

# Evacuation Centre Management PHC Remote Guideline

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## Purpose

To provide guidelines for the minimum standard of services that will be provided at any evacuation centre in the NT established for evacuees from a PHC supported location.

## Guideline

Evacuation centres are established to house persons evacuated from their communities because of an emergency or disaster event. The Regional [Medical Group](#) has responsibility for the provision of health care to the evacuees whilst the evacuation centre is operational. When the evacuees are from a remote Primary Health Care (PHC) supported location, responsibility for delivery of the basic health care is managed by PHC staff. Support from the other members of the Regional Medical Group and local town services, eg Hospitals, General Practitioners (GPs), etc is provided as required.

This guideline sets the minimum standard of services that will be provided at any evacuation centre in the NT established for evacuees from a PHC supported location. If PHC are unable to provide the service the Medical Group Leader of the effected region will be responsible for sourcing an alternate service provider in consultation with PHC staff.

The obligation by NT Health for the provision of a medical (health) service is established in the Territory [Emergency Management Act 2013](#), is explained in the Territory Emergency Plan (see [NTES Publications](#), scroll down to *Emergency Management Documents, under Territory emergency and strategic plans*) and detailed in the Regional Medical Group Plans.

Information in this guideline includes:

[Evacuation Centre](#)

[General Health Clinic Guidelines for an Evacuation Centre](#)

[After Hours Health Care](#)

[St John Ambulance NT](#)

[Additional Services](#)

[Medicine Management](#)

[Documentation](#)

[Staff Roster](#)

[Staff Support - Accommodation / Transportation](#)

[Communication to Community Members in the Evacuation Centre](#)

## 1 Evacuation Centre

An [evacuation centre](#) can only accommodate self-caring evacuees; people who are able to feed, toilet and shower themselves, and who do not require supervision while in the evacuation centre. The only exception is where the person is accompanied by a carer for the duration of their stay.

Unaccompanied minors (children under the age of 18) will not be accommodated in evacuation centres under any circumstances, and will be referred to Territory Families. (NT Evacuation Centre Guide, available for viewing in the WebEOC library – *participant log in required*).

The decision to evacuate a community is made by the Territory Emergency Management Council upon recommendation by the Incident Controller. Transport will be arranged by the Transport Group and managed by Emergency Services (Police / NTES).

The PHC team will need to inform the evacuation organiser about any particular travel requirements of the medically vulnerable persons in the community. The aged, infirmed and pregnant (if not already evacuated) will likely be the first to be evacuated. Special reception / transport measures at their destination may include being met by an ambulance / clinic car or Non-Government Organisation (NGO).

Decisions relating to PHC infrastructure / vehicles etc. are to be made by the Primary Health Care Manager (PHCM) and the team; options should be described in local clinic plans. Location, geography and type of incident inform these decisions.

The PHCM will oversee the setup of health / clinic area within the evacuation centre in consultation with the evacuation centre manager, liaise with the District Manager re access to computers / hard copy templates to ensure documentation of health care consultation, establish and maintain communications with the evacuation centre manager, and attend evacuation centre meetings as required.

The District Manager is to ensure that the temporary clinic has at least one vehicle for the transportation of patients and the collection of consumables. The District Manager is also required to authorise, approve and track expenditure related to the event using the relevant cost code, and acquit any additional expenditure and as appropriate obtain executive level approval.

The Regional Medical Group Leader will provide key regional information to the District Manager and PHC Executive, represent the Medical Group at regional emergency management committee meetings, refer any issues for clarification or resolution which relate to PHC services to the appropriate staff member, and coordinate any non PHC services that may be required to manage the evacuation centre.

## 2 Guidelines for the Evacuation Centre Health Clinic

- In consultation with the General Manager and District Managers of the region, establish clinic hours – this is not expected to be greater than 4hrs per business day, providing first aid and basic health care to evacuees as required. PHC does not provide on-call services.
- PHC staff will provide first aid and [basic health care](#) to evacuees as required, manage clients with chronic disease, coordinate the referral to and transfer of clients to local clinics (GPs and other appointments), monitor the community for the outbreak of communicable diseases and refer to the Public Health Unit as required eg influenza, gastro, scabies outbreak, etc, provide early recognition of health care issues and through the PHCM seek resolution eg community members that are unsuited to

mass living, and be the single point of truth in relation to community members family, health and health issues

- Clients requiring additional health care should be transferred to the relevant regional hospital or health service for assessment and management
- Where possible clients should be supported to attend any previously scheduled outpatient clinic appointments
- There may be capacity for PHC Medical Officers to conduct their routine medical visits at the evacuation centre. There will be situations where this is not possible and that service will be temporarily suspended
- It must be noted that PHC staff from the affected area are also evacuees and may require additional emotional support or stand down time for appropriate fatigue management. It is important to note that a large amount of work is required to be undertaken before the evacuation from the community takes place. In some instances, the staff may have driven a significant distance to reach the evacuation centre. This needs to be dealt with by District Managers on a case by case basis.

When a remote community is evacuated to another remote community with a local health centre, the staff at that health centre will assist with the provision of health services to the evacuees. To do so there may be a requirement to reduce normal primary health care programs and restrict services to emergency care only for all residents. Additional staff may be deployed to ensure service delivery is maintained and for the management of staff fatigue. In urban locations this support may be provided by GP's, Hospitals, Ambulance and other government / non-government agencies.

### 3 After Hours Health Care

**Urban Location:** any health care required outside of the PHC designated hours (4hrs/day) will be dealt with by St John Ambulance NT. St John Ambulance staff have policies and procedures which inform where patients will be transported, either to a Hospital or to a GP clinic.

**Remote Location:** the usual remote PHC model of service applies, ie use of the CARPA STM, etc. After hours services are provided on an 'on call' basis. The usual procedure for a Medical Officer consultation applies.

Evacuation Centre staff in every instance outside of business hours, need to call '000' or in a remote location call the on-call health centre number. It is important to note evacuation centre staff are only expected to facilitate the call for assistance to '000' and provide general direction and crowd control until help arrives.

### 4 St John Ambulance NT

In urban locations, St John Ambulance NT may provide first aid stations to fill any gaps during PHC staff travel time from the community. All transportation of persons requiring immediate medical attention will be delivered by St John Ambulance to the most appropriate health care facility for each client per St John Ambulance policy.

In remote locations transport for ongoing medical care will be coordinated by the Duty RMP in consultation with PHC health centre staff, and provided by Care Flight / Royal Flying Doctor Service (RFDS).

### 5 Additional Services

There is likely to be a requirement for assistance and rest relief from other government agencies in support of the medical care in any evacuation centre, both remote and urban.

There are a number of support agencies which may be able to provide support services to the evacuation centre, including:

- Administrative staff - there may be capacity for local PHC staff (often in administrative roles) to support service delivery. This may include Registered Nurses, Medical Officers, ATSIHPs, administration staff, procurement/logistics etc.
- Aged Care Facilities - there may be capacity for respite care for the aged
- Centre for Disease Control - for assistance in managing those infectious diseases which can proliferate when people are living in close quarters, e.g. influenza, scabies, etc
- GP Clinics - in some regions there are arrangements for a single GP clinic to be available to see clients on a bulk billing basis. There are no restrictions on individuals using a GP of their own choice. (see Local Regional Plan)
- Any other government agency may provide services as appropriate, eg Diabetic Care specialists, Wound Care specialists, Urban PHC

These support agencies will be managed by the PHCM.

## 6 Medicine Management

When it is known that the community will be evacuated to another location, health centre staff may:

- give individual clients 4 weeks supply of their medicines to manage, or
- take 4 weeks supply of client medicines to the evacuation centre to give to individual clients, or
- arrange with contracted pharmacy to provide 4 weeks supply for individual clients

Continuing medicine supply or gaps in supply must be arranged with the relevant pharmacy.

Imprest medicines, S8 and RS4 Medicines should not be taken from the health centre by PHC staff to the Evacuation Centre. The scope of practice at the Evacuation Centre is to provide first aid and [basic health care](#) to evacuees. Security of the S8 and RS4 Medicines cannot be assured in the Evacuation Centre per the [Code of Practice S8s - Volume 2](#).

The PHC Pharmacist will be the point of contact and liaison for client medicine related issues with the relevant pharmacy.

## 7 Documentation

Documentation requirements apply equally in situations where direct care is provided outside the health centre.

Where there is capacity to access a client's Electronic Health Record (EHR), this is the recommended method of documentation. The health centre laptop/s may be an option for accessing EHRs. A USB Wi Fi may be required to access EHR Systems and can be purchased locally using the usual procurement processes. The District Manager will liaise with the PHCM to ensure PHC staff are able to maintain relevant client health records, and will approve USB Wi Fi purchases if required for access to the EHR. When Wi Fi is utilised the EHR Helpdesk must be notified to activate Web Client access in order for staff to access the EHR. Notification to the Helpdesk may be by e-mail from the PHCM via the District Manager with the staff member's name, user id and estimated duration for Web Client access.

Where access to the client's EHR is not possible, all PHC staff are to ensure information is recorded legibly on approved hard copy forms whenever direct client care is provided. This record must be scanned and saved in the clients EHR. See [Health Records Documentation](#) and [Electronic Health Records Overview](#) for further information re documentation and management of hard copy health records. Referring to the Mass Client Summary will provide basic information about the client, including allergies and current medications.

## 8 Staff Roster

Where possible, health care will be provided by or under the direction of, the affected communities PHC team.

The PHCM is responsible for developing an appropriately skilled staff roster to ensure health services can be provided during clinic opening hours for community members in the evacuation centre. Once

developed, the roster should be sent to the District Manager for endorsement.

PHC staff will need to obtain approval from the Primary Health Care Manager and / or District Manager:

- prior to arranging and undertaking any overtime
- for additional staffing (if this is required), to ensure approval for additional costs

Sick leave or unexplained absences impacting on the roster will be covered firstly by PHC staff when available and approved. In the event this is not possible, in some instances the shift may be covered by St John Ambulance staff or alternatively staff provided by other government agencies. Support from external agencies will need to be coordinated by the District Manager.

The PHCM will monitor the health and wellbeing of PHC staff and stand-down staff as required.

## 9 Staff Support - Accommodation / Transportation

Transport and commercial accommodation away from the evacuation centre will be arranged for evacuated PHC staff by the District Manager as required. All PHC staff are eligible for accommodation however it is restricted to immediate family only and not for extended family or relations. In remote locations that don't have any commercial accommodation options, accommodation arrangements are the responsibility of the District Manager. In all locations staff are free to utilise any personal accommodation, eg family, friends.

Staff accommodated away from the evacuation centre will be transported to and from the evacuation centre for health / clinic hours. This may be either taxi cab vouchers or a vehicle.

In the event staff have access to their personal vehicle and have approval under By-law 32 re [use of a private vehicle](#) for work purposes, they may elect to use their vehicle for travel to and from the evacuation centre and claim kilometre reimbursement.

The District Manager is to monitor and support the health and wellbeing of all PHC staff, both clinical and non-clinical.

## 10 Communication to Community Members in the Evacuation Centre

Community relations are key in ensuring the wellbeing of the evacuees. Where possible the PHCM should join the daily evacuation centre community briefing, and receive and provide situation reports to and from the District Manager. The District Manager is to provide the primary point of contact for the Regional Medical Group Leader and PHC Executive, maintain communications and information sharing internal and external of the agency, and ensure there is 24/7 coverage of this position for the duration of the event. This is a point of contact for the Regional Medical Group Leader for resolution of issues.

The daily briefing is arranged and led by the Recovery Coordinator and evacuation centre staff, with input from other key recovery agencies. These agencies may include;

- Bureau of Meteorology (BOM) - river heights, weather activity
- Territory Families - National Disaster Relief and Recovery Arrangements (NDRRA)
- Department of Education
- Department of Infrastructure - damage assessment, rebuild options, cleaning management
- Department of Sport and Recreation
- Department of Primary Industry and Fisheries (DPIF) - animal management at the evacuated community
- Environmental Health - hygiene / ablutions / disease control
- Local Shires / Councils
- Police - evacuee behaviour
- Red Cross - accessing resources

A notice board may also be used to provide information such as updates on the situation in the community, health clinic opening hours, and other relevant notices for people in the evacuation centre.

Quality Assurance		
	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre	Health Policy Guidelines Program
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care Remote CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care Remote CAHS
Compliance	N/A	

Key Associated Documents	
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	<p><a href="#">Critical Incident Follow-up PHC Remote Guideline</a></p> <p><a href="#">Duty RMP Telephone Consultations PHC Remote TEHS Guideline</a></p> <p><a href="#">Electronic Health Records Overview PHC Remote Guideline</a></p> <p><a href="#">Health Records Documentation PHC Remote Guideline</a></p> <p><a href="#">Local Emergency Plans PHC Remote Guideline</a></p> <p><a href="#">Medical Officer Telephone Consultation PHC Remote CAHS Guideline</a></p> <p><a href="#">Schedule 8 and Restricted Schedule 4 Medicines PHC Remote Guideline</a></p> <p><a href="#">Section 250 NT Medicines, Poisons &amp; Therapeutic Goods Act PHC Remote Guideline</a></p> <p>Information Sheets: <a href="#">Declared Places Outreach Services Scheduled Substance Treatment Protocol</a></p> <p><a href="#">Use of a Private Vehicle PHC Remote Information Sheet</a></p> <p>Northern Territory: <a href="#">Emergency Management Act 2013</a></p> <p><a href="#">Medicines, Poisons and Therapeutic Goods Act 2012</a></p> <p><a href="#">Code of Practice : Schedule 8 Substances, Volume 2 - Storage &amp; Transportation</a></p> <p>NT Police, Fire and Emergency Services – <a href="#">Northern Territory Emergency Services</a> webpage:</p> <p><a href="#">NTES Publications</a>, scroll down to <i>Emergency Management Documents for:</i> Territory Emergency Plan, under <i>Territory emergency and strategic plans</i></p>
References	As Above

Definitions, Acronyms and Alternative Search Terms	
Term	Description
Basic Health Care	<p>This may include such activities as:</p> <ul style="list-style-type: none"> <li>- simple dressings, blood pressure monitoring and blood glucose monitoring and other activities able to be provided in the Evacuation Centre</li> <li>- coordination of ongoing management for clients such as follow-up for referral appointments</li> </ul>

	- facilitating referral of clients requiring health services required that are beyond the scope of the Evacuation Centre
<b>Regional Medical Group</b>	A group / cluster of agencies that coordinate NT-wide policies and plans to ensure the preparation of and provision of medical services during the response to and recovery from an emergency. Their primary responsibilities include the arrangements and coordination of relevant / associated organisations. These responsibilities are detailed in specific functional group plans. (See Territory Emergency Plan, Annexure E (vi): Medical Group).
<b>Evacuation Centre</b>	Evacuation centres may be established in major population centres for remote communities severely impacted by an event or in anticipation of an event. It is designed to accommodate people for short to medium periods of time, from a <b>few days to several weeks</b> . (Territory Emergency Plan p 29)
<b>Emergency Shelter</b>	Buildings or structures that provide people with a place of protection during an emergency or disaster which do not normally operate for more than <b>48 hours</b> . People accessing a shelter are expected to be self-sufficient and provide their own food and supplies. Also see Territory Emergency Plan, Section 4.13 & Annexure E (iv).

Evidence			
Reference	Method	Evidence Level (I-V)	Summary of Recommendation from this Reference
N/A	N/A	N/A	N/A

National Safety and Quality Health Service Standards							
 Clinical Governance	 Partnering with Consumers	 Preventing and Controlling Healthcare Associated Infection	 Medication Safety	 Comprehensive Care	 Communicating for Safety	 Blood Management	 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>