

# THE MACEDON DIGEST



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## EMERGENCY MANAGEMENT EDUCATION IN AUSTRALIA

The following is a brief summary of a paper, titled 'The Philosophy and Objectives of Emergency Management Training and Education in Australia', which was delivered at the Emergency Planning Canada national symposium on 'Training and Education for Emergency Preparedness to-day and to-morrow', by the Director of the Australian Counter Disaster College, Brigadier (Rtd) Ian Gilmore. The Australian Counter Disaster College has recently conducted a comprehensive emergency management training needs analysis, to determine the overall national requirement for, and the most effective way of providing emergency management training and education in Australia. As a result, the goals the College has now set itself are, to :

- ★ promulgate a 'National Statement of Counter-Disaster Training and Education Requirements in Australia';
- ★ develop a new curriculum, including a post-secondary certificate course accredited through the education system;
- ★ develop a new educational philosophy as the basis on which to develop a corporate plan for the College;
- ★ constitute a governing/advisory body and a series of curriculum advisory committees to cover each of the four basic areas of disaster management - prevention/mitigation, preparedness, response and post-disaster recovery;
- ★ establish an extension service;
- ★ establish a learning resource centre as the nucleus of a revamped information and public education service; and
- ★ establish a capacity to sponsor and promote disaster research in Australia.

The College sees the target of its activities as the adult community, while allowing for awareness programs in schools. For practical and economic reasons, residential courses should be reserved for activities which contribute meaningfully to the development of the nation's counter-disaster capability and for those complex functions related to disaster management. Training at the national level is targeted at those who can influence significantly the effectiveness of disaster management practice.

The training needs analysis established very clearly that:

- ★ a systematic, all-embracing approach to disaster management (- prevention, preparedness, response and recovery -) is likely to be more effective than a restricted curriculum which covers, in effect, only two of these aspects - preparedness and response;
- ★ most disaster managers in Australia consider that disaster practice should be upgraded and brought into line with scholarship, and that the College's role is to develop and improve the state of the art;
- ★ like any other institution of learning, the emergency management training establishment needs advisory bodies fully representative of the target audience, and capable of influencing curriculum and modus operandi;
- ★ target audience groups are functional in their outlook and not occupation - specific. Consequently, there are a number of common interests that cut across organisational boundaries;
- ★ nominations to attend a national college should not be managed by one of the customers;

- ★ curriculum control is necessary to ensure technical soundness of curriculum design but not content;
- ★ case studies, seminars and problem-solving workshops are more popular with adults than classroom teaching;
- ★ demand for an extension service is high;
- ★ where appropriate, home study should be used and integrated with courses; and
- ★ a capacity to translate complex technical information into a form useful to educators and students is essential.

The College has concluded that its function is more akin to that of an institute (- education, research and fostering co-operation-) than to a College. As a result, less emphasis will be placed on training as such; instead the College will stress these functions :

- ★ acting as a catalyst, bringing together appropriate elements of a community;
- ★ providing a forum for widespread discussion on disaster management matters;
- ★ proselytizing to enhance national counter-disaster capability;
- ★ keeping abreast of disaster management developments worldwide;
- ★ synthesizing and encapsulating disaster-relevant information and integrating it into learning programs throughout Australia, not only at the College;
- ★ developing a disaster information bank available to any interested party;
- ★ providing a disaster management advisory education service;
- ★ operating a comprehensive learning resource centre; and
- ★ establishing a liaison with similar teaching institutions, nationally and internationally.

## RESEARCH

### **Firefighters and the psychological effects of the Ash Wednesday Bushfires: Implications for disaster planners and emergency services.**

The Medical Journal of Australia, in a recent edition (15 December, 1986), published a report on the findings of Dr A.C. McFarlane into firefighters and the psychological effects of the Ash Wednesday bushfires. Dr McFarlane is Senior Lecturer in Psychiatry at the Flinders Medical Centre in South Australia. The following is a summary of his MJA article.

In recent times it has been recognised that natural disasters can have substantial detrimental effects on the physical and mental health of victims. The most commonly recognised psychological disturbance is post-traumatic stress disorder. Whilst short term distress is expected, the long term morbidity is often not anticipated. This is an important issue because it has major implications for health planners, who need to assess the short and long term needs for services of a community that has been affected by disaster. In recent times, it has also been recognised that emergency service personnel who are involved in disaster containment or the rescue of victims, may be similarly affected.

The aims of this study were to identify whether some of the firefighters who were exposed to the Ash Wednesday bushfires in 1983, developed post-traumatic stress disorder and to examine the long term cause of any psychiatric disorder identified. This study paid careful attention to the methodology used to identify psychiatric disorder, because many of the studies examining the psychological impact of disasters, have been difficult to interpret, due to the use of measures which have not been validated in a clinical setting.

This study initially examined a population of 459 firefighters four months after the bushfires and documented their exposure and losses in the disaster. The firefighters were surveyed again 11 months and 29 months after the disaster, when their psychological state was again assessed.

*The Effects of the Disaster.* The survey found that 23% of the firefighters had suffered property damage, often affecting their livelihood. While none of the subjects had lost a close relative, 7% had experienced some bereavement due to the death of a distant relative or a close friend. Subjects fought the fire for 15.6 hours on average. Twenty percent of the firefighters believed they had come close to dying and 21% reported having come close to panicking. Of the 20% of firefighters injured, 12% were admitted to hospital.

In the first 11 months that followed the disaster, 5% of the firefighters had consulted a health professional about psychological problems and a further 6% sought help between 11 and 29 months. A similar percentage considered the possibility of seeking professional assistance. The study found that 14% of the firefighters who had responded on all three occasions, displayed a persistent post-traumatic stress disorder that was triggered by their exposure to the Ash Wednesday bushfires.

A post-traumatic stress disorder is characterised by three sets of symptoms. First, the sufferer continues to re-experience the traumatic event with a variety of memories and flashback. As many as 21% of the firefighters were still experiencing recurring imagery to a disabling degree, two years and five months after the fire. Such imagery often leaves the individual feeling haunted and leads to the development of a number of strategies to stop its recurrence. Some subjects may develop psychic numbing, which prevents their enjoyment of day to day pleasures. This reduced involvement, which constitutes the second set of symptoms, can cause marked estrangement and detachment in close relationships. The third set of symptoms is indicative of a disturbance of attention and arousal, that is characteristic of post-traumatic stress disorder. Subjects suffer impairment of memory, have trouble concentrating and are hyperalert - all symptoms that often seriously affect their ability to make decisions. This was a particular problem for the firefighters who had to make many decisions, when rebuilding their homes and farms that were destroyed or damaged in the fire.

There had been no significant decline in the prevalence of disorder among the firefighters over the 29 month period of this study. The persistence of disorder in a significant proportion of these firefighters, suggests that a life-threatening event such as a war or a disaster, may lead to a significant and continued psychological impairment, whereas stressful events in ordinary life are more likely to be associated with short lived distress. Other longitudinal studies of the psychological consequences of disaster, have demonstrated that post-traumatic psychiatric disorders tend to persist over prolonged periods of up to 20 years.

Post-traumatic stress disorder causes considerable suffering and distress. A proportion of people with the disorder increase their alcohol consumption, as a form of self medication. The effects of increased alcohol consumption on the health and social functioning of this group, are a potential long term source of further difficulties. Firefighters with a chronic post-traumatic stress disorder also may be at particular risk of developing physical illnesses in both the short and long terms. Another study after the Ash Wednesday bushfires in South Australia, demonstrated an increased incidence of physical disorders amongst the victims of this disaster.

Another longitudinal study of 808 primary school children who were exposed to the Ash Wednesday bushfires, demonstrated that post-traumatic morbidity in a parent is of much greater importance in determining psychological problems in such children, than the children's exposure to the fire or losses sustained. Hence, these firefighters' post-traumatic stress disorder may be an important source of suffering for their families.

## FEATURE

### SHORT TERM HUMAN RESPONSES TO DISASTER

This is the fourth article in a series on Human Responses to Natural Disasters, by Ruth Wraith and Rob Gordon from the Department of Child and Family Psychiatry, at the Melbourne Royal Children's Hospital. In this article they look at short term human responses to disaster.

In order to understand human responses to disaster, it is first necessary to identify what people may be responding to. The physical event and consequent disruption are the most obvious features of any disaster and form the focus around which a host of changes occur. Any of these changes in non-disaster circumstances could constitute a serious challenge to a person's accustomed lifestyle. When they all happen unpredictably and at once, it is to be expected that the normal human reactions will include a degree of distress. It is also to be expected that there will be considerable variation in individual responses and the timing of these responses, because people differ according to which aspects of the situation are most disturbing to them and demanding of their coping skills. The responses can be powerfully influenced by other factors in individual and family life, pre-existing problems, transition stages of birth, children moving through important developmental phases, marriage crises, job changes, etc., or the specific experiences of recovery.

Among the new and uncomfortable experiences to be dealt with by both those directly affected and the recovery workers. are:

- 1 The encounter with the threat to life and safety, possibly for the first time, together with the experience of violent natural forces emphasising man's comparative weakness.
- 2 Grief for the loss of people, possessions, security, environment, history.
- 3 Separation from loved ones, friends and familiar acquaintances because of relocation or enforced long working hours.
- 4 Unwanted and unanticipated relocation to an unfamiliar environment or unfamiliar accommodation. Isolation may also occur if transport, neighbours and facilities have been disrupted.
- 5 Feelings of powerlessness may arise when newcomers and bureaucrats decide what is to be done. People may feel detached from their community, just when they have most need of it. Alternatively, they may feel a compulsive need to expend all their energy in re-building, to the detriment of their own family.
- 6 On a more personal level, people may, for the first time in their lives, experience a compulsive need to talk about their experiences, difficulty in thinking and planning and unpredictable bursts of emotion. This may lead to feelings of no longer being in control of themselves. They may also be disturbed to find the return of behaviour patterns from earlier stages of their lives.
- 7 People frequently feel strong urges of altruism and for helping others. Sometimes this may lead to inappropriate behaviour and rejection; alternatively it may lead to a quite new sense of importance and belonging.

These are some of the important experiences the disaster situation may present. They are all intense, emotionally demanding and frequently quite new. People have to cope with them at a time when they are physically exhausted and have lost many of their customary supports. All such experiences take time to come to grips with and resolving them involves a number of stages.

Not only are people having to deal with multiple different experiences, but with the fact that they are occurring simultaneously and make conflicting demands. This prevents

them from being dealt with adequately and may lead to a confused state, where even simple stresses become major problems. Inadequate resolution of these issues lays the basis for some of the long term human problems that follow disasters.

**Short term responses** are those occurring in the days or weeks following the disaster. In general, they tend to be specific and identifiable and usually have a fairly obvious relationship to the events. They are easier to recognise than longer term responses and they often involve states which fluctuate or change rapidly of their own accord. Many quite severe reactions which might incapacitate the person for a time, may be short lived and will seem to disappear. However, it should not be thought that this means the person is over their difficulties. Rather, it probably indicates they are moving into another phase of the long and complex process of reconciliation with important life events. Short term responses can be divided into a number of different categories:

#### SHORT TERM EFFECTS EXPERIENCED FROM DAYS TO WEEKS AFTER THE DISASTER

TASK:	<ul style="list-style-type: none"> <li>•ABSORBING THE EVENTS</li> <li>•RE-ORIENTING AND ADAPTING</li> </ul>
EFFECTS:	<ul style="list-style-type: none"> <li>•SHOCK - DISORIENTATION - BEWILDERMENT</li> <li>•STRESS - COMPETING DEMANDS (PRACTICAL, PERSONAL, SOCIAL)</li> <li>•EMOTIONAL REACTIONS - CONFUSING, FLUCTUATING FEELINGS</li> <li>PROBLEMS THINKING, PLANNING, DECISION MAKING</li> <li>CHANGE TO OR LOSS OF PERSONAL CONTEXT AND IDENTITY</li> <li>•SOCIAL - ALTRUISTIC UNITY, DISILLUSIONMENT, VARIOUS CHANGES IN TYPE OF COHESION</li> </ul>

- 1 **Shock Effects.** The sudden, dramatic events, the threat of actual harm or loss, and the radical change in the environment, all create an impact which many people cannot immediately absorb. As a result, they may develop a variety of shock reactions. More severe reactions consist of being dazed and disorientated, feeling numb and confused, not knowing what to do, being unable to make decisions and plans. There may be involuntary recall of distressing imagery, preoccupation with past events and a compulsive interest in the disaster.
- 2 **Stress Effects.** Stress builds up when a person has to meet physical, emotional or psychological demands beyond his capacities. There are many features of the disaster situation which cause stress. Short term stress responses include physical and mental over-activity, inability to switch off, over involvement in work, not recognising or feeling need for rest, sleep, relief, food or social support. Stress may also be expressed as confusion, inefficiency, difficulty with priorities and organisation, forgetting, inability to think clearly, forgetting the names of familiar things or people, talking too much or too little. Physical effects include changes in eating, sleeping, alcohol use and smoking, nausea, aches and pains, headaches, digestive problems and tiredness. Emotional effects include irritability, feelings of tension, sudden changes of mood, feeling overwhelmed alternating with enthusiasm, inability to relax, impatience, intolerance and preoccupation. Interpersonal manifestations of stress are excessive need for personal support by others or alternatively, withdrawal from contact and a need to be alone. Other expressions are poor communication, uncertainty and rejection of help.
- 3 A great variety of *emotional reactions* may occur, sometimes in quick succession or simultaneously. For people who have led reasonably normal lives, this sudden intensification of their emotions can be confusing, frightening and bewildering, leading to a tendency to suppress or deny them. Some of these

emotions are:

- Helplessness in the face of the practical tasks to be done, changes to be adjusted to and uncertainty about the future.
- Anger at what has happened, why it happened, of feeling helpless and in need of emotional and practical assistance (maybe the first time in one's life), at the consequent shame, indignities, involvement with bureaucracies and the inevitable injustices. These angry feelings may be directed at those trying to help or those not affected or not as badly affected by the events of the disaster.
- Fear of the future, of losing business, lifestyle, or friends or family moving away. There may be fear of being left alone and losing control of one's life or feelings.
- Disappointment and a sense of failure that things have gone so badly wrong and blaming oneself for things beyond one's control.
- Guilt feelings are common and may come from regrets about things not done, that one is worse off or better off than other people around one.

4 *Thinking and Planning.* As already indicated, people's ability to understand, analyse, evaluate, plan, make judgements and other important cognitive processes are impaired. Some people, particularly those in shock, may need considerable help to do simple tasks such as filling in forms, working out what their immediate needs are and deciding in what order they should tackle the many tasks before them. Others are well able to undertake their familiar routine tasks, but may have difficulty coping with the unfamiliar new demands of the situation. They may need assistance to set priorities, make decisions and develop strategies to solve problems. There is a tendency for people under stress, or who feel out of their depth, to retreat into familiar tasks which they know they can do, instead of tackling the difficult issues. These problems can particularly affect workers in disaster.

5 *Change or Loss of Personal Context and Identity.* People's sense of who they are is closely bound up with the familiar aspects of their environment. These include places, features of the landscape, people, routines, customs and habits. When these are disrupted, some people may experience feelings of dis-orientation, confusion about themselves, not belonging anymore, no longer feeling it is 'their' community. Some may feel they have 'lost touch' with themselves, their lives, their jobs, their homes or other family members.

Although such feelings may be hard to define, they have a big impact on people, making them feel anxious and insecure and not able to understand what is happening to them. This in turn may lead to heightened stress or depression. It also increases the sense of confusion and may make it much more difficult for people to get on with the necessary work of dealing with more practical issues, until these experiences are acknowledged.

6 *Social Effects.* In the days and weeks following a disaster, people feel a heightened sense of involvement with their community. They tend to seek out those who have shared the same experiences, spend much time talking and being together in groups, even with people they did not know well before. Intense feelings of comradeship and belonging emerge and may sweep some people up into an over involvement in serving their community at the expense of their own personal and family needs. This stage is sometimes referred to as one of euphoria or honeymoon.

A stage of disillusionment and let-down usually occurs after this. People feel disenchanted and disappointed by friends, family, community and recovery workers. They tend to withdraw even to the point of cutting themselves off from the assistance they need. It is in this period of isolation that other adverse reactions may begin to appear. Changes in social cohesion are

important, since many of the other reactions people will experience are alleviated through appropriate supportive contact with other people.

### How to Help

It is important for individuals, communities and workers to understand that the management of short term responses, has a vital influence in effecting a positive or negative recovery from a disaster. It is the beginning of the process of reconciliation of the experience. This process may be facilitated or hindered according to the degree it is understood and the way services are accordingly provided.

- 1 *Information.* One of the most stressful aspects of the experience is confusion, not knowing what to expect, what is normal or when help is needed. Information can be made readily available throughout the disaster area in the form of pamphlets, notices, media releases, newsletters and short talks at public meetings. It should also include specific and accurate statements about what is available and where to seek help. Because, in these circumstances, people do not absorb information easily, it needs to be repeated constantly. People who do not need it at one time, may need it later when they have moved into a new and possibly more difficult phase of their recovery.
- 2 *Organisation and Direction.* The rapid re-establishment of organisational and decision-making structures helps to alleviate short term responses, provided that they are practical, appropriate, preserve individual and community autonomy and dignity, and provide consultation. At a personal level, this may mean providing support to individuals to assist them to make decisions, plan, set priorities and re-organise their lives. This should, however, sensitively proceed according to the affected person's pace, remembering that even if they do not need help at one stage, they may need it at another.
- 3 *Outreach.* People tend not to identify their needs clearly nor seek what they need. Frequently circumstances mean that they do not understand what is available, they do not get what they are entitled to or contacts break down.

A tactful, supportive outreach program with trained volunteers who are able to provide follow-up can do much to alleviate these problems, provide referral information and ensure that people do not get lost to the recovery system.

- 4 *Respect for Privacy.* The convergence upon the disaster situation and the multiple demands means that loss of privacy is common. Even among friendship groups, the disaster tends to make everyone more open to and involved with each other. This can be a serious problem to individuals and families who are not used to such a lifestyle. Respect for privacy, therefore, has to be balanced against outreach and follow-up. Privacy may be most effectively protected when respect for it is incorporated into the helper's style of interaction with the affected people.
- 5 *Counselling and Support Services.* While trained staff should be available to provide these services, many people will look to others, such as community, social service, welfare or other known local workers for support. The person selected by the client is the best one to give help and may eventually lead to negotiation of a referral to a more appropriate person. Accepting the initial support role may be a preliminary stage to achieving the necessary follow-up referral service needed by the person.

Trained counselling services should be integrated into the network of other services, with staff available to consult and support other workers so enabling them to have the confidence to accept tasks that go beyond traditional roles. Integration is also necessary in order to avoid conflicting messages, contradictions or lack of understanding of roles within the recovery system.

6 *Worker Support and Debriefing.* The often overwhelming demands made by a disaster on those working in it, can lead to serious personal consequences. People cease to do their jobs as well as they should, or they may find themselves unable to respond with care, patience and concern for the human experience of those affected. Working in disasters can also have a detrimental effect on people's personal or professional lives lasting for years. Support and psychological debriefing during times of high stress can avoid or alleviate many of the negative effects, if provided by trained staff. Support and debriefing occur when there are opportunities for workers to share their experiences with others in an atmosphere of confidentiality, respect and understanding and where they gain information that their efforts are recognised and valued by those who are important to them, especially their superiors.

ASSISTING SHORT TERM RECOVERY	
<b>PROVIDE: INFORMATION ABOUT WHAT TO EXPECT</b>	
•PHYSICALLY	
•EMOTIONALLY	
•FAMILY	
•COMMUNITY	
<b>•ORGANISATION AND DIRECTION</b>	
•OUTREACH AND OPPORTUNITIES FOR PEOPLE TO TALK ABOUT THEIR EXPERIENCES	
•COUNSELLING AND SUPPORT SERVICES	
•WORKER SUPPORT AND DEBRIEFING	
<b>RESPECT NEED FOR PRIVACY:</b>	
•PHYSICAL	
•PERSONAL	
•EMOTIONAL	

**Continued in June TMD** - 'Medium term responses to disaster'

## RESEARCH DIRECTORY

Work has commenced on the compilation of the Third Edition of the Australian Disaster Research Directory, (ADRD). It is expected to be published during 1987. Any individual who has completed, is conducting or contemplating undertaking disaster research in Australia, is invited to inform the editor of details. Previous editions of ADRD have included information about research in a wide variety of fields, including building research, environmental planning, medicine, computing, agriculture, forestry, effects of nuclear war, and the long term psychological adjustments to disaster.

The current edition of ADRD is not considered totally comprehensive. In addition, it is proposed to expand the Third Edition of ADRD, to include a section on researchers and practitioners who would provide prompt advice on their fields of expertise, during disasters. It is intended to make available an abbreviated version of this panel, on IBM compatible floppy disk.

The editor would be pleased to hear from anyone who is not included in the current edition of ADRD (1985), or those who would be willing to be included in the panel of experts.

Please contact:

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## VISIT

### Professor J Scanlon - June 1987

As indicated in the last edition of TMD, Professor Joseph Scanlon, from the Emergency Communications Research Unit at Carleton University, Ottawa, Canada, will be the keynote speaker at the forthcoming Disaster Management Training and Education Seminar (15-19 June 1987). For details of this Seminar, see 'Education'. Professor Scanlon is the Senior Researcher and Professor with the Emergency Communications Research Unit. He has an MA (Politics) from Queen's University and has an extensive background in journalism, both as a reporter and teacher. He has contributed to eight books, five of them on crisis communications. They include 'The Peel Regional Police Force and the Mississauga Evacuation', 'May Day at St. Joseph's' and 'Crisis Communications in Canada'.

## INTERNATIONAL

### UNDRO - Sasakawa Disaster Prevention Award

The recently established UNDRO-Sasakawa Disaster Prevention Award, which carries an annual prize of approximately \$50,000, has the specific objective of encouraging disaster prevention and preparedness activities throughout the world. It is intended that the Award should recognise the merits of individuals or organisations who will have made an outstanding contribution, through scientific research or other activities, to reducing the effects of natural disasters. The Award, created on the initiative of Mr Ryoichi Sasakawa, Chairman of the Japan Shipbuilding Industry Foundation, and administered by UNDRO, will be presented for the first time in early July 1987, at the opening of the summer session of the Economic and Social Council in Geneva.

Applications may be made at any time, but applications for the first Award have now closed. They should be sent either to the Resident Representative of the United Nations Development Program, or the Director of the UN Information Centre, in the country where the candidate normally resides and works.

### 'Response 87', May 14-16, Orlando, Florida, USA

'Response 87' is a broad based, comprehensive search, rescue and emergency response conference and exposition. It is sponsored by the US National Association for Search and Rescue (NASAR). The goal of the conference is to provide a forum for responders and response organisations, to exchange information and improve 'state-of-the-art' in the emergency management arena. 'Response 87' will cover the entire spectrum of contemporary emergency response activity; it is expected to attract a broad audience of federal, state and local agencies and individuals. For further details of this conference the contact is Mary Jane Reynolds (502) 582-1672 of Andry Montgomery and Associates, Inc., 101 North Seventh Street, Louisville, Kentucky 40202, USA.

### Disaster Preparedness and Disaster Management in Indonesia

With three significant earthquake belts, 128 volcanoes of which 70 are very active and dangerous, and other hazards such as floods, tsunamis and landslides, Indonesia can claim to be one of the most hazard prone countries in the world.

Each year an average of 1000 persons are killed, 5000 are injured, 100,000 are made homeless and US\$125 million in property damage is caused by these hazards.

Trying to reduce these figures is the aim of a project newly established in Indonesia. Entitled Strengthening Disaster Preparedness and Disaster Management in Indonesia, the project is jointly funded by the Government of Indonesia, UNDRO and USAID. The project has four basic outputs. These are:

- 1 An integrated disaster management training program.
- 2 A disaster management organisation and procedures handbook.

3 A disaster communications and information management system.

4 A study of the resources and procedures required for inter-organisational risk monitoring and control.

A fifth output, a study of further options for disaster management in Indonesia, is planned.

ACDC Training Program Manager, Colin Wilson, has been working as a consultant to the project, especially the training program output.

A cornerstone of the project is the Indonesian Disaster Management Centre. Located on a 1 hectare site in the Jakarta suburb of Cawang, the newly rehabilitated centre comprises cottage style accommodation for participants, an auditorium, lecture and training rooms, and an administration building. The first training course at the centre commenced on January 30th, 1987. A library and resource centre has been established, and although stocks are small at present, an ongoing acquisition program is being developed.

The project has a number of staff, including a project director, project co-ordinator, a project technical advisor and administrative and secretarial personnel. Each output has an activity leader and staff, who come from various Indonesian government departments, such as Social Affairs, Home Affairs, Public Works and Population and Environment. Funding is currently provided by UNDRO and USAID over a three year period, by which time the outputs should be self-sustaining.

The address of the centre is:

Indonesian Disaster Management Centre  
Wisma Tanah Air,  
J1 Dewi Sartika 200,  
Cawang 3  
Jakarta 13630  
Indonesia.

#### **Asian Disaster Preparedness Centre**

The Asian Disaster Preparedness Centre (ADPC), which was established in January 1986, is located at the Asian Institute of Technology (AIT) in Bangkok, Thailand. ADPC was created in response to requests from countries in the Asian region, for international assistance in strengthening their national disaster management systems.

The primary activities of ADPC are training and information. Two or three disaster management courses will be run each year. In addition, it is hoped to establish a world-standard disaster library and database, as the focus for a regional disaster information network. ADPC has been able to build upon the resources of AIT's established Library and Regional Documentation Centre, the Regional Computer Centre and the Institute's world wide data links, such as DIALOG.

Other services provided by ADPC include support for regional research, support for the preparation of contingency plans, specific disaster-related technical programs, consultancies in areas like vulnerability analysis and the application of computer technology to disaster management.

For further information about ADPC, contact:

The Director, Asian Disaster Preparedness Centre, Asian Institute of Technology, PO Box 2754, Bangkok 10501, Thailand.

## **REFLECTIONS**

The Melbourne Herald of 11 February 1957, reported that 'A specially equipped police search-and-rescue squad is to be formed in Victoria. The Chief Secretary, Mr Rylah, said today that the squad would be ready to act with a minimum of delay in times of emergency.....The men would attend a rescue course at the Commonwealth Civil Defence School At Mt Macedon next month'. These police officers attended the Rescue Instructors Course (course number 16), conducted at the school between 3 and 22 February 1957. Since 1956 the College has conducted in excess of 60 courses, which have either been devoted to various aspects of rescue training, or have had a major component on rescue.

## **EDUCATION**

### **ACDC Program - 5 April to 2 July 1987**

Disaster Management Workshop for Industry and Commerce	5-10 April
Introduction to Disaster Management	26 April-1 May
Counter Disaster Planning for Local Government	3-8 May
Introduction to Disaster Management	10-15 May
Hazard Analysis	17-22 May
Professional Development	24 May-5 June
Disaster Management Training and Education Seminar	15-19 June
Counter Disaster Planning	21-26 June
Disaster Management Briefings for Local Government Officials	29 June-2 July

Enrolment procedures vary according to the type of activity. Details are outlined in the 1986/87 College Handbook, or can be obtained by contacting the College direct on (054) 261 205.

### **Disaster Management Training and Education Seminar (15 - 19 June 1987)**

The proposed aim of this seminar is to review the current situation in disaster management training and education in Australia and identify appropriate strategies for the future. It is expected that the following four subject areas will be discussed:

- the predominant influence of the bureaucracy in counter-disaster training and education;
- a philosophy for future counter-disaster training and education between the public and private sectors;
- information management in the training and education function; and
- methodologies, delivery systems and technology.

For further details about this College activity, contact Noel Allwright on (054) 261 205.

### **Disaster Prevention Workshop**

In October 1986, ACDC, in conjunction with the Tasmania State Emergency Service, conducted a workshop on disaster prevention, in Hobart. The workshop was run by Colin Wilson and Mike Tarrant with TASES staff. Participants came from a variety of government departments, statutory bodies and other organisations such as universities and the media.

The basic aims of the workshop were to establish the nature and scope of current preventative activities being undertaken in Tasmania, to make recommendations about future directions in the area of disaster prevention, and to develop a network of people interested and involved in preventative activities and policy. During the workshop, working groups addressed issues in areas such as land-use management and planning, commercial and industrial development, building and structural design and regulation, and scientific areas such as warnings, predictions and risk mapping.

After consideration by the group during the three-day program, important outcomes of the workshop were:

- 1 A significant amount of activity is already being undertaken in hazard mitigation, particularly in regard to building and structural design and standards.
- 2 While many regulations exist, their enforcement through supervision and inspection is probably the 'weak link' in the system.
- 3 The issue of 'how much do we regulate human activity to avoid risk?' will be a major philosophical one.
- 4 There is a need to have hazard management placed 'on the agenda' in land management decisions and environmental impact studies for new developments.
- 5 There is a continuing need to improve existing prediction systems for hazards, and to develop new predictive methods.

- 6 In this respect, promotion, funding and undertaking of research into hazard management will be important in risk reduction.
- 7 A centralised information system on land management data (such as that currently proposed in Victoria) will be important in all phases of disaster management, especially planning and mitigation.
- 8 Hazard analysis is an underdeveloped aspect of disaster planning and needs to be improved in its methodology and current level of activity.
- 9 Public education about hazards, risk and management decisions, while presenting its usual problems, may be a more effective and acceptable mitigation method, than harsh restrictive measures, which raise public ire about property values and over-regulation.

#### **Disaster Research Workshop 27 - 30 January 1987**

The Disaster Research Workshop, held at ACDC from 27 to 30 January, 1987 was attended by a wide cross-section of researchers and academics. The Workshop participants decided that the following were the main areas for further action:

- (a) The need to establish a national data-base for the use of the counter-disaster community, including researchers, policy makers, planners, managers and practitioners.
- (b) The need to establish a National Disaster Research Council to determine research priorities and to consider funding options.
- (c) The need to examine the role of ACDC with the aim of defining, sustaining and strengthening its research role.

It was generally agreed that these areas should be the subject of future workshops/seminars at the College.

Following the Workshop, the Keynote Speaker, Professor Henry Quarantelli, expressed the view that the Workshop will become an historic milestone in the development of disaster research in Australia. He felt that Australia has a large enough pool of disaster researchers, to allow for the formation of an effective disaster scientific research community.

## **PUBLICATIONS**

### **A Preliminary Bibliography of Seismic Studies in Australia through 1986**

John Rynn of the Department of Geology and Mineralogy, Seismology Group, at the University of Queensland, has produced a preliminary bibliography of Seismic Studies in Australia through 1986. The bibliography is intended to facilitate an easy reference for scientists and engineers, involved in the research and application of the seismic risk in Australia. It represents an initial attempt to collect relevant publications of all forms, in one list. It does not, however, contain those publications related to specific seismological studies or reports of particular earthquake occurrences. For information about the bibliography, contact John Rynn at the University of Queensland, St Lucia, Queensland, 4067.

### **Report of Proceedings of a Major Urban Disaster/Civil Defence Study**

Between 10 and 13 June 1986, a Major Urban Disaster/Civil Defence Study was held at the Australian Counter Disaster College. The aim of the Study was to discuss Australia's capacity to perform, in an urban setting, the fifteen humanitarian tasks as covered by the Protocols additional to the 1949 Geneva Convention. The Study was attended by various Commonwealth and State Departments and Authorities, together with a number of other interested organisations such as, the Australian Gas Light Company, GTV Channel 9, ICI Australia, the Maritime Services Board of NSW and the NSW State Rail Authority.

A Report of Proceedings has been produced and is available from the College; contact either Tony Davis or Marilyn Summers on (054) 261 205.

## **DISASTER WORKER DEBRIEFING**

Annex 'D' to the New South Wales Disaster Welfare Manual covers procedures for personal debriefing. The procedures have been developed to help alleviate some of the longer term effects which the emotional stress and trauma may have on the direct service givers. Included in the Annex are notes on the debriefing counselling procedure developed by Professor Jeffrey Mitchell, from the Department of Emergency Health Services, University of Maryland, USA. Professor Mitchell, who undertook a three week Australian tour in August, (see Sept TMD) has designed a Critical Incident Stress Debriefing Process (C.I.S.D.), which is outlined below:

### **1. On Scene or Near Scene Debriefing**

The debriefing needs to be conducted by someone familiar with emergency operations who functions as an observer/advisor and watches for the development of acute reactions. The facilitator briefly checks the well-being of the personnel and spends time with those resting and allows ventilation of feelings and reactions.

### **2. The Initial Defusing**

This is often performed by command officers usually within hours of the critical incident. It is usually quite spontaneous, allowing for feelings or reactions to be shared. The atmosphere should be positive, based on care and concern for team members. This is not the time for critiquing the incident — no responsibility for malfunctions should be distributed to any team member — just understanding within the real context of events.

### **3. The Formal Debriefing**

This is typically led by a qualified mental health practitioner 24 - 28 hours after the conclusion of the incident. It should be mandatory for all personnel involved in the scene. It is not an incident critique. The main rule is - no-one criticises another; all listen to what was, or is, going on inside each other.

**The general format** which usually takes 2-3 hours is:

- (a) **The Introductory Phase:** The facilitator introduces himself and lays down the rules - a need for absolute confidentiality and that open discussion of their feelings will in no way be used against them in any circumstances.
- (b) **The Fact Phase:** Each participant describes some facts about themselves, the incident, and their activities during the critical incident. They are asked to state who they are, their rank, where they were, what they heard, saw, smelled, did, as they worked in and around the incident. Each person takes a turn in adding the details to make the whole incident come to life again in the C.I.S.D. Room.
- (c) **The Feeling Phase:** Each person in the room has a chance to answer the questions - 'How did you feel when that happened?', 'How are you feeling now?', 'Have you ever felt anything like that in your life before?'. The facilitator makes sure no-one is left out of the discussion, no-one dominates the discussion, and that the interchanges are not destructive of individuals. People will most often discuss their fears and anxieties, concerns, feelings of guilt, frustration, anger and ambivalence. All their feelings, positive or negative, big or small are important and need to be expressed and listened to.
- (d) **The Symptom Phase:** The debriefing here concerns itself with answering the questions 'What unusual things are you experiencing now?', 'Has your life changed in any way since the incident?'. The participants are urged to discuss what is going on now, in their homes and in their jobs as a result of their experiences. They are describing their own versions of stress response syndromes.

(e) **The Teaching Phase:** The facilitator takes this opportunity to teach the group something about stress response syndromes. The emphasis is on describing how normal and natural are the emotional reactions and symptoms which express their reactions.

(f) **The Re-Entry Phase:** The emphasis here is to tie off loose ends, answer outstanding questions, provide final reassurances, and make plans of any action needed. Summary comments are then offered and personnel are advised about getting additional help should they need it.

#### 4. The Follow-up Debrief

It is usually performed several weeks or months after a critical incident. It can be with the entire group, a part of the group or the individual. Its main aim is to ensure the best resolution and closure for each person - and that their experience will help in better planning both for effectiveness of operations and in the care of all personnel involved in disasters.

**Source:** Ann East, NSW Disaster Welfare Coordinating Committee

## LIBRARY

The following publications have recently been added to the ACDC Library collection. Items may be requested through the inter-library loan system.

BASIC RULES OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS. Edited by the International Committee of the Red Cross.

P341 650265 BAS

BEER, S. The Heart of Enterprise.

658 403 BEE

BEER, S. Decision & Control.

658 4034 BEE

BIRD, R.G. Management Accounting Processing, Evaluating.

658 1511 BIR

BUREAU OF METEOROLOGY. Flood Classes for Victorian River Gauges.

P363 34937 FLO

CALDICOTT, DR. HELEN. What you can do. Nuclear Madness.

621 48 CAL

CZARNIAWSKA, BARBARA. Controlling Top Management in Large Organisations.

658 4209438 CZA

DUNSIRE, A. Administration. The Word and the Science.

350 DUN

FREEDMAN, LAWRENCE. Atlas of Global Strategy. War and Peace in the Nuclear Age.

F327091717

JANUARY 1974 FLOODS, MORETON REGION, Proceedings of Symposium. Institution of Engineers.

JOB DESIGN, Human Relations Branch, Dept. of Productivity.

P658 306 LAN

KNOWLES, M.S. Andragogy in Action. Applying Modern Principles of Adult Learning.

374 KNO

LANDSBURY, D RUSSALL, Professionals and Management. A Study of Behaviour in Organisations.

301 1832 LAN

LOANE, I.T. GOLD, J.S. Aerial Suppression of Bushfires. Cost Benefit Study for Victorians.

P363 37609945

MANUAL OF FIREMANSHIP. Incidents Involving Aircraft, Shipping and Railways.

628 925 MAN

MARSDEN, NEVILLE. Diagnosis Before First Aid.

616 0252 MAR

MCLEAN, SCILLA. How Nuclear Weapons Decisions are Made.

355 0335

MCMAMARA, ERNEST. Australia's Defence Resources.

356 20994 AUS

MCNEIL, J.D. Curriculum, A Comprehensive Introduction.

375 MAC

NEVIN, JOHN A. The Study of Behaviour. Motivation, Emotion & Instinct.

150 STU

NELSON, R. Environmental Emergencies.

616025 ENV

RAMANADHAM, V.V. Public Enterprise. Studies in Organisational Structure.

338 7 PUB

RENTON, N.E. Guide for Meetings and Organisation.

658 456 REN

REPORT BY DIRECTOR OF METEOROLOGY ON CYCLONE 'ADA'.

363 342099436

ROBINSON, J.S. Hazardous Chemical Spill Cleanup.

6047 HAZ

ROBINSON, MICHAEL ROWAN. Fire and Ice. The Nuclear Winter.

363 179 ROB

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