

## **Supporting GPs in the Immediate Aftermath of a Natural Disaster - 2021**

GPs and their practices are often affected when a natural disaster strikes in a community. In order to support general practice and ensure GPs are able to provide essential care for their communities, consideration needs to be given to:

- incorporating local GPs in disaster response management;
- ensuring recovery efforts incorporate the needs of local general practices in planning and resourcing. This includes ensuring essential medical supplies and provisions are provided to general as quickly as possible after a natural disaster or emergency;
- supporting GPs to provide care to their own patients even when emergency medical teams are also providing care to a community;
- rapid activation of emergency MBS items for GPs; and
- ensuring the specific needs of local GPs, their families and their practice staff are met.

Policy makers, GPs and general practice staff should give adequate consideration to planning for a time when a GP or a local general practice is directly impacted by a natural disaster.

### **1. Background**

1.1 Australia will always have natural disasters to deal with. Floods, fires, storms and cyclones occur on a reasonably frequent basis at different times of year and in different parts of Australia. At these times GPs are at the frontline in providing care, treatment and support to people in their community, offering services when and where they are needed. GPs also take on leadership and advocacy roles to help their local community in the recovery effort.

1.2 GPs need to be included in disaster and emergency response planning and need to be part of the recovery team following any emergency or natural disaster. The AMA Position Statement, *Involvement of GPs in Disaster and Emergency Planning*, outlines the AMA position on ensuring GPs are actively supported to be part of natural disaster planning in all jurisdictions and in their role as an essential part of a disaster emergency response effort.

1.3 In addition to being part of planning for disaster response efforts, GPs themselves and their practices can be affected by the impact of natural disasters. Experience has shown that general practices have been destroyed and damaged in just the same way that other community buildings and services have been affected in local areas. In times of natural emergency or disaster, GPs, like other community members, have homes and families to protect and secure. GPs and their families can suffer injury or death in natural disasters and need support in their own recovery efforts.

## **2. Natural Disasters/emergencies and their impact on general practice**

2.1 When a natural emergency or disaster strikes, GPs are often at the frontline of care – providing care for the walking wounded, helping at local hospitals, backfilling to support other medical practitioners and ensuring ongoing access to primary care by members of the community. At these times, local GP practices may be adversely affected, and GPs and their families may be the victim of injury or death.

2.2 It is important that GPs, policymakers and medical practitioners in other local communities undertake some planning and preparation to ensure recovery efforts cover the needs of GPs and their families, including ensuring provisions are made to have general practices up and running as quickly as possible after a natural disaster or emergency and to ensure any needs of local GPs and their families are met.

2.3 Experience has shown that GPs – even when they have been badly affected themselves by a natural disaster – are keen to get services open and available in their local community. Further, GPs in other locations often offer to help in the recovery efforts for affected areas to support their medical colleagues and affected communities in whatever way they can.

## **3. AMA Position**

### **3.1 Pre-disaster planning**

3.1.1 The AMA believes the following steps should be undertaken to minimise the adverse impacts on a general practice and community following a natural disaster or emergency:

#### *1. Store data away from the general practice*

General Practices should have complete and up-to-date back-up procedures for all clinical and practice data. These data should be stored in safe premises offsite from the general practice. Ideally, these data should be stored in another town or locality (or virtual location) so that there is a greater chance that should a natural disaster affect the practice, the back-up data will be safe and unaffected.

#### *2. GPs must be on any relevant local disaster planning committee*

GPs must be involved in planning at every level of government to ensure that GPs are prepared for a natural disaster response and to ensure the primary health care needs of community members are given a priority in a disaster/emergency situation. The 2019/20 Black Summer bushfires saw GPs excluded in the aftermath of many fires to the frustration of doctors and patients.

#### *3. Plan for a temporary general practice location*

Plans need to be in place and arrangements made for establishing temporary premises in the event that a general practice is damaged or destroyed in a natural disaster. Experience has shown that valuable time is lost if suitable premises need to be found after a natural disaster or emergency has occurred.

When choosing possible temporary premises, the following factors should be considered:

- Power availability including generators;
- Ongoing water availability and access;
- Phone and internet connections;
- Bathroom facilities;
- Consultation and waiting areas; and
- Access to essential equipment such as fridges, computers and printers.

3.1.2 GPs need to have a well-stocked doctor's bag to be able to move quickly to a temporary location. In rural and regional Australia, where roads can be cut off for some time, it is important that GPs have extra provisions so they have access to supplies of food, water and medical supplies.

### **3.2 Support for GPs in the immediate aftermath of a natural disaster/emergency**

3.2.1 The scale of a natural disaster or emergency will determine what support GPs need in an affected area.

3.2.2 In some cases, GPs prefer to make their own arrangements for assistance. This might be the case in small-scale situations in rural and regional towns where local GPs have made their own arrangements for assistance as part of local disaster/emergency planning.

3.2.3 In other cases, a disaster or emergency can be of such a large scale that central coordination is necessary to get help where it is needed.

3.2.4 Coordination is usually required to match offers of help with the practices that need help. Urgent locum help is usually necessary to undertake a number of functions that include:

- Helping GPs in affected areas to set up temporary premises;
- Providing medical services at the local hospital, particularly in country areas where the GP is also often a key staff member;
- Taking over the running of a general practice where the GPs have had their own property damaged or destroyed, or if they or their family injured in the natural disaster. Local GPs need time to tend to their own family needs and respond to insurance requirements.
- Working in local general practices to cope with an increased demand for services;
- Bringing in extra medical supplies to affected GP practices;
- Ordering extra vaccines to cover volunteers, particularly for those whose tetanus is not up to date;
- Providing mental health care and support to colleague GPs who have been affected by a disaster/emergency;

- Helping with the evacuation and re-settling of patients from hospitals and residential aged care facilities, and other vulnerable community members; and
- Helping rebuild patient records where they have been destroyed.

3.2.5 Other coordination may be required to:

- Ensure billets for medical volunteers helping in a medical emergency;
- Stocktake all vaccines (and advise of cold chain breaches) and pharmaceuticals, and record losses;
- Order new supplies and arrange quotes for new equipment;
- Send off equipment needing repair; and
- Arrange for distribution of donated furniture, books, computers and medical equipment to affected GPs.

3.2.6 Emergency MBS items and access to National Medical Stockpile:

- Emergency MBS telehealth items have been made available in the aftermath of natural disasters in recent years. During the COVID-19 pandemic, access to personal protective equipment from the National Medical Stockpile (NMS) has been provided to general practices in designated hotspots. A range of MBS telehealth items and NMS supplies must be ready to be activated and delivered immediately in the aftermath of a natural disaster.

### **3.3 Government assistance**

3.3.1 Depending on the nature of a disaster/emergency, it is possible that all three levels of government will be involved in the recovery efforts. Governments will have a range of responsibilities in such an event but, for the health and wellbeing of the people affected, supporting GPs should be one of their top priorities.

3.3.2 In an emergency/disaster situation:

- A dedicated communication channel needs to be established for GPs working in disaster-affected areas. This communication channel should be established as part of earlier disaster/emergency planning;
- GPs should be provided with clearly identified labelled garments that identify them as a GP working in an emergency situation; and
- Standard protocols for flexible claiming on the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) should also apply including:
  - Flexible use of Medicare Provider Numbers in an emergency;
  - Access to Medicare Benefits while practising in temporary premises;

- Access to services for people who have lost Medicare/DVA cards;
- Relaxation of compliance activities in disaster zones;
- Flexibility in claiming some mental health items; and
- Providing essential medicines and filling scripts outside the standard PBS rules.

3.3.3 GP practices should be considered a priority in government funding for rebuilding funds.