message bank with email delivery
- End-to-end system management.

A strategy to establish participation and partnerships from within the community and local government sector will rely on the design and implementation of previously proven engagement and consultation processes. These processes could include initial social and community mapping, the facilitation of community forums, an appropriate communications plan and the establishment of representative consultative groups. The design and facilitation of a community partnership and participation strategy will aim to achieve an optimum level of engagement with the community and local government.

OVERVIEW

The Telstra Community Information Warning System

(CIWS) is a comprehensive, all-hazards community communications tool to complement the Emergency Service Organisations' (ESOs') capabilities. It provides specific, early, accurate, understandable, action-oriented and concise information to help to minimise the effects on the safety and health of the community in times of imminent threat to human life or safety. It provides mass outbound calling capability in rural, urban and CBD areas and enables ESOs to make outbound calls to individual premises, residents and itinerant mobiles defined by a geographical region (such as a street, suburb, office block or shopping centre).

The tragic loss of life from both natural and non-natural emergencies has torn apart communities and affected the lives of many people. Public warnings empower people at risk to take actions to reduce losses from natural hazards, accidents and acts of terrorism. Public warnings can help to save lives, reduce fear and speed recovery. Information is the cornerstone of public safety.

While current warning systems are saving lives, they are not as efficient and effective as they can be or should be.

The goal of Telstra's CIWS is to provide a communications advisory system that enhances the interaction between emergency managers and the community. It will enable emergency managers to provide information about the dangers to life and threat of injury to the community and ESO personnel more efficiently and effectively, and improve safety of the community. As advised by Mr Steve Bracks, former Premier of Victoria, following the success of CIWS trials conducted in 2005, "this extraordinary system has the potential to change the way our emergency services manage crises".

BACKGROUND

EMERGENCIES

Each year communities in every State and Territory of Australia are subjected to the damaging, emotional and costly impacts of emergencies that cause loss of life or harm to persons, as demonstrated by the 2002–03



bushfires. That bushfire season proved to be one of the worst on record, resulting in widespread destruction and loss of life or harm in both urban and rural areas over large tracts of eastern Australia. There has been more loss of life or harm during bushfire emergencies than other types of emergencies in Australia.

RESPONDING

The strategic alert arising from world terrorism, further demonstrates the increasing demands placed on governments, and all aspects of emergency management.

The first people or organisations to respond are most often the source of community warnings, and a well-informed public reduces the workload for first responders. When threats are anticipated that may affect the safety and security of the community, responding agencies must advise those who need to know of the threat and to explain the actions that should be taken to protect life and property.

INFORMING THE COMMUNITY

A major challenge in informing the community is to make sure every agency is giving out a consistent message in a timely manner. While this is difficult in any task involving multiple agencies including those involved in response and recovery, and more so in the fast moving environment of emergency management, it is achievable with the appropriate tools, using a coordinated approach. Further challenges are to ensure the message is:

- Accurately giving information - inaccurate information will undermine the credibility in the system
- Understandable – the nature of the threat must be easily understood by the recipient
- Specific – providing focused, scalable information to each recipient is important
- Action oriented – suggesting appropriate action helps users protect themselves from a threat and increases the effectiveness of the warnings
- Consistent in development of protocols, procedures and processes for collecting and disseminating warnings in standard and secure ways.

SOLUTION

The Telstra CIWS has the capability to automatically contact each telephone or mobile within a specific area defined by the Control Agency. Its only limitation is whether a properly functioning phone service physically exists at a given location.

The Telstra CIWS has the potential for:

- Providing timely and accurate information and/or warnings to the affected community

- Keeping individual residents within the area affected informed, such as advising the community of the appropriate information sources
- Contacting all mobiles within the emergency area as listed in CIWS telephone listing sourced from the Integrated Public Number Database (IPND), which is the national database containing all Australian telephone numbers
- Contacting itinerant mobiles (mobiles within a defined area) on Telstra's mobile network
- Easing the logistical problems for ESO personnel during an emergency
- Enhancing the safety of ESO personnel.

Of importance, is the capability to provide this information simultaneously within a targeted geographical area.

BENEFITS OF TELSTRA CIWS

One of the major problems of a warning strategy that involves door-knocking affected communities is the resource-intensive nature of that task. During emergencies, ESO resources are invariably stretched to the limit. The use of a telephonic information warning system will bring significant benefits to emergency services management as it will allow ESO personnel to further prioritise their duties. Additionally, it will allow warnings to be issued without ESO personnel having to enter potentially hazardous areas and/or situations.

CIWS is focused on establishing a message delivery platform that connects ESOs with local communities in times of crisis and is a key technology enabler in achieving the adoption of a community-centric emergency management model.

SUMMARY

CIWS is a comprehensive, all-hazards system to enhance communications between the ESO and the community in an emergency. The system has the capability to transmit an automated message to land-line telephone and mobile services within a defined geographic area and provide call status acknowledgement to the responsible ESO.

The technology and resources to deliver telephone warning messages to the community can best be provided by Telstra through a network-based solution that integrates and is tuned to the Public Switched Telephone Network (PSTN), mobile and wireless networks capabilities, and the Telstra Global Operations Centre to manage the operational performance. Telstra believes that because of its unique mix of assets and experience, it is the best placed organisation in Australia to provide a totally integrated national CIWS. ●

About the Author: Mr Eddie Tracey, the presenter, is Industry Marketing Director, Justice and Emergency Services with Telstra. He has been in the Communications and ITC business for 30 years, in that time holding positions of Country Manager, Canada, New Zealand, and South Africa and Region Manager, Asia. Eddie has been working with a team in Telstra to develop a National Cross Border Community Information and Warning System.



COMMUNITY MEETINGS DURING BUSHFIRES



This Paper was presented at the 29th Combined Emergency Services Seminar October 27, 2007. It was presented by Gwynne Brennan, Country Fire Authority Victoria in a seminar segment titled "Keeping the Public in the Picture", Gwynne shared the platform with Alan Dobson, Dept of Sustainability and Environment Victoria. Alan's Power Point presentation displayed how the critical information was collated and how it was presented to people in threatened communities during the 2006/7 Victoria fires and underscored the outstanding success of these information sessions; the effective disbursement of information was greatly assisted by many authorities including VICPOL and ABC Regional Radio.

Gwynne Brennan

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Alan Rhodes

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About the Author: Gwynne Brennan is Manager Community Development for the Country Fire Authority. (CFA) As Manager she is responsible for the development of education programs such as 'Brigades in Schools' and the Mobile Education Unit. She manages the CFA's winter campaign and the very successful 'Fire Ready Victoria' strategy for bushfire preparedness. In 2006/7 over 100,000 Victorians participated in CFA winter, summer and school education programs.

The Victorian Bushfire Inquiry into the 2002-2003 bushfires recommended that the fire agencies undertake an annual survey of households to assess the level of awareness, preparedness and access to information amongst Victorians and assess the adoption of safe behaviours. CFA and DSE have undertaken a community survey following the 2003 Alpine Fires, the 2005-2006 Victorian bushfires and again this year following the 2006-2007 Great Divide Fires.

The telephone survey was conducted in May 2007 on behalf of DSE and CFA with a sample of 639 households across the area threatened by the bushfires. Stratified random sampling – stratified by locality, was used to collect responses from 639 households. This sample enables 95% confidence that the sample result is within $\pm 3.5\%$ of the population value. The response rate for the survey was 68%.

Community education and engagement have been long-standing strategies implemented by CFA to increase community preparedness and self-reliance. CFA and DSE along with other partner organisations now work jointly to develop community understanding and capacity to deal with the threat of bushfires. Community meetings during bushfires have become a major community engagement strategy and as such form an integral part of the Fire Ready Victoria Strategy.

The use of community meetings and other initiatives

to involve the community, has made Victoria a leader in the field of community participation and engagement in the management of major fires. Just over 300 meetings were conducted during 2006/07, with nearly 32,000 people attending the meetings. Figure 1 shows the increase in the number of meetings conducted during major fires over the last few years.

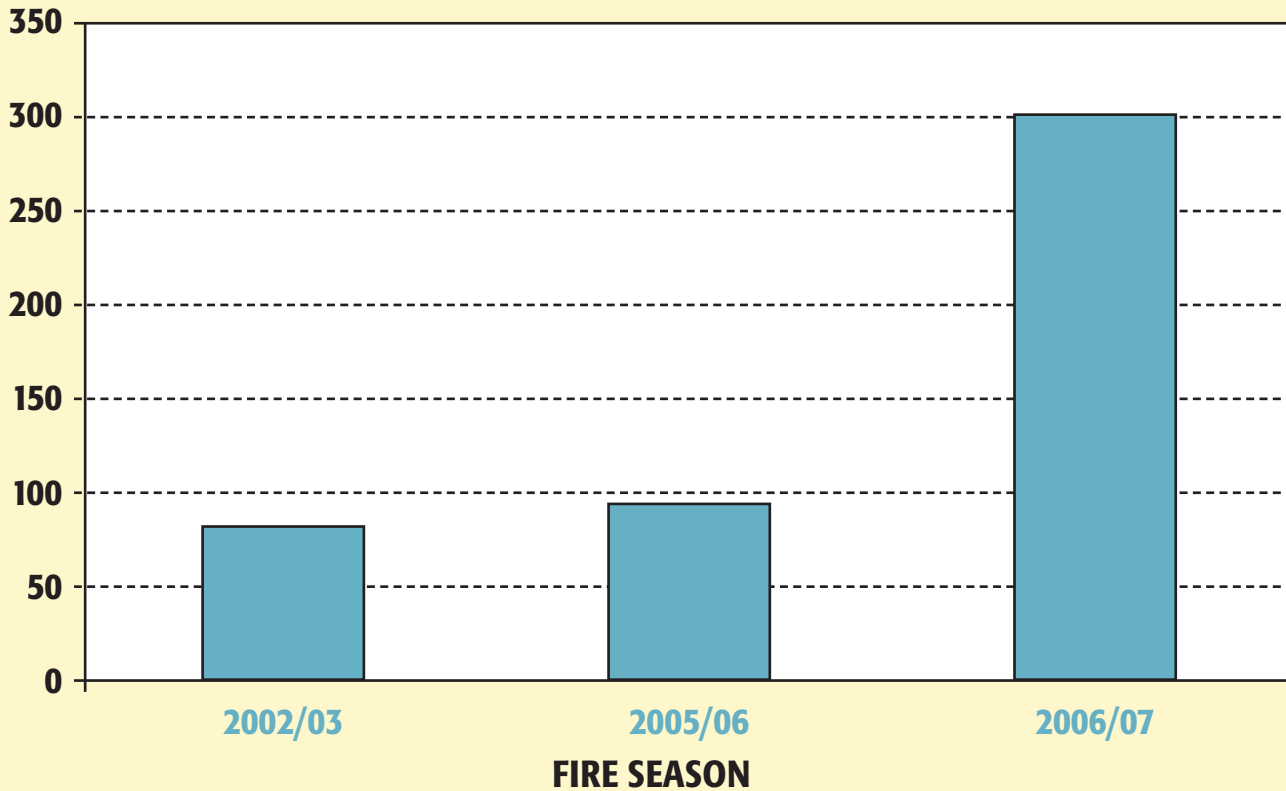
Community meetings during major bushfires have become a major element of the Fire Ready Victoria strategy. The increased number of meetings reflects how both CFA and DSE have attempted to meet public expectations for information during emergencies. During the Great Divide Complex bushfires of 2006/07, 301 meetings were conducted with over 32,000 people attending.

In most cases, meetings were initiated as part of the work of the information unit in the various incident management teams. Meetings were promoted through local networks, bulletin boards and particularly on ABC Radio. Most meetings were conducted by CFA and DSE personnel with in many cases representatives of other organisations also present including Police, municipalities, DHS, DPI and others.

KEY FINDINGS FROM THE SURVEY INCLUDED:

1. Of the households directly threatened by the fires, in the great majority (84%) of cases members of the household took action to defend their property while



FIGURE 1: COMMUNITY MEETINGS DURING MAJOR BUSHFIRES

- it was under threat. Of the threatened households, in 42% of cases householders received assistance from fire crews or aircraft to protect their property. This highlights the high level of community self-reliance and sharing of responsibility between agencies and the community.
- Households were well prepared to deal with the fires. The level of adoption of protective measures prior to the fires was high with most measures having been implemented by a large majority of households. Where particular measures had not been implemented prior to the fires, between 20 and 45% of householders implemented the action during the time of the threat.
 - The level of awareness of the bushfire threat was high. On first becoming aware of the fires, the majority (66%) thought the fires would spread and were likely to affect the area where they lived. Just over a quarter (28%) thought the fires would not affect them and only 6.5% were unconcerned about the fires when they first became aware. These results suggest there was a high level of awareness of the bushfire risk but that a significant minority did not initially appreciate the significance of the threat. This highlights the importance of warnings and the provision of information to threatened communities.
 - Three-quarters received what they regarded as an official warning that the fire was likely to affect the area where they lived. Just over half received this warning on ABC Radio with a further 32% receiving the warning from emergency services' personnel, community meetings or on other radio stations.

- Nearly a quarter of the survey respondents used the Victorian Bushfire Information Line (VBIL) to obtain information and advice during the fires. A large majority (78%) found it very useful or somewhat useful. The main concern was that people could not obtain detailed information about their particular situation. Only 7% reported difficulty in accessing the system which represents a significant improvement compared with 2005/06. This reflects the increased overflow capacity of the VBIL for the 2006/07 fire season.
- CFA and DSE conducted 300 community meetings during the time of the fires. Over 60% of survey respondents attended a community meeting at least once with 44% attending most or all the meetings in their local area. Satisfaction with all aspects of the meetings was very high, with 65% rating the meetings very useful. Just over 40% reported taking additional preparatory action as a result of attending the meeting.
- There was a high level of satisfaction with service delivery, including the work of fire fighters (91% satisfied or very satisfied), the information available before the bushfires (86%), information provided during the fire (86%), the amount of warning (83%), and the overall management of the fires (74%). These results are consistent with those obtained after the 2005/06 fires, but significantly higher in relation to the overall management of the fires compared with the 2003 bushfires.
- Overall, the results demonstrate that the intended outcomes of CFA and DSE community education and engagement activities were largely achieved. ●

CRISIS AND EMERGENCY MANAGEMENT JUNE 1-2, 2006

Joondalup, an expanding Northern Suburb, 25km from the Perth CBD was the venue for the 2006 Inaugural International Crisis and Emergency Management Conference.

Chris Ainsworth, MAIES

Member of AIES South Australia Board

This conference was organised by IFAP in Perth. The institute was represented by Mr Chris Ainsworth, a South Australian Divisional Board Member and a West Australian Divisional member Mr Paul Dixon. This report is timely in that the 2008 Conference has just been announced and provides interested parties with an overview of the wealth of information covered in 2006, and a precursor to the 2008 conference – with a theme of Strategies for the Future.

The 2006 conference attracted a wide audience from Western Australia and nearby South East Asian region.

Some of the speakers at the conference and subjects covered by them were:

- Mr Tony O’Gorman MP, local member for Joondalup and Chair Community Development and Justice Standing Committee
- Mr Trevor Clement, Acting Director General, Emergency Management Australia “Emergency Management Australia – Australian Government Perspective”
- Mr Allan Riley – Fire & Emergency Services Authority of Western Australia “SEMC – WA Emergency Management, Arrangements and Legislation”
- Mr Paul Finnigan – Deputy CEO National Offshore Petroleum Safety Authority – “Emergency Response Management in the Offshore Industry”
- Mr Peter Wood – Manager Perth Office - Australian Federal Police – “Policing & National Security”
- Mr Mark Reddings, Journalist, Perth’s National Nine News – “Bali Bombings – An Eye Witness Account”
- His Excellency Mr William Paterson – Ambassador Australian Embassy, Bangkok – “Asian Tsunami – One Year On: Lessons Learnt”
- Dr Kongkiat Kespechara, Director Bangkok Hospital Phuket – “Tsunami Recovery: A Hospital Administrator’s Perspective of Resource Integration
- Mr Steve Joske – Executive Director WA – Australian Red Cross – “Asian Tsunami One Year On – Recovery Strategies”
- Mr Andrew Wallace – Senior Firefighter West Australian Fire & Rescue Service – “911 Fire Fighter – Recovery at Ground Zero”

- Dr Andrew Robertson – Divisional Director Department of Health – “Preparing for the Next Pandemic: Progress and Challenges”.

Other interesting sessions delivered at the conference:

- Mr Les Watkins, Senior Consultant IFAP - The Public & Industry Emergency Management Interface
- Ms Steffi Schwarz, Business Development Manager, WA SAI Global Limited, “Enhancing Crisis Management Using the revised AS/NZS 4360:2004 Risk Management Standard
- Mr Mark Pannewig – Chairman Chamber of Minerals & Energy Emergency Response Committee – “Crisis Management & Emergency Response – A Miner’s Perspective”
- Ms Penny Whetton CSIRO Marine & Atmospheric Research – “Climate Change and its Impact on the Occurrence of Extreme Weather Conditions”
- Mr Robin Harvey R & D Manager, Sentiens Pty Ltd - “Mental Health in the Aftermath of Hurricane Katrina; Tales of Struggle and Hope”
- Dr Mathew Hayne – Geoscience Australia – “Tsunami Inundation Modelling for Australia: Tools for Emergency Planning and Response”.

The opening address was delivered by Mr Martin Ralph, Managing Director of IFAP, with the welcome and official opening performed by Mr Tony O’Gorman, the local Member for Joondalup and the Chair of the Community Development and Justice Standing Committee.

The conference was attended by over 100 delegates from all States, Territories and our South East Asian neighbours. One of the most inspiring presentations was that of West Australian Fire Fighter Andrew Wallace who courageously ventured to New York to assist in some little way that he could. He self-funded his trip, using what little funds the family had managed to put away. The challenges he faced, and the “Positives that came for the Negatives”. It was not long before rescue workers positioned themselves to work alongside this little “aussie battler”. One of Andrew’s post-trip efforts was that he raised the funds to bring to Australia some members of the US recovery members



(Fire Fighters) and their families for a holiday. Many of the Fire Fighters did not have the funds to travel within the US let alone the journey to Australia. Andrew demonstrates the passion of many emergency service operatives who serve our communities, yet don't have the courage to speak and act out. The level of support from his family reinforces the level of support many of our emergency service operatives have, yet we take for granted.

The experience of Perth's National Nine News journalist Mark Readings gives a personal account of the moments that followed the Bali bombings blasts on that fateful evening of October 12, 2002. His live reports back to Perth sent a chill down spines of all attendees. The accounts of the following days demonstrated the resilience of people to work together in the face of adversity. The lessons learned have made us better-prepared for such events in the future.

Mr Paul Finnigan's presentation on "Emergency Response Management in the Offshore Industry" highlighted the challenges that face emergency management planners in ensuring workers on the 70 plus offshore facilities in the North West Shelf have the best response mechanisms and training that we can provide. The industry sector is robust in its planning in providing the best facilities for these operatives that live on top of the hazard.

Another presenter, His Excellency Mr William Paterson – Ambassador Australian Embassy, Bangkok, gave us a real view of how responders face a disaster. Mr Paterson had only taken up his post a few days prior to the Boxing Day Tsunami in 2004. In reviewing the lessons learned – one year on, what have we learned?

- No two disasters are the same
- Never underestimate the scale of the event
- Dedicated Media Response Unit
- Response needs to be Multi Disciplined
- Commercial Disaster Management Company? (Check)
- Media is a critical aspect to disaster management
- Volunteers are an invaluable asset
- Rotate staff essential
- Staff welfare critical
- Disaster management - the need for a better system
- Multi-National complexities impact response.

These were some of the issues His Excellency covered, provoking further discussion amongst delegates during the breaks.

Trevor Clement, Acting Director General EMA, reinforced EMA's philosophy in developing partnerships between all levels of government and the community. The Federal Government through EMA programs is committed to assisting local communities through ongoing funding, committing \$49 million over the next three years. In this current year, \$14.5 million has been committed to 463 different projects at the grass roots level.

Emergency Management Australia:

- Lead Commonwealth agency dedicated to emergency management aspects of community safety and sustainability

- Promotes a national approach to emergency management through comprehensive measures which embrace risk assessment, risk treatment, coordination of disaster response and community recovery activities.

IFAP need to be congratulated in bringing together a wide and diverse range of quality presenters to their inaugural conference. It was enjoyable sitting through the high quality presentations and we certainly look forward to their second conference being held in Perth in February 2008. – book your seats now, you will not be disappointed.

International Crisis and Emergency Management Conference 2008

6-7 February 2008

Novatel Langley Hotel

Perth Western Australia

Theme: Strategies for the future



IFAP's second Crisis and Emergency Management Conference will include a world class line up of local and international speakers covering the four stages of emergency management: Prevention, Preparedness, Response and Recovery. This interactive conference focuses on improving systems as a result of lessons learned. Speakers will draw on experience from past disasters and emergency events to improve future performance.

Topics include:

- Risk analysis – reducing potential
- Legislation – what this means to corporations
- Training in emergency management – identifying needs and ensuring competency
- Case studies of past emergency events
- USAR – the rescue challenge
- Community recovery – a critical element, not an afterthought.

The conference will include four interactive workshop sessions on each of the four stages with participation by key speakers and emergency management experts to ensure participants leave the event armed with tools to improve their organisations emergency management systems. The conference is designed for anyone with a role in the management of their organisation's crisis management processes, emergency management or response processes from industry or government.

Web: www.verticalevents.com.au

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NEWS: NEW LAWS TO PROTECT EMERGENCY WORKERS

Hon Michael Atkinson, MP

*Attorney-General
Minister for Justice
Minister for Multicultural Affairs*



Penalties for offences committed against a range of emergency workers, including those in hospital emergency units, ambulance and fire crews and volunteer emergency workers, are to be substantially increased under new laws announced today by Attorney-General Michael Atkinson. The changes to the Criminal Law Consolidation Act 1935 will extend the aggravation of an offence against an emergency worker in the same way that such penalties already apply to offences against police and law enforcement officers. Mr Atkinson says that the range of offences covered is broad and includes violent offences such as assaults, acts endangering life, recklessly or intentionally causing harm through to crimes such as theft.

AGGRAVATING AN OFFENCE INCREASES THE POTENTIAL PENALTY BY UP TO 50%.

"Emergency workers are often called upon to act in unpredictable and dangerous circumstances and often at risk to their own health and safety," Mr Atkinson says. "This kind of work requires a quick response to save lives or to assess life-threatening situations in unpredictable and emotionally fraught circumstances. "The last thing that such workers should need to fear

is being a victim of crime as they perform their duties," Mr Atkinson says.

The changes will cover workers in the:

- Hospital emergency departments, including doctors, nurses, other medical professionals, support staff and volunteers;
- South Australian Ambulance Service; Metropolitan Fire Service, Country Fire Service and State Emergency Service;
- Surf Life Saving South Australia; and
- Volunteer Marine Rescue South Australia
- The provider of a service that is incidental or related to the service provided by one of these emergency service providers and essential to it (other than police and law enforcement officers, against whom offences already aggravated under s5AA (1) c of the Criminal Law Consolidation Act 1935).

For the offence to be aggravated, the alleged offender must know of the worker's occupation, know the worker was involved in that occupation at the time of the offence and have appreciated the worker's vulnerability when committing the offence. ●

CONFERENCES

2008

2008 IAWP TRAINING CONFERENCE

"Policing New Territory"

September 2008

Darwin

Policing New Territory emphasises the important role of law enforcement leadership in creating safer and more secure communities and the need for a law enforcement environment, which envisions the future of its people and their diversity. For more info go to: www.nt.gov.au/pfes/police/community/iawp/index.html



NEW AIES MEMBERS

We are pleased to announce that the following persons have become members of our Institute since the last edition of NER was published.

NAME	AFFILIATION	STATE
Warren Kelly	Rural Fire Service	QLD
Lieutenant Col Shaun Fletcher	Australian Defence Service	NSW
Jeremy Lee Wickham	Queensland Ambulance	QLD
Mark Brocklesby	Maritime SAR	Comms ACT
Mairied Doyle	Australian Red Cross	VIC
Ian Joseph Carlton	Emergency Management Australia	VIC
Leslie Joseph Parducci	Maritime SAR Comms	ACT
Peter Murphy	Rural Fire Service	NSW
Mr Robert Evans	RFS/SES	NSW
Mr Michael Slowgrove	Police Force	NSW
Mr Richard Shoemark	SES	NSW
Mr Kim Stevens	SES	NSW
Mr Matthew Apps	RFS	NSW
Mr John Atkins	Rural Fire Service	NSW
Mr Colin Fitton	SES	NSW
Mr Wayne McKenzie	Aust Catholic University	NSW
Mr David Kyles	State Emergency Mgt Committee	NSW
Mr Andrew Hennell	SES	NSW
Mr Owen Plowman	SES	NSW
Scott Milne	EMA	NSW
Michael Langley	SES	NSW
Adrian Dunn	SES	NSW
Gavin Ellis	Ambulance Service	NSW
Robert Steenson	SES	NSW
Stephen Sanson	SES	NSW
Tony Byrnes	Police Force	NSW
Peter Murphy	RFS	NSW
Colin Fitton	SES	NSW
Gregory Adams	Red Cross	NSW
Kevin Black	Police Force	NSW
Mark Constable	SES/CD	New Zealand
Austin Brell	RFS/Council	NSW
William Britt	Rural Fire service	NSW
Peter Davidson	Police Force	NSW
Phillip Deale	RFS	NSW
John Dodd	SES	NSW
Shane Downer	RFS	NSW
Richard Dowd	RFS	NSW
Shane Griffin	RFS	NSW
Peter Griffith	RFS/SES	NSW
Don Hart	Ambulance Service	NSW
Gordon Hil	RFS	NSW
Robert Hastings	RFS/SES	NSW
Scott Milne	EMA	NSW



**Application for admission to
AUSTRALIAN INSTITUTE OF EMERGENCY SERVICES (ABN 75 050 033 764)**



To:- The Divisional Registrar, _____ Division
 I, _____ (Name in Block letters)
 of _____ (Full postal address for entry in Register)
 _____ Postcode _____
 Phone (W) _____ (H) _____ Mobile: _____ Date of Birth _____
 Email: _____

do hereby apply to be admitted to the Institute.

I am (a) employed by or (b) a volunteer member of : (delete as necessary)

Name of Organisation _____

Address _____
 _____ Postcode _____

Position/Title _____

Statement of experience and qualifications. (Note: Applicants may supply extra, relevant information and attach it hereto)

Experience (as an Emergency Officer/Worker)

From	TO	Appointment/Position	Duty/Responsibility

Emergency Training Courses

Institution	Course/Year	Results (where applicable)

Qualifications (Degrees, Diplomas, etc) _____

Decorations/Awards etc _____

Referees (Persons who have known me for several years and can give evidence of my character and background)

Name	Address	Phone	Email
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

I declare the above particulars to be true and hereby agree to be bound by the Constitution, By-Laws and Code of Ethics of the Institution)

Signature: _____ **Proposed by:** _____ (Use Block Letters)

Witness: _____ **Seconded by:** _____ (Use Block Letters)

(Proposer and Seconder shall be financial Members of the Institute)

For Office Use Application recommended: Member Associate Student Corporate Affiliate

Fee Received Receipt No: _____ Divisional Registrar _____

Completed Application forms with fees should be forwarded to the Division Registrar in the State where you normally reside. Further information may also be obtained by contacting your Division Registrar or General Registrar of the Institute at the following addresses:

NATIONAL COUNCIL

The General Registrar
Australian Institute of Emergency Services (General Council)
14, No 159 Middle Head Road Mosman, NSW 2088
Fax: (02) 9265 4830 or Email: general.registrar@aies.net.au
National Web Site: www.aies.net.au

NEW SOUTH WALES AND NEW ZEALAND

The Registrar - NSW Division of Australian Institute of Emergency Services. PO Box 57 Oatley, NSW 2223
Email: registrar.nsw@aies.net.au,
registrar.nz@aies.net.au

SOUTH AUSTRALIA, WESTERN AUSTRALIA AND NORTHERN TERRITORY

The Registrar - SA Division of Australian Institute of Emergency Services. Unit 21/17 Fourth Ave Everard Park, SA 5035
Email: registrar.nt@aies.net.au, registrar.sa@aies.net.au,
registrar.was@aies.net.au

TASMANIA

The Registrar - TAS Division of Australian Institute of Emergency Services. PO Box 1 Lindisfarne, TAS 7015
Email: registrar.tas@aies.net.au

QUEENSLAND

The Registrar - QLD Division of Australian Institute of Emergency Services. PO Box 590 Fortitude Valley, QLD 4006
Email: registrar.qld@aies.net.au

VICTORIA

The Registrar - VIC Division of Australian Institute of Emergency Services. C/O- 44 Webb Street Warrandyte, VIC 3113
Email: registrar.vic@aies.net.au

AUSTRALIAN CAPITAL TERRITORY

The Registrar - ACT Division of Australian Institute of Emergency Services. 59 Majors Close Wamboin, NSW 2620
Email: registrar.act@aies.net.au

WHAT ARE THE INSTITUTE'S AIMS

To provide a professional body for the study of the roles and functions of Emergency Services and Emergency Management Organisations throughout Australia, and the promotion and advancement of professional standards in these and associated services.

THE INSTITUTE'S OBJECTIVES ARE:

- To raise the status and advance the interests of the profession of emergency management and counter disaster services administration.
- To represent generally the views and interests of the profession and to promote a high standard of integrity and efficiency in the skills of emergency and counter disaster administration.
- To provide opportunities for association among members and students to promote and protect their mutual interest.
- To facilitate full interchange of concepts and techniques amongst members.
- To bring to the notice of the public such matters that are deemed to be important for safety and protection of the community and to promote research and development of emergency services generally.
- To establish a national organisation to foster international cooperation in counter-disaster services administration.

WHAT THE INSTITUTE OFFERS YOU:

- An opportunity to be part of a progressive Australia-wide Institute dedicated to the progression and recognition of the Emergency Service role in the community.
- An independent forum where you can be heard and your opinions shared with other emergency service members.
- A journal with information from institutes and other sources around the world in addition to the interchange of views between Divisions in Australia, as well as access to the Institute website.
- Reduced fees for members at Institute Seminars and Conferences and an information service supplied by professional experienced officers.
- A Certificate of Membership.
- The opportunity to use the initials of the particular membership status after your name.

- Corporate members receive a bronze plaque free of charge and can advertise on the AIES website, as well as provide articles for inclusion in the Institute's journal.

WHAT DOES MEMBERSHIP COST:

Nomination Fee:	\$20.00
Annual Subscription:	\$30.00
Fellows:	\$40.00
Corporate Subscription:	\$250.00

Note: Institute Fees may be tax deductible.

MEMBERSHIP:

There are four classes of membership:

- Members • Fellows • Life Fellows • Corporate

There are five categories of affiliation with the Institute that may be offered to persons who do not meet the requirements for membership:

- Associate • Student Member • Retired Member
• Honorary Member • Honorary Fellow

WHO CAN JOIN:

Applications for membership will be considered from persons who are at least twenty-one years of age and who:

- Are members of a permanent emergency service or associated service with at least two years experience, or
- Are volunteer members of emergency or associated services with a minimum of four years experience as an emergency services member.

Admission as a member may be granted if in the opinion of the General Council the applicant meets all other conditions of membership and passes such examinations and/or other tests as may be required by General Council.

WHERE DO MEMBERS COME FROM:

- Ambulance Service • Community Services • Emergency Equipment Industry • Emergency Management Organisations
• Fire Services • Health, Medical and Nursing Services • Mines Rescue • Police Service • Safety Officers • SES • Transport Services
• Volunteer Marine Rescue • Volunteer Rescue Associations



AIES NATIONAL CONTACTS

NATIONAL (GENERAL) COUNCIL

National President Maurice Massie, QPM, LFAIES	Phone: (03) 6248 6373 Email: president.national@aies.net.au	
National Vice President Brian Lancaster, ESM, LFAIES	Phone: (08) 8381 2825 Email: vpresident.national@aies.net.au	
General Registrar/Company Secretary Bob Maul, LFAIES, JP	Phone: (02) 9969 9216 Email: general.secretary@aies.net.au	6 Union Street MOSMAN NSW 2088

NEW SOUTH WALES & NEW ZEALAND DIVISION

President Alan Holley, MAIES	Phone: 0414 542 175 Email 1: president.nsw@aies.net.au Email 2: president.nz@aies.net.au	
Registrar Gaye Cameron, MAIES	Phone: 0417 498 671 0407 401 597 Email 1: registrar.nsw@aies.net.au Email 2: registrar.nz@aies.net.au	PO Box 57 OATLEY NSW 2223

AUSTRALIAN CAPITAL TERRITORY DIVISION

President John Rice, MAIES	Phone: (02) 6238 3791 Email: president.act@aies.net.au	
Registrar Philip Gaden, MAIES	Phone: (02) 6259 7948 0413 137 761 Email: registrar.act@aies.net.au	59 Majors Close WAMBOIN NSW 2620

NORTHERN TERRITORY, SOUTH AUSTRALIA & WESTERN AUSTRALIA DIVISION

President Barry Presgrave, OAM, FAIES	Phone: (08) 8278 8530 Email 1: president.nt@aies.net.au Email 2: president.sa@aies.net.au Email 3: president.wa@aies.net.au	
Registrar Jan Burgess, MAIES	Phone: 0411 446 656 Email 1: registrar.nt@aies.net.au Email 2: registrar.sa@aies.net.au Email 3: registrar.wa@aies.net.au	Unit 21/17 Fourth Ave EVERARD PARK SA 5035

QUEENSLAND DIVISION

President	Phone: (07) 3247 9027 Email: president.qld@aies.net.au	
Registrar Fred Rainsford, JP(Qual), MAIES	Phone: 0406 407 409 Email: registrar.qld@aies.net.au	PO Box 590 FORTITUDE VALLEY QLD 4006

TASMANIA DIVISION

President Darrell Johnson, FAIES	Phone: (03) 6250 2902 0408 337 957 Email: president.tas@aies.net.au	
Registrar Jannene Geard, MAIES	Phone: (03) 6249 0918 (03) 6268 1143 Email: registrar.tas@aies.net.au	PO Box 1 LINDISFARNE TAS 7015

VICTORIA DIVISION

President Alan Marshall, O.St.J	Email: president.vic@aies.net.au	
Registrar Alan Alder, OAM, LFAIES	Phone: (03) 9844 3237 Email: registrar.vic@aies.net.au	44 Webb Street WARRANDYTE VIC 3113

NATIONAL EMERGENCY RESPONSE JOURNAL (NER) & AIES WEBSITE

Editor - NER Geoff Webb	Phone: (03) 5775 1233 0408 592 073 Email: vesaphoenix@dodo.com.au	
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bluelight

www.bluelight.com.au

www.bluelight.com.au is the official website of the various Blue Light State Councils. Its purpose is to provide our **youth with information** about **Blue Light events, activities** and other **Police Youth initiatives**. The web site also enables the user the opportunity to **give feedback** for further enhancement of the Blue Light organisation. Within the site are links to other affiliated web sites, which have specialised information concerning **drugs** and **alcohol, sexual abuse, suicide prevention** and **crisis help** from appropriate professional organisations, which they can access in privacy, at school or home.

www.bluelight.com.au



Is this how *your* eyes feel?

Dry, gritty, burning, red eyes? It's a very common condition known as Dry Eye. Dry Eye happens when your tear film doesn't do its usual job of shielding, cleaning, moisturising and lubricating each blink. There could be many reasons for your Dry Eye, but your tear film needs help.

SYSTANE® Lubricant Eye Drops is an advanced Dry Eye therapy. Eye care professionals know it as a Revolution in Dry Eye Therapy. A drop of SYSTANE® Lubricant Eye Drops provides hours of soothing relief with its unique long lasting action. That is why it's Australia's fastest growing Dry Eye therapy.*

Systane® for ALL Dry Eye

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LUBRICANT EYE DROPS

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Use only as directed. If symptoms persist see your doctor or eye care professional.