

**ECONOMICS AND INDUSTRY  
STANDING COMMITTEE**

**INQUIRY INTO 2011 KIMBERLEY ULTRAMARATHON EVENT**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
FRIDAY, 20 APRIL 2012**

**SESSION THREE**

**Members**

**Dr M.D. Nahan (Chairman)**  
**Mr W.J. Johnston (Deputy Chairman)**  
**Mr M.P. Murray**  
**Ms A.R. Mitchell**  
**Mr I.C. Blayney**  
**Mrs M.H. Roberts (Co-opted Member)**

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**Hearing commenced at 3.00 pm**

**ROBERTSON, DR ANDREW GEOFFREY,**  
**Acting Executive Director, Public Health and Clinical Services, Western Australian**  
**Department of Health, examined:**

**The CHAIRMAN:** Just an opening statement. Before we commence, I ask those of you in the public gallery to refrain from using audio recording devices as they may interfere with Hansard's recording equipment and I would ask also you to switch off your mobile phones for the hearing. Dr Robertson, thank you for your appearance before the committee today. This committee hearing is a proceeding of Parliament and warrants the same respect that proceedings in the house itself demand. Even though you are not required to give evidence on oath, any deliberate misleading of the committee may be regarded as a contempt of Parliament. Before we commence, there are a number of procedural questions that I need an answer to. Have you completed the "Details of Witness" form?

**Dr Robertson:** I have.

**The CHAIRMAN:** Do you understand the notes at the bottom of the form?

**Dr Robertson:** Yes, I do.

**The CHAIRMAN:** Did you receive and read the information for witnesses briefing sheet regarding giving evidence before parliamentary committees?

**Dr Robertson:** Yes, I did.

**The CHAIRMAN:** Do you have any questions about your appearance before the committee today?

**Dr Robertson:** No.

**The CHAIRMAN:** Please state the capacity in which you appear before the committee?

**Dr Robertson:** I am currently Acting Executive Director for Public Health and Clinical Services in the Department of Health.

**The CHAIRMAN:** The committee has received your submission; thank you for your contribution. Do you propose any amendments to your submission at this time?

**Dr Robertson:** There is one minor amendment, which is just a correction. I noticed as I was going back through the submission that there is a date that is incorrect.

**The CHAIRMAN:** Yes; I think I spotted that one.

**Dr Robertson:** It should be 12 April, but I think it is written as 12 April in one place and 2 April in another place.

**The CHAIRMAN:** Before you ask any questions, do you wish to make a brief opening statement that addresses the terms of reference?

**Dr Robertson:** Not at this stage.

**The CHAIRMAN:** We will go directly to some questions then.

Page 1 of the Department of Health submission talks about the potential under the proposed public health bill for legislation to be developed that pertains to health requirements of sporting, high-risk or other public events and mass gatherings. Can you expand upon this aspect of the submission? For example, what aspects of an event such as the Kimberley Ultramarathon could be addressed under such legislative change?

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**Dr Robertson:** Under the draft public health bill there is the ability to make either regulations or policies as secondary legislation underneath that bill, and we can actually do that to address either material or serious public health risks. In this sort of circumstance, what we can do is to have some basic requirements outlined as part of that, so that may be, for example, from a health point of view the provision of a medical plan by the planners or the provision of a risk assessment by the planners as a requirement prior to an event going ahead. At this stage there is no statutory or regulatory requirement that requires them to provide that information to us.

**The CHAIRMAN:** Do you think Health is an appropriate vector for having those systems put in place?

**Dr Robertson:** That is a good question. I think that is one vector. I mean the public health bill is designed to address, obviously, a range of material health risks. I think it is actually probably an appropriate vector in these circumstances. Our concern is less about the effective running of the actual event or its economic or other benefits, but about the safety of either participants in that event or, in some cases, the spectators, and we have seen a number of events where the spectators have been put at risk by the event. Our interest is to make sure of the safety and wellbeing of all the people concerned. So I think it is probably an appropriate place to put it.

**The CHAIRMAN:** In this case it appears that the department of tourism had a role, but in some events like this there is no sponsorship, they just happen, and therefore that would fall away. This race appeared to go between the various bodies that had the systems in place, like the DEC—they were on DEC land—so there appears to be a gap and there needs to be some overarching power to enforce requirements on a committee and require them to liaise with all the allied emergency advice agencies and others like FESA, the police, health and DEC if necessary. Could you describe the Department of Health's experience with the race in 2010 up in Kununurra with the organisers of the ultra-marathon? Did the Department of Health hear about it in advance?

**Dr Robertson:** Thinking back on that, we may have had some indication that there was going to be an event; I think we may have just heard. We certainly were not approached by the organisers at the time, but we may have heard, just through the news media or the like, that there was going to be an event. We certainly became seriously concerned when we were notified. Our first real connection with particular event was when we were notified by the hospital in Kununurra that they had multiple casualties who were coming in. Many of them were quite badly dehydrated and had other injuries.

**The CHAIRMAN:** Is a priority 1 event of serious events?

**Dr Robertson:** Yes, it is.

**The CHAIRMAN:** So they were very seriously dehydrated?

**Dr Robertson:** Some of them were seriously dehydrated.

**The CHAIRMAN:** To the point of?

**Dr Robertson:** To the point of heat exhaustion or potentially heatstroke, which can be a life-threatening illness. We also had a number of injuries; some of those were not quite as traumatic, but significant nonetheless. I think there was a number of fractures and things like that.

**Mr I.C. BLAYNEY:** How did they get fractures?

**Dr Robertson:** Because they were running across the landscape and people were tripping and falling. They were related to the actual event. They were not major in the sense of fractured femurs, but small bones and things like that.

**The CHAIRMAN:** Was there a problem with them at that time getting access to medical care?

**Dr Robertson:** There was no problem in getting access to medical care, but they had their own doctors at that time who provided some care on the scene—I will go back to the doctors at that time,

because that is an issue—and then they went Kununurra. It obviously strained the resources we had at Kununurra. One of the things we may well have done if we had actually had prior indication is to actually reinforce the resources, but it was just normal operations you would have at Kununurra, so getting an influx of quite a few patients obviously strained that system considerably.

**The CHAIRMAN:** Did you at that time express concern to them that they did not have adequate, let us say, emergency transport? If you are dehydrated, you have to get intravenous fluids in you.

**Dr Robertson:** We did not express that. They had managed to get the patients to be Kununurra Hospital in a reasonably timely manner—nothing that impacted on their management. Our biggest concern at that time was we discovered that that they were utilising a number of overseas doctors none of whom were registered in Australia at the time. We brought that to the then Medical Board of WA's attention and we also had some concerns about the administration of medications at the time, because they actually did not have approval under the Poisons Act either. We brought both of those things to their attention about the registration and we had a number of conversations with RacingThePlanet at the time. The subsequent letter that I think you have a copy of, which says, "We thank you for your help the last time", was basically in reference to the fact that we had quite a bit of correspondence post the event pointing out that while we had given them a warning this time, we may look at prosecution next time if the doctors were unregistered.

**The CHAIRMAN:** So, after the event—that is, after the first race—you had a good deal of correspondence with them and you had expressed concern not just about their unregistered doctors, but also their whole systems.

**Dr Robertson:** Certainly the medical systems. Also, we did indicate that we were fairly unhappy with the notification of our health system at the time, in the sense that neither we nor Kununurra were really informed that they had the potential for casualties at that time.

**The CHAIRMAN:** Was this issue of the health concerns of the 2010 event well-known around Kununurra or was it publicised in the newspaper or the media?

[3.10 pm]

**Dr Robertson:** I am not sure how well it was publicised locally. Certainly the hospital was very well aware of it and they were obviously fairly unhappy at the time because of the strain that was put on the hospital with little or no notice.

**The CHAIRMAN:** And you expressed to the RacingThePlanet organisers the Department of Health's concerns about the way they operated in 2010 about communicating with the Department of Health and the use of non-registered doctors?

**Dr Robertson:** Yes.

**The CHAIRMAN:** Were you concerned when they organised another race in 2011?

**Dr Robertson:** Yes, we were, but they did follow the requirements, and they certainly addressed the issues we had been mainly concerned about.

**The CHAIRMAN:** When did you start having communications with RacingThePlanet for the 2011 race?

**Dr Robertson:** We first had a letter from them on, I think, 26 January 2011. It was just a letter saying they were planning on running a smaller, shorter event in September 2011 and they actually asked us a number of questions with regard to international doctors working at that event. They asked about Australian doctors. They wanted to bring some of the their own medical supplies and wanted to know if there was anything else they needed to do in order to stage this event, from a medical standpoint.

**Mr W.J. JOHNSTON:** In terms of bringing in new medical supplies, I understand that that would be a commonwealth regulation, but are there any issues that would apply to them?

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**Dr Robertson:** Under the Poisons Act, if they are schedule 4 drugs, it is the actual administration of them. If they can bring them in, which, as you correctly say, is a commonwealth issue of importing, it is then a matter of whether they can administer those particular medications, and that comes under our Poisons Act.

**The CHAIRMAN:** At that time, because you are dealing with the adverse outcomes of the health issues and the real issues of prevention that led to the adverse outcome, did you advise them to meet with FESA, the police or anybody else?

**Dr Robertson:** We did not, no. However, at a meeting on 14 February, we raised this issue at the Health Services Subcommittee. That committee is a subcommittee of the State Emergency Management Committee. We raised it and let the representatives of various agencies know that they were having the event. Those agencies included representatives from WA Police, St John Ambulance, WALGA, the Fire and Emergency Services Authority and the Royal Flying Doctor Service as well as internal agencies.

**The CHAIRMAN:** Was this in February 2011?

**Dr Robertson:** Yes.

**The CHAIRMAN:** The race took place on 2 September 2011.

**Dr Robertson:** That is correct.

**The CHAIRMAN:** We have received evidence that none of these organisations had advanced knowledge of the existence of this race.

**Dr Robertson:** We briefed a number of these organisations in February in respect of having received the letter. At the meeting we actually stated that we had received this letter and they are going to be running this event in September. At that meeting we actually highlighted that we had had a few problems with the previous meeting and just to be aware of that. Whether that message was actually passed back to those agencies, I cannot say.

**The CHAIRMAN:** Exactly. Could you give us the copies of the minutes of that meeting, or at least the advice that you provided to them?

**Dr Robertson:** Yes, we can get the minutes of that.

**The CHAIRMAN:** In those minutes, you would have said, “Listen, there’s a race going on, we had some troubles last time and we are require these of them in respect of our portfolio.”

**Dr Robertson:** Yes. From our portfolio, we would have made the point that we were looking to get a special events exemption granted under the Health Professionals (Special Events Exemption) Act, and that we would do that in due course. It was more along that focus on the registration of the medical practitioners and how it impacted on the Poisons Act.

**The CHAIRMAN:** Would the police have known of the adverse outcomes of the 2010 race—dehydration and broken feet?

**Dr Robertson:** Only in general terms from that meeting. They may have known at the time, because I think it was certainly discussed. I would have to go back to those meetings, but we certainly raised it as an issue at the time. It would have been only as an information item, not raising it specifically that there was any action for them.

**The CHAIRMAN:** At that meeting, would the Department of Health have suggested that this group is there, they have had trouble in the past, we are addressing them on health, you should take it up as an issue in terms of making sure they have a risk management plan in respect of police and FESA?

**Dr Robertson:** No. At that meeting, as far as I am aware, we did not raise that they needed to take it up; we just made them aware —

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**The CHAIRMAN:** Did you inform the RacingThePlanet people that they should liaise with these other groups?

**Dr Robertson:** What we did is we wrote back on, I think, 12 April to Mary K. Gadams from RacingThePlanet. We outlined the requirements they were required to do under the Health Professionals Act. We also directed their attention to the guidelines for concerts, events and organised gatherings that we produce. The guidelines outline the process for applications and guidance. The guidelines suggest they liaise with local government, WA Police, the Department of Environment and Conservation and WA Health. We wrote to RacingThePlanet to suggest that they consult those guidelines and we gave them the link. Whether or not they did, I do not know, but we certainly encouraged them strongly to do that. Our wording was, “I also direct your attention to the medical guidelines and where they can be accessed.”

**Mr W.J. JOHNSTON:** One of our purposes is to suggest ways of doing things in the future. Do you think it would be worthwhile having all government departments, when these sorts of organisations contact them, to be referred to an organisation to get further information—a single point for the whole of state government—so that you would know everybody would be referred to the same place?

**Dr Robertson:** For all events?

**Mr W.J. JOHNSTON:** Yes, for all these types of adventure events outside major urban areas.

**Dr Robertson:** Certainly we would welcome having a point of contact where we were getting information on all these events. I would have to say that as there is no requirement for them to actually come to us, we really rely on either the local government that may be approached or the organiser themselves to approach us. We frequently discover other events—rally events and racing motorcycles through the bush—by, probably like yourselves, reading about it in the paper. Often we have no idea what kind of medical support they have actually sought. Having some information some time beforehand certainly would be welcome.

**Mr W.J. JOHNSTON:** Do you think that when the government sponsors these types of events there is any obligation on the sponsoring organisations to make sure a proper risk analysis is done?

**Dr Robertson:** With our involvement with any events, we require it. We do get involved in events. We do a lot of work with things like some of the big music events such as the Big Day Out. They come under the Health Act, because they are considered public buildings under the Health Act, and they have to comply with it and provide us with information. Certainly as part of that, we would expect a medical plan and a risk assessment plan. Unfortunately, these events appear to fall outside the Health Act because they are not a public building.

**Mrs M.H. ROBERTS:** How far in advance would you expect to get a medical plan and those kinds of plans before an event like the Big Day Out?

**Dr Robertson:** Actually most of the big music events are very good. We often get them a number of months ahead, but even a month ahead would be good to have. We need obviously a bit of time to go through the plan to make sure there are not serious gaps and weaknesses in that plan. So yes, having more than a month would be preferred, but we have done it in shorter periods in other events.

**The CHAIRMAN:** And when you get a plan, you go through it in detail.

**Dr Robertson:** Yes. There are two aspects from a public health and clinical services point of view. One is the environmental health aspect: do they have enough water; do they have enough toilets; do they meet those sorts of criteria? And then there is, I suppose, the medical response aspect in the sense of what sort of first aid services do they have; if they have a serious casualty, what are their plans for getting ambulances in or out; have they contacted or is there an ambulance situated at the site? It is those kinds of things. They are all risk-based. Obviously if it is 100 people at a Schubert

concert, we are a lot less worried than if it is 20 000 people on a hot day with alcohol, which is obviously going to be a far riskier event.

**The CHAIRMAN:** Healthway, is that part of the Department of Health?

**Dr Robertson:** Not really, no.

**The CHAIRMAN:** Does the Department of Health sponsor events?

**Dr Robertson:** We provide some sponsorship money on occasion, yes.

**The CHAIRMAN:** But most of the public health-related sponsorship, I imagine, is through Healthway.

**Dr Robertson:** Healthway; that is correct.

**The CHAIRMAN:** Maybe you cannot answer it, but when Healthway sponsors an event, does it check into a risk-management plan for its sponsored organisation?

**Dr Robertson:** I cannot really answer that. I assume it would, but I cannot guarantee that.

**Mr W.J. JOHNSTON:** You said that the Department of Health occasionally sponsors events.

**Dr Robertson:** We occasionally get asked for sponsorship money. It is probably not sponsoring the events in the sense that Healthway does, in the sense it may be a small contribution towards advertising.

**Mr W.J. JOHNSTON:** Do you have set criteria to judge that sort of thing?

**Dr Robertson:** Again, the guidelines that we have for these, we would utilise these extensively. They are available. Local governments utilise them extensively, so we would generally fall back to any event. Whether Healthway sponsored it or anybody sponsored it, we would generally go back to these guidelines which do have a risk assessment.

**The CHAIRMAN:** Let us take the Red Bull Air Race or, let us say, the Lancelin Ocean Classic. Is the Department of Health involved in the risk assessment process in either of those two races, or have they been?

**Dr Robertson:** We have certainly been heavily involved in the Red Bull Air Race in some of the development of medical plans and risk management plans.

**The CHAIRMAN:** Who would have brought you into that one?

**Dr Robertson:** It is generally a group from within government. It is a number of agencies. Police would be involved. It will depend on the different agencies. But usually ourselves, police and other relevant agencies will meet with them as part of it.

**The CHAIRMAN:** Who would be the instigator of that? They would have been brought or facilitated to come to Western Australia by Tourism WA?

**Dr Robertson:** Yes.

**The CHAIRMAN:** That is why they are able to be here. Would Tourism WA be the convener of that process?

**Dr Robertson:** They certainly have had involvement, as far as I am aware, in the past. I am not sure if they are the instigator. Certainly we have been invited, and we have had a number of fairly robust discussions in the past with some of the organisers about some of the issues of safety, providing water to people and crowds, fencing and everything like that. We do get heavily involved. I would have to go back to actually confirm whether they were the instigator.

**The CHAIRMAN:** Can you remember any similar events like the RacingThePlanet ultra-marathon that gave rise to concerns about the lack of adequate preparation for risk management?

**Dr Robertson:** There have been a few events that probably fall into that category. The events that we feel are probably underdone are some of the ones that are the adventure races, some of the mountain-bike competitions, some of the triathlons in regional areas, some of the motorcycling, the enduro and cross-country events, some of the off-road motoring events and possibly even some of the equestrian events, where they are either run in regional areas where there is actually very little health support or they are run with very little discussion with ourselves. Arguably, they do not need to discuss it with ourselves and they may well have good medical and emergency response preparations in place, but we cannot gauge that because they do not necessarily talk to us.

**Mr W.J. JOHNSTON:** Can I just follow that up? You have named a couple of types of events like off-road car racing, motorcycle racing. There is a governing body for those types of events where they have to get sanctioned to —

**Dr Robertson:** Certainly.

**Mr W.J. JOHNSTON:** Is there a higher level of trust for those events, those sanctioned by another body, compared with events that are not sanctioned by anybody, that are just organised by an individual organisation?

**Dr Robertson:** I would have to say it is probably more a function of the events. I think, like all of these events, there are very good organisers that we deal with all the time, who are very professional and who have done everything by the book; they have consulted widely. Then we have, similarly, commercial, professional bodies who do not. I probably could not say one way or another; they are a mixture. That goes for music events—all kinds of events; it is not just these kinds of events.

**The CHAIRMAN:** One of the issues is that there is a large number of these. Some of them have government sponsorship; many do not. Many of them are located in rural areas. Some are just community based groups, so we have an issue that the regulatory burden might kill some of these things off. Big groups—Red Bull—have to be able to fund that; no question. But if you put the same burden that you put on Red Bull to Hash House Harriers through a pine plantation down south, that would be pretty hard. Is this an issue about the level of regulation as applied to the level of risk or to risk-based regulation, or varying it according to the size of the group?

**Dr Robertson:** Certainly our approach is always risk-based. If it is a small fun run in a country town, then we are probably not going to be too concerned. Obviously our focus would be on the higher risk events—some of the motorcycle races, the motor events, these kinds of ultra-marathon type events. I do not think we need to have elaborate plans, but it is about that they have actually considered the risks and have some form of medical plan and have actually consulted with their local medical support. It is just really confirming that, so that if something does go wrong, they will have a response. In a number of our country towns obviously medical support may be reduced on a weekend, for example. If that is the weekend that they have a high-risk event, it could become a catastrophe. It is more about that they have actually considered the risks, they have some form of medical arrangements in place and they actually have consulted not just with us but preferably with police and other agencies and local government.

**The CHAIRMAN:** In respect of the 2011 ultra-marathon race, you had conversations with RacingThePlanet once before that. You assumed they had done that.

**Dr Robertson:** We assumed they had. We had encouraged them through that letter and the reference to our guide, which does suggest they should liaise. Beyond that, we assumed that they had.

[3.30 pm]

**The CHAIRMAN:** You enforced it in respect of the areas that would impact on Health?

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**Dr Robertson:** Yes we did, and certainly they followed the criteria for the registration. We went through and created the special event, and they met those requirements.

**The CHAIRMAN:** Did you warn them about forest fires or the various types of risk that they could be confronting in the Kimberley?

**Dr Robertson:** No, we did not; but having been previously in the Kimberley, and obviously having had a number of casualties from the previous event, we believed they had some knowledge of some of the challenges that they may face.

**Mr W.J. JOHNSTON:** In respect of the 2011 event, did they tell you how they planned to evacuate casualties?

**Dr Robertson:** No, they did not. But we did encourage them to talk to our hospitals, and they had a meeting with Kununurra Hospital prior to the event.

**Mr W.J. JOHNSTON:** Do you know what transpired at the meeting with Kununurra Hospital?

**Dr Robertson:** Yes.

**Mrs M.H. ROBERTS:** And when it was?

**Dr Robertson:** On 31 August, the event organisers responded to the WACHS Kimberley operations request to hold a meeting—they had the meeting on 31 August.

**Mrs M.H. ROBERTS:** So that was at the request of Health?

**Dr Robertson:** Yes, that was at the request of Health.

**Mrs M.H. ROBERTS:** I am just clarifying that it was not RacingThePlanet's idea; it was Health's idea?

**Dr Robertson:** No. It was at the request of Health. Health requested some contact details from them, including staff names and contact numbers, and then they had the meeting two days later with the RacingThePlanet organisers. The Kununurra Hospital head of nursing was at that meeting, and she received some assurances regarding the medical planning and support for the event. RacingThePlanet was asked if they had made improvements from the previous year's race, and they confirmed that they had their own registered medical team, sufficient medical supplies, communications, and evacuation facilities.

**Mr W.J. JOHNSTON:** So they said they had the evacuation contingencies considered?

**Dr Robertson:** That is what they informed the hospital.

**Mr W.J. JOHNSTON:** But certainly in terms of the minutes of the meeting that you are quoting from, the Department of Health either was not informed or did not record what those evacuation procedures were going to be?

**Dr Robertson:** No medical plan or risk assessment was produced at the meeting. So while they had verbal assurances, they were not given any written evidence of what that might be.

**Mrs M.H. ROBERTS:** Did they give you details of their medical team, like the number of doctors, their qualifications and whether they were accredited in Australia?

**Dr Robertson:** Yes, they did, because most of them were overseas doctors, and we actually had details of those doctors, and we provided that information on the doctors and the other health staff through to our people at the time. So we forwarded an email on 25 August which actually outlined some of that information. I can get you a copy of that email. This email was sent out on 25 August. It went to the manager of St John Ambulance, to the Royal Flying Doctor Service, to the people in Kununurra, and to the Western Australian Country Health Service. We said please note that the ultra-marathon is being held from the first to the fifth, who it was being organised by, and what basically they were doing. We provided the names of the 41 competitors who were registered and a link to show who those competitors were, and that there was to be a medical team of four visiting

health professionals, and that the profiles of the doctors involved were available on the Kimberley Ultramarathon website.

**The CHAIRMAN:** Who did you provide that email to?

**Dr Robertson:** We provided that email to the Royal Flying Doctor Service; St John Ambulance; the Western Australian Country Health Service, and we know that subsequently that email was sent on to Kununurra Hospital by the regional director; our on-call duty officers in the state health incident coordination centre, and our state health coordinators; and our various ED consultants in different hospitals.

**Mrs M.H. ROBERTS:** Was there also a list of equipment and medications and whatever that they had at their disposal?

**Dr Robertson:** We had not been provided with that, but there is no actual requirement under the SOP for them to provide that.

**Mrs M.H. ROBERTS:** With hindsight, you would kind of wonder how they ever thought they were going to evacuate someone out, even if they had potentially a heart attack or some broken bone, or whatever, when getting a stretcher seemed to be an issue—and how you would then, even if you had a stretcher, evacuate people out.

**Dr Robertson:** Yes, certainly. I mean, apart from the assurance that we received on 29 August that they actually had that in hand, we did not have any further information.

**The CHAIRMAN:** Were there any issues at that meeting that the WACHS staff felt were not adequately addressed?

**Dr Robertson:** I think they were concerned, and it has been reflected in this, that there was not a medical plan or risk assessment.

**The CHAIRMAN:** Sorry. What was that—they came away with a view that there was not an adequate risk assessment done?

**Dr Robertson:** Apart from verbal assurances, no plan had been presented. So I think there was concern raised in some of the emails that I have received.

**The CHAIRMAN:** Did the Health people ask for a risk assessment at that time?

**Dr Robertson:** I would have to check that, but not that I am aware of.

**The CHAIRMAN:** Could you check that, please?

**Dr Robertson:** Yes.

**The CHAIRMAN:** We have evidence that a risk assessment was first sighted on 1 September.

**Dr Robertson:** Okay.

**Mrs M.H. ROBERTS:** That was by Eventscorp.

**The CHAIRMAN:** Yes, that was by Eventscorp.

**Dr Robertson:** We certainly had not seen it.

**The CHAIRMAN:** You would think that you would have to do a risk assessment right from the start of the planning process, would you not?

**Dr Robertson:** Yes, certainly. I obviously have not seen the risk assessment, and I am not sure what risks it actually covered and whether it covered medical risks.

**Mrs M.H. ROBERTS:** That is why I asked you previously, with events like Big Day Out, or whatever, how far in advance you would get the risk assessment and all of that, and you said maybe two or three months, and certainly a month. It appears that Eventscorp got this the day before.

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**The CHAIRMAN:** But even with the Big Day Out, they would prepare the risk assessment months in advance. You would want to see a completed one within two to three months.

**Dr Robertson:** Yes, and also how they intend to address the various risks. It is the assessment of the risk management plan that actually says, “We know we have an evacuation risk, and we are going to address it by having ambulances in place”, or whatever the case may be.

**Mr W.J. JOHNSTON:** When somebody submits a risk assessment to you, you have people who know what to look for when they read through it. You do not just get anybody to read it. You get a specialist person in that area of operations to check it out.

**Dr Robertson:** That is correct.

**The CHAIRMAN:** If I were a sponsor of an event but I did not have any expertise in risk assessment, is there somebody I could go to to say, “Take a look at this”?

**Dr Robertson:** There are multiple companies that do risk assessments and risk management plans, who will either do it for you or certainly assess it for you to say, “Yes, you have addressed the key risks” or, “No, you need to think about these risks”. So there are certainly many commercial firms that will do that.

**The CHAIRMAN:** So inability to have in-house expertise is no excuse?

**Dr Robertson:** No. It is readily available in Perth and in other areas.

**The CHAIRMAN:** The Department of Health was in correspondence with RacingThePlanet for months before the 2011 race. In early August at least, you were in correspondence with them. You sat down with them and ran through the health-related aspects of the race on 25 August.

**Dr Robertson:** Yes.

**The CHAIRMAN:** You were at first confident that the race was going to take place. You allocated resources to assessing this, because the race was going to take place.

[3.40 pm]

**Dr Robertson:** Yes, we were confident.

**The CHAIRMAN:** You were not waiting for any other verification? Your understanding was that the race was going to take place?

**Dr Robertson:** Yes. We had nothing to indicate that it would not.

**The CHAIRMAN:** It did not get funding until shortly before the twenty-fifth.

**Dr Robertson:** I was totally unaware of that.

**The CHAIRMAN:** During the emergency response, the statement to police by Paul Cripps from Heliworks states that they placed a call to 000 requesting a stretcher but made the decision to fly out at 4.30 pm as they could not wait any longer for the stretcher’s arrival. WA Health’s timeline of events says that Kununurra Hospital received a call from St John Ambulance at 4.50 pm requesting the same piece of equipment. In contrast, the hospital’s operations manager, Damian Jolly, advised the LEMC on 6 September that the hospital received the call for a stretcher at 5.10 pm. Can you confirm whether the hospital received any call requesting that a stretcher be provided to the Heliworks crew? There seems to be inconsistencies in the timeliness of the request for provision of a stretcher.

**Dr Robertson:** The advice I have from Kununurra Hospital is that there was a request at 4.50 pm from the local St John Ambulance for the scoop stretcher but I believe that was for the St John ambulance team to have the stretcher to meet the helicopter at the airport. As to the request for the aircraft, I do not have that information with me.

**The CHAIRMAN:** I could give it to you in writing and you could respond to it.

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**Mrs M.H. ROBERTS:** There are a couple of separate issues there. First, they wanted a stretcher to be able to take that on the helicopter out to the location of the fire. They went without that stretcher, and then they came back to the airport. There was no ambulance available so they landed somewhere else. Somewhere in there is potentially another request for a stretcher.

**Dr Robertson:** I am certainly very aware of the second request. I am probably less aware of the first request but I can clarify that for you.

**Mr W.J. JOHNSTON:** With respect to the helicopter, there is no dedicated Medevac helicopter in the east Kimberley, is there?

**Dr Robertson:** No.

**Mr W.J. JOHNSTON:** Even one of these JetRangers can still take a litter.

**Dr Robertson:** Certainly. You can utilise other helicopters for that purpose. The helicopter they utilised was probably not the best choice but given the circumstances and the availability, it was probably the best they could do at the time.

**Mr W.J. JOHNSTON:** I am sure we could find this somewhere else but do you know what type of helicopter they were using?

**Mr I.C. BLAYNEY:** It is in the transcript.

**The CHAIRMAN:** What do the mining firms do in these areas? Do they have to bring in helicopters?

**Dr Robertson:** They do, though not necessarily helicopters. Some have landing strips that the Royal Flying Doctor Service can land on. Some of the offshore facilities have arrangements with various helicopter firms. They are usually fairly big personnel-carrying helicopters, where you can put 15 people in the back of the helicopter. They can certainly be utilised but their availability is an issue.

**The CHAIRMAN:** The minutes of the LEMC meeting held on 6 September 2011 are in the shire's submission to the committee. Kununurra Hospital's Erik Beltz stated that the hospital was going to review its response to the situation. What are the findings of this review, particularly with regard to the failure to have a stretcher available to Heliworks? Did the review confirm whether the hospital received advance notice that injured competitors were coming in? I can provide that for you so you can give us a written response.

**Dr Robertson:** Is that the one from the shire?

**The CHAIRMAN:** Yes, it is.

**Dr Robertson:** I am unaware that they had a formal review. They certainly provided advice to the LEMC meeting on 6 September. That was based on an initial internal review. They obviously highlighted a number of issues at that review. I am not aware that they have held a formal review in that sense.

**The CHAIRMAN:** After the 2010 race, you had correspondence with them. Because of the problems they had with 2010, should the other parties involved in risk management—FESA, the police and whatnot—have heard through the grapevine or some other means about the problems that RacingThePlanet had with the 2010 race? One of the issues I had is that Tourism WA was in correspondence with RacingThePlanet for sponsorship of the 2010 race. They elected not to give it sponsorship but did sponsor it for the 2011 race. They claimed to be unaware of the adverse outcomes of the 2010 race. Is there a slip-up of communication here somehow?

**Dr Robertson:** After the 2010 race we would have made other emergency response agencies aware. I could go back to the minutes for that. Eventscorp and Tourism WA are generally not part of the emergency management group of agencies. They do not sit on the State Emergency Management

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Committee and, as far as I am aware, do not sit on any of the subcommittees related to emergency management. Maybe they were unaware of information that other agencies were aware of.

**The CHAIRMAN:** The health services subcommittee met on 14 February 2011. You raised the fact that this race was going to happen. Would you have flagged to the other participants such as FESA not only that the event was going to happen but also that these guys should be on a watching brief as they goofed up last time and they are going to undertake another race?

**Dr Robertson:** I will get those minutes for you but I am fairly sure that I would have raised the fact that we had had problems. That was one of the reasons we raised it. We had issues with them previously. Part of the reason we raised it is that we intended to make sure that those issues were addressed completely this time around.

**The CHAIRMAN:** Who was the person from FESA on this health subcommittee?

**Dr Robertson:** I can find out that information for you. I thought I had it here.

**The CHAIRMAN:** The minutes might tell us but can you tell us who the rep was from WA Police, local government, FESA and St John Ambulance on those committees?

**Dr Robertson:** We can provide that information.

**Mrs M.H. ROBERTS:** Earlier today we were advised that the funding was provided by cabinet by way of a decision on 22 August. That was funding to sponsor the ultra-marathon event to RacingThePlanet. Money was also allocated to Beyond Action, the production company that was filming the event. Given that that did form a cabinet submission and it did get cabinet approval, normally there would have been a consultation process. Did the health department provide any advice either to cabinet or to the Minister for Health with respect to supporting the ultra-marathon?

[3.50 pm]

**Dr Robertson:** I would have to go back and check the advice. I would assume that we probably did. We would normally—we probably supported it. Without a caveat I —

**Mrs M.H. ROBERTS:** I suppose what I am wanting to know is that, given you have said you had concerns with the 2010 event, when that came up for cabinet consideration, did the health department provide any advice to cabinet or to your minister that you had these issues that you believed should be addressed?

**Dr Robertson:** By that stage—sorry, when was the —

**Mrs M.H. ROBERTS:** The date that the decision was made by cabinet is 22 August.

**Dr Robertson:** Okay. By that stage they would have already met all of our criteria for the registration. On those grounds, we probably would not have indicated any concerns because they actually had met those criteria, and they were our principal concerns.

**The CHAIRMAN:** So the fact that they had troubles in 2010—you were satisfied that they had addressed those weaknesses in the 2010 preparations.

**Dr Robertson:** That is correct.

**Mrs M.H. ROBERTS:** So, given that the tourism minister and the health minister are one and the same, can you advise me whether or not the health department at any time provided any information to the minister as to the concerns about the ultra-marathon?

**Dr Robertson:** We provided a briefing note as part of the process for the special events exemption. I would have to go back to that to double-check whether we actually raised that there had been concerns. I think we probably would have highlighted that there had been concerns about the previous event and that was why we were keen to get it exempted.

**Mrs M.H. ROBERTS:** Would you be able to provide the committee with a copy of that briefing note?

**Dr Robertson:** Yes, certainly.

**The CHAIRMAN:** Whether it is to the minister or chief of staff, or email or otherwise.

**Dr Robertson:** Yes, certainly.

**The CHAIRMAN:** On page 2, you state that the Department of Health maintains a calendar of events and notification of high risks to hospitals' health services and health partners. Given that the Department of Health has had prior knowledge of the Kimberley Ultramarathon occurring through RacingThePlanet's correspondence, was that event included on that calendar; and, if not, what type of notification did the Department of Health require of them?

**Dr Robertson:** Again, I would have to double-check, but I believe we did include it on a calendar of events, but that calendar was principally used for our own purposes, so it was an internal calendar.

**The CHAIRMAN:** Yes, that is another weakness in the process. It looks like departments are acting in silos and not communicating with each other.

**Dr Robertson:** Yes, and I think that probably gets back to your earlier point about sharing information of events that are happening with no requirement, necessarily, for organisers—or local governments, for that matter—to actually inform us of coming events that may be higher risk.

**The CHAIRMAN:** Is there not a Kimberley development authority?

**Mrs M.H. ROBERTS:** Commission.

**The CHAIRMAN:** Commission, okay. Does that not have some kind of role of promoting the region and getting involved in these types of events, and allocating money from royalties for regions? I am just trying to look for some kind of — If you have silos up north—the department is largely located in Perth—you are looking for some integrated agency, and that might be the Kimberley Development Commission.

**Mrs M.H. ROBERTS:** It is not what they do.

**Dr Robertson:** The LEMC is probably the better agency for any kind of events, either in planning for or responding after —

**The CHAIRMAN:** In your experience, would LEMCs around the state be the correct vehicle for coordinating these types of activities?

**Dr Robertson:** Yes, they would be. They bring together all the key agencies in those areas, and that maybe the Kimberley Development Commission if that is one, but certainly they would bring together police, fire, DEC, ourselves, local government —

**The CHAIRMAN:** Who has management or administrative responsibilities for these?

**Dr Robertson:** Usually the local government has.

**The CHAIRMAN:** We hear that local governments differ in their capacities.

**Dr Robertson:** Yes.

**Mrs M.H. ROBERTS:** And they are usually chaired by the police, are they not?

**Dr Robertson:** Yes.

**Mrs M.H. ROBERTS:** Or the shire president.

**The CHAIRMAN:** Could you explain the Department of Health officers' role in the LEMC?

**Dr Robertson:** Certainly. Basically, we have representation on the LEMC from the hospital, so that is usually somebody reasonably senior—either the senior medical officer or the director of nursing—someone who is senior. They attend the LEMC meetings as required, and they generally tend to be event-based in the sense of being pre-cyclones or after flooding, or, in the Kimberley,

after the Warmun evacuation; but they do try to have pre- and post-event meetings. Unfortunately, in this case, there was no LEMC called prior to the event.

**The CHAIRMAN:** There was a subcommittee meeting.

**Dr Robertson:** I am not aware of the subcommittee meeting.

**The CHAIRMAN:** No, it was a health subcommittee of the LEMC.

**Dr Robertson:** No, the health services subcommittee is a subcommittee of the State Emergency Management Committee, not the LEMC. We also have representation on the DEMC, the district emergency management committee, so the regional director is a member of that; the regional director for the whole of the Kimberley sits on that, but that is obviously based in Broome.

**The CHAIRMAN:** Okay. So it is either the police or the shire who chair it; it is actually the shire that has administrative responsibility. From a state perspective, if we were going to go out and enforce it, it would be the Department of Regional Development and Lands, and local government?

**Dr Robertson:** Well, the LEMC is answerable, I think, under the Emergency Management Act, up through to the State Emergency Management Committee, so they —

**Mrs M.H. ROBERTS:** They have split FESA and the police now into two separate ministers, but it comes up to the police commissioner, I think.

**Dr Robertson:** It does, as the state emergency coordinator.

**Mrs M.H. ROBERTS:** As the coordinator, so therefore the police minister.

**Dr Robertson:** Yes.

**The CHAIRMAN:** Okay. Page 4 of your submission states that sometime between July and August, environmental health directorate staff contacted the local shire in relation to the event. What information was conveyed to the shire regarding the event?

**Dr Robertson:** I would need to check back on that one. I am not exactly sure what that was—whether it was just to say that it was going to occur, or whether there was more detail.

**The CHAIRMAN:** Okay. I will make a closing statement. Thank you for your evidence today before the committee. A transcript of this hearing will be forwarded to you for correction of minor errors. Please make these corrections and return the transcript within 10 working days of the covering letter. If the transcript is not returned within this period it will be deemed to be correct. New material cannot be introduced by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points which will be agreed to—Tim will be in correspondence with you on that—please include a supplementary submission for the committee's consideration when we return your corrected transcript. Thank you for your evidence.

**Dr Robertson:** Thank you.

**Hearing concluded at 3.58 pm**

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