



**St John**

first to care

## **West Australian Parliamentary Inquiry**

### **Background**

The St John is the crown contracted ambulance service. Our response to the Christchurch earthquakes was immediate. We were able to get staff and equipment from around the country to Christchurch to care for the health and wellbeing of the Christchurch community and maintain services in the rest of the country.

Within 10 minutes of the earthquake at 12.51 pm on 22 February the St John National Crisis Co-ordination Centre (NCCC) was established in Auckland to co-ordinate our emergency response and support St John Christchurch teams.

- In the first 24 hours after the earthquake 161 frontline staff, paid and volunteer, were relocated to Christchurch
- Over 350 emergency calls came into the Emergency Ambulance Communication Centre (EACC) from Christchurch in the first two hours following the earthquake; over 1,000 calls were received in the first 24 hours (on average we receive 250 per day in the Southern EACC)
- St John had the responsibility for running the 'air desk' and within 24 hours we were co-ordinating 14 helicopters and six fixed wing aircraft and crews in Christchurch to assist with patient evacuations
- 40 ambulances from the South and North Islands were sent to Christchurch in the first few days following the earthquake – to supplement the 14 ambulances available
- 12 mass casualty incident units from around the country were sent to Christchurch (including from the West Coast, Nelson, and Dunedin)
- A further 10 support vehicles of various types were also mobilised to Christchurch (such as four wheel drives and trailers)
- We were the lead healthcare provider at the five Christchurch welfare centres; our teams estimate they supported over 4,500 people at centres
- St John assisted in the transfer of over 160 residents out of Christchurch – from hospitals, rest homes and care facilities – and over 300 between facilities in Christchurch

- Over 600 St John frontline staff during the incident travelled to Christchurch to support the community – in addition to the 135 Christchurch Operational staff

Our response was a collective and collaborative effort. We worked with Police, Fire, Civil Defence and other health services to manage the emergency needs of the Christchurch community.

Our Intensive Care Paramedics accompanied the Urban Search and Rescue (USAR) teams and provided medical support and emergency vehicles.

St John has seen the impact of two major earthquakes in a short space of time.

Our recovery remains focused on returning services to business as usual and on ensuring we are adequately resourced to do that.

An early decision in the management of this incident was that financial impacts would be managed later and decisions would be made on need and financial constraint was not to be a barrier to sound decision making.

### **Questions from the Community Development and Justice Standing Committee of the Legislative Assembly in Western Australia.**

#### **i) What pre-planning and training activities organisations undertake with their staff and volunteers to deal with trauma before a disaster?**

St John is the Crown contracted ambulance service provider and therefore our staff experience exposure to trauma and adverse situations of psychological stress on a regular basis.

Accordingly there are systems and structures in place to provide staff with the ability to deal with the trauma they witness.

St John classifies both its paid and volunteer staff as members and there is no separation of services available. All members are eligible for the same level of support.

Obviously the events of 22 February 2011 exceeded the levels of normal exposure. We have outlined the services that we normally have available as below:

- **Peer support** – Members of St John who are specifically selected and trained to provide first line assistance to colleagues affected or impacted by trauma, stressful and/or critical situations. This allows a hot debrief with an individual who is likely to have experienced a similar situation. These

interactions are confidential and are not reported to the line management structure.

- **St John Chaplains** – a chaplaincy service which provides ecumenical and spiritual support in times of crisis. Most chaplains have undertaken some form of training which extends beyond ecclesiastical. These interactions are confidential and are not reported to the line management structure.
- **Team Manager** – Team Managers often identify issues as part of their normal management role. They may conduct hot debriefs where appropriate or offer other responses from their toolbox. This may include referrals to Peer Support, Chaplaincy and Members Assistance Programme.
- **Members Assistance Programme (MAP)** – is a confidential service provided by St John to which members can either self-refer or be referred by their Manager. It provides access to a range of services from counsellors through to clinical psychologists (dependant on need). A brochure for this service is attached at Appendix 1.

## **ii) What annual budget is spent on these pre-event activities?**

Less than .01% of our turnover is spent on this area on a routine basis.

The budget during the 10/11 financial year was:

- Peer support \$15,000 (an additional \$15,000 is also budgeting for Clinical Psychologist to provide debriefs and training for the peer support team)
- MAP \$61,000

However, in addition to the above sums we deliver in-service training of \$4.5m which principally is clinically focussed, this is provided to all of our members and across this curriculum we reinforce the importance of physiological welfare.

We previously had a learning module specifically on issues associated with this topic, however we have discovered that this lead to members only using those behaviours when challenging the module as opposed to blending with other topics and learning across their scope of practice.

We also have provided as part of our ongoing clinical education a four hour module on incident management. This specifically provides education on physiological welfare and includes the role of debriefing.

## **iii) What programs do organisations undertake during a disaster to assist their staff and volunteers deal with trauma?**

The events of the 22 February 2011 were widespread and prolonged. For the benefit of members of the Committee we confidentially provide the following information:

- 33 members suffered extreme damage to their property in the initial earthquake, this number has continued to grow with aftershocks and as sections of the eastern suburbs have been declared “red zone”
- 143 members and their families have required time out
- \$64,193 has been spent on providing earthquake physiological support programmes (see details below) this was over and above our normal MAP provision)
- In excess of \$30,000 has been paid in welfare payments to members

### **An Initial Key Learning**

There were a number of initiatives that St John developed to respond to this specific disaster.

It was clear that unlike a flood, which is usually over within 24 hours and arrives with warning, that this event was instant and then prolonged.

Staff would face both social dislocation, workplace dislocation and financial consequences as a result, coupled with the constant reminder of aftershocks which now total 8,934. Several aftershocks, such as those on 13 June, triggered further liquefaction and destruction, to be an added pressure to their wellbeing.

Therefore we decided to develop programmes that allowed both staff members and their families to remove themselves from the environment. This was a well-received concept.

### **St John ran the following programmes:**

- Book a bed
- Timeout (Get me out of here / timeout)
- Links into Community programmes e.g. Overseas Holidays

**Book a Bed** - A “Book a Bed” page was established on the St John intranet (the Hub). Using this electronic medium was considered the most immediate tool and also provided some privacy. St John members throughout the country opened their homes and holiday homes to members from the Canterbury region. Availability was advertised on the Hub and members from the Canterbury region were able to book / take up these offers on a one on one basis.

This initiative provided a constructive way for members outside the region to contribute to the wellbeing of their colleagues, while allowing Canterbury members to have a free or low cost break away.

**Timeout (Get me out of here)** - An email address ([timeout@stjohn.org.nz](mailto:timeout@stjohn.org.nz)) and phone line (0800timeout) were established to provide members in need the ability to get out of Canterbury. St John acted as travel agents, arranging flights, accommodation, rental cars etc. and covered the costs of these breaks.

143 members were provided with support under this initiative, circumstances varied greatly, some examples include:

- Providing flights and rental car for members wife and children, so they could stay with family in the North Island (house uninhabitable)
- Providing flights and accommodation for members to visit family evacuated from Christchurch for medical reasons
- Providing flights out of Christchurch for a member's children (solo mother with no support in Christchurch)
- Providing accommodation outside of Christchurch so that a member could get some sleep on their days off (away from damaged house and aftershocks)

**Community Supported Programmes** - St John members were offered the opportunity for respite programmes by community organisations, individuals and corporates, these included:

- Australia and NZ Rugby Union trip to Gold Coast
- Warriors Rugby League games in Auckland (40 members)
- Cook Island Government one week holidays
- Concert tickets
- Meal vouchers
- Children's holiday programme places

Members were selected for these via a variety of methods but with need and level of involvement in the earthquake response as underlying (principles).

We also recognised that having team members away would further contribute to the stress some staff were already under and back fill was provided from outside of the Christchurch environment.

Some of these trips were in the three weeks immediately post the event and for some staff this was too soon as they simply returned to a fragmented home life and little change to their personal circumstance.

It is difficult to measure the benefits of these short breaks, but anecdotally they reduced the level of burnout but they are not a panacea for time and progress on their home and resumption of normality. This is such a prolonged event that many staff have commented that the two months post the event were a blurred series of events with an underlying emphasis on the abnormality of the earthquake.

It is clear that time out is a powerful tool, but with the duration of this event and the subsequent 13 June, third events, many of the benefits from the early breaks were undone.

**Welfare Fund Payments** - The availability of hardship grants (where a degree of suffering had occurred) was widely communicated using notice boards, electronic media and direct communication. The organisation agreed a policy where payments made from the welfare fund would not be repayable by members.

Examples of payments include:

- Covering the cost of purchasing a generator for a diabetic member
- Grant to cover storage of household contents saved from a destroyed home
- Help with childcare expenses (schools were closed and solo parent wanted to continue to work)

**Other Initiatives** - With water unavailable in some parts of Christchurch and retail stores not open St John provided food and water parcels for members to take home. This was in addition to the cooked food and snacks that we were providing to members during their shifts.

Our human resources team coordinated St John members and outside contractors to make properties watertight, dig out liquefaction, make safe hazards around our own members' homes, when members were not in a position to arrange this themselves.

**Use of electronic media during earthquake response** - St John utilised its internal intranet (the Hub) during the response to the September 2010 and February 2011 earthquakes.

This was used to disseminate information to the rest of St John across the country.

**From day one**

Information disseminated included:

- Updates on the activities of St John members, including number of patients they had been treating
- Status of St John premises in Christchurch
- Links to external media so St John members could see where the work of the organisation was been highlighted

**From day two**

Information disseminated included:

- Detailed information from Human Resources on how people can apply for support/assistance
- Messages of support for non-Christchurch based members for all those in Christchurch/Canterbury
- Human interest stories from the work people were doing in Christchurch

From day three, the intranet was updated daily with new examples of human interest stories, developments in where St John in Christchurch was going to be located, and external media stories detailing the work St John was doing.

**Immediate Post Event – Day One**

Following the establishment of normal incident management protocols and emergency operations centres we utilised our human resource team members based in Auckland to commence a staff welfare programme.

**Text Messaging** – we established a 0800 HR SUPPORT number and text this to our database of members located in Canterbury for those needing urgent assistance to contact this number. This was manned 24/7 by senior human resource staff to provide support or instant intervention.

**Peer Support** – From the nature and extent of incidence observed it was clear that additional peer support was required. Victoria Ambulance Service was contacted and they provided 12 staff across five deployments. This bolstered the peer support numbers and allowed some New Zealand peer supporters to respond on a clinical level before later undertaking a pure peer support role.

**MAP** – clinical psychologists were requested to be on site as soon as possible to provide onsite hot debriefs.

**Collegial support** – many staff members billeted or accommodated other staff members whose homes had been damaged or provided accommodation for family members to allow spouses to work.

The management of families in this initial phase was undertaken by individuals rather than the organisation as a whole. Consideration was given to providing some form of child care, but this would detract our resources from our initial response.

All of our sites had experience damage, we had unstable power supply and no sewerage for the first 24 hours all staff did need to provide a certain amount self-response to their own conditions, whilst we accessed additional food and water from outside of Christchurch.

## **Immediate Post Event – Day Two**

Our human resources team seconded members of our Finance Group and Administration Group to telephone every Canterbury based member, including members of our Youth programme. St John felt that it was extremely important that we provided a total organisational welfare response.

**Additional Staff** – the first additional air deployed staff arrived on a military flight at approximately 1800hrs on day one, and a further 100 staff arrived on the morning of day two.

There was a clear difference between staff who had experienced the earthquake and those that had responded from outside Canterbury.

However, the significant and on-going aftershocks on day two and the inability of the vast majority of staff to sleep created high levels of sleep deprivation.

Rostering became the key for welfare management in that staff were stood down from day two onwards to take periods.

For many this was extremely challenging as they wished to continue on the rescue efforts they had commenced. Many staff did not disclose the level of personal damage to their properties, the stress of their families or their dire personal circumstances at this stage.

**Role of Management** - Both senior management and team managers were actively tasked to establish social contact with their team members.

Social interaction between members was aided by the establishment of our own catering areas where staff could gather to share a common meal or coffee break.



In context no supermarkets or food outlets were open and 40% of the City had no power.

At this point we had started to identify members who were at risk and commenced an active individual welfare plan. These were managed by our human resources team who had been assembled in Christchurch from all over New Zealand to support.

The individual levels of support were kept confidential to this team and included items such as:

- Airfares for family members to evacuate children from Christchurch
- Airfares for family members to come to Christchurch to support
- Arranging care for elderly family members

## **Immediate Post Event - Day Three onwards**

There remained continual aftershock activity and a state of national civil emergency until 30 April 2011.

The city remained full of road blocks and cordons, including night time curfews, with limited sewerage and power supply.

This presented St John, as a 365, 24/7 emergency service, not only issues of personal hygiene but also of decontamination and uniform supply.

As rescue attempts clearly moved to body recovery staff members became more willing to return home to face the damage to their properties and social dislocation caused by school closures and building closures.

This on-going disruption created a phrase, “New Normal”, as it was clear for many of our staff there had been irreversible change to their personal circumstances.

A briefing document was prepared for members working on the ground in Christchurch. This provided information both on self-care (reinforcing the education messages members receive) and the services available to St John members. This document also provided resources for members to supply to members of the public they came in contact with, this was particularly useful those from out of region.

The resources included:

- Earthquake stress symptoms in children – information sheet for parents
- Useful website addresses.

**MAP** – In addition to our normal MAP provision St John had Clinical Psychologists on site, facilitating debriefs and providing immediate support for members and their families.

### **What are the barriers**

Some of the barriers experienced in providing services arose from individuals having crisis adrenalin. They became so immersed in dealing with the crisis that they were unable to detach from the event.

This became readily identifiable when staff returned on their days off to volunteer and help out in other duties.

It is difficult to enforce stand downs during an event of this nature, but absolutely vital that this does occur and there is a process to detach staff from the event and return them to normal duties.

Staff felt more comfortable requesting assistance electronically than face to face. This in part is due to the nature of the role and members not wanting to appear weak amongst their cohort. Once individuals learnt that others were on time out or away there was a noticeable increase in applications.

It is imperative that key informal role models are used to advocate for time out and once this cohort of informal leaders sort assistance an openness developed.

Cost was never a barrier to this process, the most significant hurdle was the workforce accepting that it was ok to ask for help and ok to leave and be back filled by other staff from outside of Canterbury.

### **Post Event Activities**

**National MAP provider** - prior to the earthquake St John had regional MAP providers in place, this was identified as an area of risk as there was not continuity of service for out of region members who were responded to Canterbury.

We therefore have established one national provider to ensure that service delivery models and feedback are uniform and timely. With staff responding from throughout New Zealand to this event we have experienced issues across responders.

**Review of peer support** - Historically this had operated on a regional basis which was identified as an area of concern as each region was operating under slightly different selection and training models. A review of all regional models

has taken place and a working party has been established to put in place a national framework to ensure that best practice is adapted at all levels.

**University of Otago Medical School** – We have joined as a research partner with the University of Otago Medical School to undertake a study on the effects of these events on our staff and those of other service Emergency Responders i.e. Police, Fire etc. Against a cohort of staff from Hamilton who did not respond to the event.

This will not only look at psychological wellness but also add occupational health issues such as exposure to silica and asbestos during the rescue phase and acute demolition phase.