CARNARVON CYCLONE SHELTER AND HOSPITAL

276. **Hon ROBIN CHAPPLE** to the **Minister for Child Protection**:

My copy of the question states it is to the Attorney General, but I have a feeling it might have been redirected to the Minister for Emergency Services. It is question without notice C302.

(1) Why were five mostly elderly Aboriginal people with medical conditions declined access to the Carnarvon cyclone shelter and hospital for up to seven hours prior to the impact of severe tropical cyclone Olwyn?

(2) Does the minister believe this to be an adequate hazard response in protecting the community during a natural disaster?

(3) If no to (2), why not?

(4) If no to (2), what action will the minister undertake to ensure this does not occur again?

(5) If yes to (2), why?

**The PRESIDENT**: I am not sure who that question is directed to, but whoever stands up!

**Hon HELEN MORTON** replied:

I thank the member for some notice of this question. I take the question through my portfolio responsibilities for the Department for Child Protection and Family Support, which has responsibility for managing evacuation centres during natural disasters.

(1)–(5) During a major crisis in WA, the Department for Child Protection and Family Support’s role is to manage and coordinate emergency evacuation centres and engage external agencies to provide other support services for people needing help. The evacuation centre must appropriately assess all people seeking assistance to make sure those who require a higher level of assistance have access to the right support. During emergency events there is a heightened level of activity and competing priorities that can sometimes make communication more complex.

The Carnarvon evacuation centre accommodated 130 people between Thursday night and Saturday morning and the department is continuing to provide recovery and support. I am advised that five residents from the Mungullah community were initially taken directly to the Carnarvon hospital by the Aboriginal medical services and a Department of Fire and Emergency Services Aboriginal liaison officer. The hospital assessed and deemed the residents as not requiring hospital admission. The residents then travelled to the Carnarvon evacuation centre at approximately 3.30 pm. Carnarvon had just moved to blue alert at this time. Evacuation centres are usually only opened for local residents at yellow alert level. The centre was opened to accommodate evacuees from Coral Bay, which was already on yellow alert and residents had been advised to evacuate to Carnarvon earlier that day. The CPFS volunteers manning the centre advised the residents that the centre was open only for Coral Bay evacuees at this time. I am advised that the five residents were admitted to the centre within approximately 45 minutes after their arrival following discussions with DFES and AMS representatives.

It is important for evacuation centre staff to appropriately assess all people seeking assistance to ensure that those who require a higher level of support than can be provided at the evacuation centre can access the right support. One of the residents expressed discomfort and as centre volunteers continued to be concerned about another’s medical needs, they were both taken by AMS to Carnarvon hospital, which had agreed to accommodate them. The hospital was operating from the cyclone-safe area at this time, which was the general ward. Inpatients, aged-care residents relocated from the aged-care wing and staff, were also being accommodated in this area. The two people were offered hospital admission—one person accepted and one person declined. The remaining three residents remained at the evacuation centre throughout red alert from 7.00 am Friday, 13 March, until the all clear with extreme caution was given at 9.00 am on Saturday, 14 March. I appreciate that the circumstances were distressing to those residents involved. I am advised that following any emergency situation, all agencies look into their practices and procedures to identify any issues or any areas that can be improved.

I have also asked about the other person who declined to be admitted to the hospital because the person’s carer could not be admitted at the same time, and about how this person was cared for during the cyclone.

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