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STANDING COMMITTEE ON ENVIRONMENT, CLIMATE CHANGE AND BIODIVERSITY
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Submission Cover Sheet

Inquiry into ACT environment's Bushfire preparedness

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Standing Committee on Environment, Climate Change and Biodiversity
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HCCA Submission:
Inquiry into the ACT Environment's Bushfire Preparedness

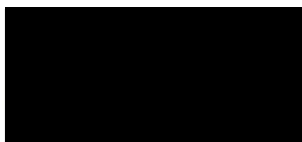
Thank you for the opportunity to provide the perspective of the Health Care Consumers' Association on the ACT's bushfire preparedness.

We believe that thorough planning for bushfires and other emergencies is increasingly important as our climate changes. Planning needs to be as inclusive as possible to ensure that the needs of all ACT residents are met, that everyone has the support they need to stay safe in an emergency.

HCCA's submission focusses on the importance of business continuity of health care services but also touches on the specific worries of people with disability or chronic health conditions which impact their ability to plan, prepare and safely evacuate.

Community anxiety is high around bushfire planning and we recommend more active engagement of ACT residents on this issue.

Yours sincerely,



Darlene Cox
Executive Director

8 February 2024

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SUBMISSION

**Inquiry into the ACT Environment’s Bushfire
Preparedness**

February 2024

About HCCA

The **Health Care Consumers’ Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is a Health Promotion Charity registered with the Australian Charities and Not-for-profits Commission.

1. Overview

Everyone has a right to access to health care services that meet their needs. We also have a right to be cared for in an environment that is safe and makes us feel safe. These principles are central to the Australian Charter of Health Care Rights¹.

The National Climate and Health Strategy, launched in December 2023, makes clear that we must build health system resilience to climate driven emergencies, including bushfire. *‘Objective 1- Health System Resilience: Build a climate-resilient health system and enhance its capacity to protect health and wellbeing from the impacts of climate change’* includes the goal of strengthening the health system’s disaster preparedness, response and recovery capacities, in particular by strengthening the role of primary care². This will become essential as the incidence of climate driven emergencies increases.

The ACT Government must put in place plans to ensure access to safe health care is maintained wherever possible. This includes supporting the ACT community to manage their own health conditions safely in times of emergency.

The 2019-2020 bushfires across eastern Australia demonstrated that demand for health care is heightened during significant fire events. It also resulted in disruption to provision of health care services and displacement of consumers, who were not able to access their usual primary care providers or urgent care services such as hospital emergency departments.

As part of the ACT’s bushfire emergency response planning, we want to see consideration given to providing for continuity of access to health care. Health services, including primary care providers and community pharmacists, must be included in planning for and enacting bushfire emergency responses along with other relevant agencies.

Many ACT residents need support to develop appropriate emergency plans. For people with disability or complex health needs, planning for managing the smoke, power outages and evacuations that may come with a bushfire emergency is challenging. Many consumers need support to find and implement relevant advice.

Emergency services also need to be aware that some people will require additional assistance in evacuating – those who are not mobile, who do not have transport or friends and family nearby to assist them, or who have complex medical needs. Evacuation support will be needed for people without a personal vehicle and without usual carers (formal or informal). We are keen to see a strategy developed for this and for it to be communicated to people well in advance of actioning a plan. People need to know they are ‘on the radar’ of emergency services to feel secure. In the 2019/20 bushfires many people felt forgotten.

2. Recommendations

We recommend:

- Emergency services, health services (including primary care and community pharmacy) as well as community organisations, work collaboratively to identify the support needs of vulnerable people within the community and develop a strategy that will address their needs in an emergency.
- Proactive communication (both in advance and during a bushfire event) about the plans that are in place, both for the general community as well as for specific cohorts including new immigrants, people with disability, and people with chronic health conditions.
- Including Health Services, including primary health providers, in bushfire planning to ensure continuity of access to the health care and safe evacuation.

3. Addressing the Terms of Reference

In this submission, HCCA specifically addresses two of the Terms of Reference of the Inquiry:

- C). Bushfire risk, resilience, and potential impacts, including consideration of the impact of bushfire on the ACT community, wildlife, and flora; and
- F). Coordination between environmental agencies and other government agencies in relation to bushfire risk and management.

Our focus in responding to this Inquiry is on the impact bushfires have on health, demand for health services and on access to health care during bushfire events.

C) Bushfire risk, resilience, and potential impacts, including consideration of the impact of bushfire on the ACT community, wildlife, and flora

The health of the ACT community has the potential to be negatively impacted by bushfire events, both from acute injury but also from the effects of particulate matter. These impacts are and will be felt in both the short term (such as triggering asthma and cardiovascular events) and longer term (including the impacts on pregnant women and their babies, which we are still learning about³)

In order to improve community resilience to bushfire, the ACT Government needs to ensure that there are appropriate plans in place for continuity of access to necessary medical care.

Medicines

Preparations must include assurance of adequate access to medicines – including those taken regularly as well as those that may be needed to treat conditions we can reasonably expect to be caused by exposure to smoke.

For example, people with diabetes who are insulin dependent need to be prepared with sufficient supplies of insulin and a means of keeping it chilled during power outages or evacuations. They also need ready access to suitable food and drinks to manage their blood sugar safely.

One HCCA member with diabetes told us that:

‘The scariest things for people with diabetes are: no insulin and no food to correct a low. It can become critical very quickly.’

And wondered what preparations they need to make and who can advise them on planning for emergencies.

‘How many days do I need to be prepared for? Where does that advice come from?’

As another example, the 2019/2020 bushfires resulted in significant increases in demand for salbutamol. The Australian Institute of Health and Welfare Report, *Australian Bushfires 2019-2020: Exploring the short-term health impacts*⁴, shows scripts dispensed for salbutamol (used for the relief of respiratory symptoms) increased in line with major bushfire activity. In the Canberra Region in the week beginning 5 January 2020 (the week in which Canberra recorded its worst air quality⁵), salbutamol prescriptions increased by 73% compared with the same week in the previous year⁶.

During the week of 5 January 2020, sales of inhalers increased 204.3% on the previous year in the ACT, and inhalants and adrenergics for obstructive airway diseases by 90.08%⁷.

Access to adequate supplies of salbutamol or similar medicines, as well as other inhalants and adrenergics, must be assured in order to meet the needs of ACT residents in case of bushfire. For this reason it is important that GPs and community pharmacies have appropriate business continuity plans in place.

Masks

Similarly, it is important to ensure community access to appropriate masks to mitigate exposure to particulate matter. For bushfire smoke, masks must be PM2.5 rated. Access to appropriate masks and effective public health messaging about masking has the potential to reduce the demand for medications and also to reduce presentations to emergency department. PM2.5 rated masks are costly and it may be appropriate for these to be made available to people with health care cards, for example.

Research conducted at the University of Tasmania has conservatively estimated the smoke-related health costs of the 2019–20 bushfire season to be \$1.95 billion. As bushfire emergencies become more regular we will need to be proactive about protecting the community from the health impacts of smoke.

Health Care Services

Demand on emergency departments rises steeply during bushfire events. As the Dunns’ Road Megafire burned at Emergency Warning level for several days, respiratory-related presentations to an emergency department increased by 86% compared with presentations for the same time the previous year⁸.

Emergency departments also need to be prepared for the expected influx of patients. In the ACT 166 people presented to a hospital emergency department between 20 December 2019 and 12 January 2020 reporting their symptoms or condition to be ‘smoke-related’⁹

This increase in demand is seen across the public health system. In ACT the 2019-2020 fires contributed to (with a 95% confidence interval) 31 excess deaths, 82 cardiovascular related hospital admissions, 147 respiratory related hospital admissions, and 89 emergency department presentations for asthma¹⁰.

HCCA is interested in the work being undertaken by the Victorian Environmental Protection Agency in collaboration with the University of Adelaide, developing The Environmental Distress Index¹¹ (TEDI) to formally measure the psychological harm of pollution events (which could include bushfire smoke and particulate matter). The TEDI they develop could be a useful tool for the ACT government in understanding the psychological impacts of bushfire (and other) events and to devise appropriate response strategies.

F) Coordination between environmental agencies and other government agencies in relation to bushfire risk and management

Collaboration between agencies is needed to ensure that the plans in place to protect the ACT community in a bushfire emergency are inclusive and meet the needs of all ACT residents.

People with Disability or Chronic Illness

People with disability or chronic illness are at increased risk in a bushfire emergency. The Disability Royal Commission recognised that people with disability are at higher risk of neglect, abuse or restrictive practices during emergencies¹². This can be the result of Government responses that do not address the needs of people with disability, barriers to usual services and supports, inaccessible information, and increased social isolation¹³.

Significant planning (both personal and organisational) may be required to ensure individuals can manage their unique needs in a bushfire emergency, when evacuating or when unable to access their usual health and support services.

Many people who are unwell or have a disability may need support to develop a

bushfire plan and assurance that support is available to enact their plans when necessary.

HCCA’s members told us that:

‘People feel safer knowing support organisations are aware of their situation.’

‘There needs to be communication with interested parties so that vulnerable residents are on their radar.’

Many of HCCA’s members, particularly those who have a disability, raised concerns that there is not enough support and not enough proactive engagement of residents so they are aware of arrangements and feel secure in the knowledge their needs will be met in an emergency. They told us that:

‘We need community outreach to identify vulnerable residents’

‘People need support to develop their own plans. Where does that advice come from.’

‘I am worried there is no record of who needs help to get out.’

‘We need advice to take medications and prescriptions when we evacuate. I couldn’t get my diabetic medications and didn’t have my scripts’.

Culturally and Linguistically Diverse Communities

ACT residents from culturally and linguistically diverse communities may have different communication and support needs. It is vital that the ACT Government collaborates with community organisations to ensure that all residents have the information they need to take safe action in case of bushfire.

This will require specific engagement with multicultural organisations and community groups to learn about their needs and concerns and provide information in a way they can access, understand and act on.

People may need information provided in language and it is important that plans are made in advance about how emergency services will engage with communities to ensure information is provided in an accessible format.

Who can help?

Community and other specialised organisations are well placed to provide targeted advice and support for vulnerable ACT residents. For example, the National Diabetes Services Scheme has developed a thorough guide: *The needs of people with diabetes and other chronic conditions in natural disasters and emergencies: a guide for emergency services, local councils and the not-for-profit sector.*

This guide shows the potential for collaboration and the importance of access to specialised advice in disaster preparedness.

Emergency services and government officials involved in disaster planning should work collaboratively with community organisations to meet the specific needs of the community they service. This avoids the need for emergency service personnel to be experts in all condition-specific needs and allows them to point concerned residents to an organisation with the expertise and resourcing to support them to plan appropriately.

HCCA’s research on consumers’ communication and information needs in the early stages of the COVID-19 pandemic showed that people with disabilities had unique information needs that were not always met by standard official pandemic communications channels. Our research showed that a greater proportion of people with a disability (31%) were accessing information from specific health professions or disease specific organisations and community organisations. The results of HCCA’s survey on this are at Attachment A. This tells us that it is important that a range of non-government organisations must be involved in the design and implementation of effective emergency planning and management.

The ACT has historically struggled with emergency planning that meets the needs of people with disability. This was evident in the delayed implementation of disability specific interventions for the COVID-19 pandemic. For example, Women with Disabilities ACT report that they found it difficult to get transparent, relevant, and timely advice from governments for people with disabilities during both the 2019-2020 bushfire crisis and COVID-19¹⁴. We need to learn from this and ensure that needs of people with disabilities are considered in disaster preparedness.

The Sendai Framework on Disaster Risk Reduction (2015-2030) provides a useful model for ‘inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and strengthen resilience’¹⁵.

We are aware that people with disabilities are likely to experience the worst consequences of climate change earlier and more significantly due to higher rates of poverty, poor quality or inappropriate housing and social isolation from the community¹⁶. For this reason it is important to prepare and plan for the expected increase in climate related emergencies with an appropriately inclusive framework that addresses the unique needs of this cohort.

4. HCCA’s members highlighted some of their specific concerns and suggestions for improvements:

Assistance Animals

- In an emergency, people may evacuate without time to collect their assistance animal’s vest or identification documents. We need a central register of assistance animals to establish their credentials.

Aged Care

- What preparation are aged care facilities required to undertake? Do they have to have a plan? Is there a register of plans?
- Who is responsible for helping aged care facilities evacuate with so many people who need assistance?
- Are they mapping nursing homes to evacuation centres so individual centres are not overwhelmed with people who need a lot of support?
- Last time many were left without their wheelchairs and walkers. This is a problem.

Location

- I live in the region and access most of my services in Canberra. Who is responsible for me in an emergency, who should I be listening to?

Support needs

- How do I evacuate without a car?
- We need phone numbers not just websites. I am legally blind.
- We need two streams of information – for digital citizens and non-digital citizens.
- Can someone from the hospital use the Digital Health Record to find evidence of prescriptions for those who do not have their paperwork after evacuating?
- We update our emergency kit every six months. What if we couldn’t afford to?
- There should be consideration of evacuation centre set up. Can there be quiet spaces? Reducing stress for people who are triggered can reduce stress for everyone.
- They need to not be too bureaucratic regarding carer status and self-reported needs.

¹ [My Health Care Rights Poster A4 \(safetyandquality.gov.au\)](https://www.safetyandquality.gov.au)

² [Summary of Key Actions in the National Health and Climate Strategy](#)

³ Murphy VE, Karmaus W, Mattes J, Brew BK, Collison A, Holliday E, Jensen ME, Morgan GG, Zosky GR, McDonald VM, Jegasothy E, Robinson PD, Gibson PG. Exposure to Stress and Air Pollution from Bushfires during Pregnancy: Could Epigenetic Changes Explain Effects on the Offspring? *Int J Environ Res Public Health*. 2021 Jul 13;18(14):7465. doi: 10.3390/ijerph18147465. PMID: 34299914; PMCID: PMC8305161.

⁴ [aihw-phe-276.pdf.aspx](#)

⁵ [Inhaler demand spiked during 2019-20 bushfires \(woolcock.org.au\)](#)

⁶ [aihw-phe-276.pdf.aspx](#)

⁷ [Inhaler demand spiked during 2019-20 bushfires \(woolcock.org.au\)](#)

⁸ aihw.gov.au/getmedia/a14c3205-784c-4d81-ab49-a33ed4d3d813/aihw-phe-276.pdf.aspx?inline=true

⁹ Borchers Arriagada, N., Palmer, A.J., Bowman, D.M., Morgan, G.G., Jalaludin, B.B. and Johnston, F.H. (2020), Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia. *Med. J. Aust.*, 213: 282-283. <https://doi.org/10.5694/mja2.50545>

¹⁰ Borchers Arriagada, N., Palmer, A.J., Bowman, D.M., Morgan, G.G., Jalaludin, B.B. and Johnston, F.H. (2020), Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia. *Med. J. Aust.*, 213: 282-283. <https://doi.org/10.5694/mja2.50545>

¹¹ [The Environmental Distress Index \(TEDI\) | School of Social Sciences | University of Adelaide](#)

¹² [People with disability at much greater risk of neglect during emergencies | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)

¹³ [People with disability at much greater risk of neglect during emergencies | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)

¹⁴ Women with Disabilities ACT Submission to the Disability Royal Commission on the Issues Paper on Emergency Planning and Response July 16th 2020 [Publications – Women With Disabilities ACT \(wwdact.org.au\)](#)

¹⁵ [Sendai Framework | UNECE](#)

¹⁶ Women with Disabilities ACT Submission to the Disability Royal Commission on the Issues Paper on Emergency Planning and Response July 16th 2020 [Publications – Women With Disabilities ACT \(wwdact.org.au\)](#)