

## STATEMENT OF MARK STEWART ELCOCK

I, Mark Stewart Elcock, State Medical Director, for Retrieval Services Queensland, Division of the Chief Health Officer, QH, 2<sup>nd</sup> Floor Medilink Building, The Townsville Hospital, Townsville, say as follows:

I was directly involved in the Queensland summer flood disaster response from 26/12/10 through to 28/02/11.

1. I am a registered Medical Practitioner with the Medical Board of Australia. I have unconditional General Registration and Specialist Registration in Emergency Medicine. I received my Medical Degree in Glasgow, Scotland in 1988 (MBChB). I am an Australian trained Emergency Physician, obtaining a Fellowship of the Australasian College of Emergency Medicine (FACEM) in 1998. I also have a Fellowship of the College for Emergency Medicine in the United Kingdom (FCEM), conferred in 2002.
2. I hold the position of Associate Professor (Adjunct) with the School of Medicine and School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University. This appointment is due to my past experience and knowledge in pre-hospital patient care and disaster management.
3. I have been involved in pre-hospital care and aeromedical transport in Queensland since 1991. This has involved significant exposure to aeromedical clinical coordination and retrieval in Queensland. This specifically includes >4000 clinical coordination tasks and >800 primary and inter-hospital retrievals (road, rotary and fixed wing).
4. During this time I have developed close professional working relationships within Queensland Health (QH), Queensland Ambulance Service (QAS), Emergency Management Queensland Helicopter Rescue (EMQHR), the Community Helicopter Providers (CHP), Australian Helicopters Pty Ltd (AHPL), Royal Flying Doctor Service (RFDS), Careflight Medical Services (CMS), Careflight Group Queensland

and the various clinical networks and professional bodies involved with retrieval and aeromedical transport services in Queensland, other States and Territories and internationally.

5. I am employed by QH as a clinician at the level of Eminent Staff Specialist. My position is that of State Medical Director, Retrieval Services Queensland. My role encompasses direct clinical work as a Retrieval Physician performing retrievals with QAS Flight Paramedics by QAS Ambulance or Emergency Helicopter Network (EHN) Helicopter and RFDS Flight Nurses via RFDS aircraft as tasked by the Queensland Emergency Medical System Coordination Centre (QEMSCC). I also perform QEMSCC Medical Coordination shifts.
6. My non clinical role is primarily to provide clinical governance and operational oversight of QH contracted retrieval and aeromedical service providers. I also provide specialist clinician advice in assisting the development of standards and policy to QH relating to aeromedical and retrieval issues. My role description assigns me to the position of State Controller of Aeromedical Assets for QH.
7. Retrieval Services Queensland (RSQ) was intricately involved in the acute flood disaster response from 26/12/10 through to 28/02/11.
8. I was State Medical Director during this period, performing clinical and operational roles as well as medical leadership across RSQ and QEMSCC. In particular, I maintained direct liaison with the QH State Health Incident Controller, State Health Emergency Coordination Centre (SHECC), QAS Deputy Commissioner and Medical Director, BMQ-HR General Manager and Base Managers, CHP Chief Executive Officers, Careflight Medical Services Chief Executive Officer and senior clinicians, RFDS senior clinicians and operational staff and Health Service Districts to direct the strategic positioning and integration of Emergency Medical System (EMS) aeromedical assets (Rotary and Fixed Wing) and Retrieval Teams to those regions affected. Additional EMS Helicopters were provided by the CHP.

9. This statement is being provided as a result of my direct involvement in the Queensland Summer Flood disaster response from 26/12/2010 to 28/02/2011 and in response to the letter dated 10 May 2011 I received from the Independent Commission of Inquiry into the 2011 Queensland Flood Disaster (the Commission of Inquiry).
10. In response to the specific matters requested, I now respond as follows:
- A. Overarching structure for the provision and tasking of emergency helicopters in Queensland, including helicopters owned by Emergency Management Queensland and community helicopter (such as the Sunshine Coast Helicopter Rescue Service)**
11. The EHN is comprised of four CHP, the Contract Provider in the Torres Strait and EMQHR. Together they provide a network of 10 helicopters along the east coast regions of Queensland.
- a. The four CHP have a Funding Deed with State Government to assist with emergency helicopter service delivery to their community. The four approved CHP are:
- i. CareFlight (Qld) with bases at the Gold Coast and Toowoomba Airports;
  - ii. Sunshine Coast Helicopter Rescue Service with bases at the Sunshine Coast and Bundaberg Airports;
  - iii. Capricorn Helicopter Rescue Service based at Rockhampton Airport; and
  - iv. Central Queensland Helicopter Rescue Service based at Mackay Airport.
- b. The Contract Provider is AHPL and is based at Horn Island to service the Torres Strait area. The Contract Provider has a commercial contract with State Government to provide emergency helicopter services in the Torres Strait

area.

- c. EMQHR has 3 bases at Archerfield Airport (Brisbane), Townsville Airport and Cairns Airport.
12. On 1 July 2010 the administration and funding for the four CHP and the Contract Provider in the Torres Strait were transferred from the Department of Community Safety to QH under a Machinery of Government change.
  13. EMQHR remains with the Department of Community Safety. However, QH is developing a Memorandum of Understanding with Department of Community Safety for the use of helicopters for interfacility transfers.
  14. Under the Funding Deed and Contract with the CHP, authorised services (or tasks) include aeromedical operations (including primary tasks, interfacility transfers, and transport of medical teams and equipment (nil patients) for large scale aeromedical operations), fire and rescue operations, urgent Queensland Police Service (QPS) responsibilities (including Search and Rescue operations and law enforcement), emergency management operations (including evacuations, re-supply, personnel and equipment transfer, reconnaissance and damage assessment and official transport) and training of tasking agency personnel.
  15. Tasking agencies that task all the helicopters in the EHN are QH, QAS, Queensland Police Service (QPS), Queensland Fire and Rescue, District Disaster Coordination Centres (DDCC), State Disaster Coordination Centre (SDCC) and the Australian and Maritime Safety Authority (AMSA).
  16. Tasking by QH and QAS is through the QEMSCC which is a joint initiative between QH (Retrieval Services Queensland) and the QAS.
  17. The QEMSCC was established as a Statewide service in January 2006. This was as a direct result of two coronial inquests into two separate EHN helicopter crashes with multiple fatalities involving EHN flight crew, QAS paramedics and a patient and family member. These crashes occurred in July 2000 and October 2003. There were

also two Independent Reviews during 2004 and 2005 which supported the move to a central point of tasking for all aeromedical taskings allowing for standardised processes and defined responsibility and accountability for tasking decisions.

18. Within QEMSCC, QH provides the clinical capability and QAS the logistics support required to task and track all aeromedical assets all in a collocated facility.
19. The QEMSCC is the only tasking agency authorised to task the EHN on aeromedical tasks to support QAS 000 calls from the community and interfacility transfers between health care facilities (Public and Private). It does not task the EHN for any non aeromedical tasks.
20. It should be noted that 89.5% of all EHN engine hours used are attributable to QEMSCC coordinated and tasked patient retrievals during times of non disaster operations.
21. The main non QEMSCC tasked EHN engine hours are related to:
  - a. Search and Rescue operations 6.49 % (when tasked by QPS and AMSA);
  - b. law enforcement 0.46% (when tasked by QPS); and
  - c. Disaster Operations 0.82% (when tasked by EMQ/QPS and others).
22. EHN helicopters are the only helicopters in Queensland capable of transporting stretcher patients and clinical crew in an aeromedical configuration endorsed by QAS and QH. This ensures optimal safety for patients and personnel and quality patient care.
23. Importantly, all of the above tasking agencies task helicopters from the EHN directly, with EMQHR receiving the majority of such requests.
24. The tasking of EHN helicopters by multiple agencies is governed by the Queensland EHN Tasking Guidelines (**the Guidelines**). The Guidelines, to the best of my knowledge, have not been updated or endorsed since 2003. Although a number of draft versions updating the Guidelines have been in existence since then (most

recently April 2011), my understanding is that these agencies still use the 2003 version of the Guidelines.

25. The QEMSCC tasks Emergency Helicopter Network providers according to a number of RSQ and QAS Standard Operating Procedures (SOP). I refer the Commission to RSQ/SOP number 12.3 *Tasking Considerations for Aeromedical Operations* (attached and marked Exhibit A).
26. RSQ was established in January 2009. RSQ forms part of the Health Coordination Services Directorate (HCSD) of the Division of the Chief Health Officer, QH.
27. This integrated Unit is responsible for:
  - a. Statewide quality governed clinical coordination services for all adult, neonatal, paediatrics and high risk obstetric services providing safe, timely and efficient aeromedical service provision, to at risk patients and the communities of Queensland;
  - b. RSQ provides a multidisciplinary operational partnership between QH and QAS via the QEMSCC located in Brisbane (Southern Operations) and Townsville (Northern Operations). Both centres are equipped with multiple state of the art communications technologies to provide real-time virtual linkages capable of ensuring seamless clinical coordination and patient retrieval capability across the State; and
  - c. Statewide clinical and operational leadership and governance structure for QH's specialised and contracted retrieval services and aeromedical transport providers across the State ensuring whole of system performance monitoring and subsequent policy and system enhancement and development.
28. Clinical coordination describes the process whereby medical and nursing coordinators are involved in direct supervision of the transport or retrieval of at risk sick and injured patients. This is to ensure high level clinical advice is available prior to and during transport, the safe and efficient use of expensive and finite transport and clinical retrieval services and that the patient is directed in a timely manner to the most appropriate receiving health care facility.

29. QH has identified that clinical coordination and retrieval services for adult, paediatric neonatal and high risk obstetrics patients is a significant element in providing specialist level support to rural/remote/regional communities, identifying at risk patients, facilitating equity of access of patients to specialist care and providing timely, quality clinical care and ethical, safe and efficient patient escort and transport.
30. RSQ has its primary focus on the patient and Medical Coordinators have the responsibility and delegated authority to:
- a. Provide high level clinical consultancy and governance on the clinical care for patients requiring retrieval and transport to a higher level of clinical care;
  - b. Provide specialist level clinical advice/support to a referring clinician in preparation for transport/Retrieval;
  - c. Provide clinical supervision of Retrieval and/or transport service;
  - d. Identify the appropriate health facility destination, including critical care bed availability, as determined by the patient's health care requirements;
  - e. Approve and authorise the transport and clinical escort needs of the patient to effect safe, efficient, timely and effective patient retrieval services;
  - f. Task QH and external contracted retrieval services as required; and
  - g. Liaise with QAS, RFDS, EMQHR, CHP and contracted retrieval services to ensure alignment of the transport vehicle and patient escort requirements, optimising patient care and safety.
31. The QEMSCC received 18,432 clinical coordination referrals in the financial year 09-10. Of this total, 14,778 patients were aeromedically retrieved/transported by a combination of fixed wing air ambulance (11,551 or 78%) and EHN Helicopters (3227 or 22%).
32. Queensland is now the benchmark in Australia for such an integrated retrieval service. No other State provides this level of integrated specialist level aeromedical service provision across all age groups.

- B. Which Agency or agencies have responsibility for tasking of emergency helicopters during a disaster event and, in particular, which agency was the central tasking agency for emergency helicopters during the 2010/2011 flood events?
33. During a defined disaster event, the tasking agencies referred to in paragraph 15, task EHN helicopters directly. The main difference between normal daily operations and a disaster response is that SDCC and DDCC also directly task EHN helicopters.
34. QEMSCC maintains its role in tasking EHN assets to assist in the QAS Regional Ambulance Communication Centres (RACC) response to 000 calls and interfacility retrieval and transport requests. QH is responsible for the aeromedical retrieval and transport of sick and injured patients. The EHN is one set of assets utilised to provide safe aeromedical retrieval and quality care.
35. When the State Disaster Management Plan (SDMP) is activated and the State Disaster Coordination Centre (SDCC) is stood up, the State Disaster Coordinator (SDC) is responsible for the coordination of the disaster response operations for the State Disaster Management Committee (SDMG). The SDC is supported in this role by the State Disaster Coordination Group (SDCG).
36. In my experience the tasking of EHN helicopters during a disaster is no different to that followed during normal operations. They are tasked directly by the tasking agencies outlined above. The difference is that during a disaster the volume of requests directed to the EHN, in particular EMQHR, increases. This is specifically from SDCC, DDMG, EMQ and QPS.
37. In my opinion, direct tasking by multiple agencies to EHN helicopters can place the pilot in command of the helicopter in the invidious position of having to triage multiple requests for urgent assistance. There is no specific central group or agency that triages tasking requests or exercises command and control of EHN helicopters during normal operations or a disaster.



38. In my opinion and based on my qualifications and experience, not having an EHN central tasking agency is a fundamental flaw in the tasking of EHN assets. This is because it can provide scope for confusion and miscommunication for EHN tasking agency members during normal operations and specifically during the system stress of a disaster scenario. My opinion as to the ability to centralise and coordinate helicopter tasking between different agencies is addressed further in my response to the Commission's question (D) below.

**(C) The role of the Queensland Emergency Medical Service Coordination Centre (QEMSCC) during the 2010/11 floods, and in particular:**

- (a) whether the QEMSCC was the central tasking agency for floods; and**
- (b) whether QEMSCC had primary responsibility for tasking the SCHRS during the floods.**

39. In response to (a) above - QEMSCC was one tasking agency for EHN assets during the 2010/11 floods but it was not the central tasking agency. This is because there is no central EHN tasking agency (see further my explanation in paragraphs 36-38 above).

40. In response to (b) above, QEMSCC did not have primary responsibility for tasking the SCHRS during the floods. This is because there was no central EHN tasking agency with primary responsibility for tasking the SCHRS during the floods.

41. QEMSCC maintained its clinical and operational governance of all referred requests for clinical coordination of patients and subsequent road or aeromedical retrievals/transport during the 2010/11 floods.

This included support to QAS RACC to respond to 000 community requests for assistance as well as the retrieval and transport of sick and injured patients between health care facilities. This was articulated early on in the flood event. I refer to **Exhibit B** which is my memorandum dated 29/12/2010.



Mark Stewart Blcock



Justice of the Peace/Legal Practitioner

Page 9 of 20

42. It should be noted that the volume of calls for assistance to QEMSCC during these events increased significantly. This was attributable to the following factors:
- a. Road closures which resulted in an inability of QAS to respond to 000 calls for assistance from the community by road ambulance. Where this occurred and the patient was unable to be reached in a clinically appropriate time frame by alternative means, QEMSCC were asked to consider aeromedical (EHN) support; and
  - b. Road closures resulting in an inability to transport sick and injured patients between health care facilities by QAS road ambulance. Again, QEMSCC were requested to provide aeromedical support in these scenarios.
43. During the periods where QAS were unable to provide a road ambulance response to a 000 call for assistance, QEMSCC Nursing and Medical Coordinators consulted directly with members of the public to ascertain their medical requirements, provide advice and attempt to optimise their management whilst awaiting a 000 transport response. When clinically appropriate, these patients waited for road or SES transport. If it was determined that these patients required an immediate response (eg Chest Pain) every effort was made to task an EHN aeromedical response with QAS Flight Paramedic either alone or accompanied by a Doctor.
44. Where there was no QAS road, EHN or fixed wing option to retrieve patients from a lower level of care to a higher level of care, QEMSCC Medical Coordinators provided specialist level advice to referring facilities to optimise patient care whilst an asset was sourced.
45. Given the higher volumes of referrals to QEMSCC, there were occasions during the flood event when patients had to wait longer for a 000 response or gain access to a higher level of care than would normally be tolerated or clinically acceptable as a direct result of road, EHN and fixed wing asset availability. It must be recognised that normal operations were maintained during this period.
46. The QEMSCC maintained its daily functions during these events by increasing RSQ Medical and Nursing Coordinator positions and QAS Emergency Medical

Dispatchers and implementing a 24/7 Incident Command structure. RSQ clinicians, QAS and Careflight Medical Services (CMS) personnel were rostered appropriately to ensure core, and flood related, business continuity for QEMSCC.

**(D) The ability to centralise and coordinate helicopter tasking between different agencies (for example, the Queensland Emergency Medical Service, the Queensland Fire and rescue Service and the Queensland Police Service.**

47. Under the current arrangements in place since July 2001, the members of the EHN are administered by different Government Departments. EMQHR are part of the Department of Community Safety and the CHP and AHPL are administered by QH. Of note, all QAS inter-facility road transports and fixed wing contracts are administered by QH.

48. In my opinion and based on my qualifications and experience, whilst the administrative and contractual arrangements are separate, the performance, governance and integration of the EHN will be sub optimal. Whilst the concurrent tasking of EHN helicopters from multiple tasking agencies (managed under different contracts and by different Government Departments) remains, there will always be an increased operational potential for tasking conflict and miscommunication. I refer the Commission to paragraph 72 in my response to the Commission's question (F) below.

49. Operationally, the obvious solution is the establishment of a single point of access to the EHN. This has been discussed between agencies for some time and is referred to as Single Point Tasking.

50. This would channel all requests via one portal, allowing for:

- a. EHN system oversight and governance;
- b. Equitable and definitive access to an available and appropriate EHN helicopter;
- c. Appropriate officer level consultation between agencies if potential concurrent tasking requests occur, prior to tasking of an EHN asset;

- d. Defined escalation policy in cases where there is tasking conflict over access to an individual asset;
- e. Maintenance of the EHN for other concurrent tasks; and
- f. Provision of defined tasking responsibilities and accountabilities.

51. In my opinion and based on my qualifications and experience, to enable Single Point Tasking a number of specific issues would require discussion between Government agencies to endorse and enact:

- a. Targeted training and resource allocation to ensure operational capability for the unit designated to take on this pivotal role;
- b. Specific policy definitions surrounding access to EHN assets and agreed response priority definitions;
- c. Robust protocols and guidelines are required to support prioritisation of EHN tasks;
- d. Specific policy regarding the interface between SDCC, QPS, EMQ and QEMSCC in time of disaster;
- e. Delegated responsibility and accountability for making complex and difficult decisions, with an identified ultimate decision maker; and
- f. Development of an organisational structure to align all EHN under a single administrative structure to ensure standardised operational governance across the entire EHN. This should include standardised KPI (specifically availability) and reporting definitions.

52. With the establishment of operational capability at the new Queensland Emergency Operations Centre at Kedron later this year and the relocation of QEMSCC to this facility, there is the opportunity for enhanced communications between SDCC, EMQ, QEMSCC and QPS for EHN operations. Liaison Officers and aviation experts could be co-located to enhance operational oversight and single point tasking of the EHN.

**(E) The considerations for appropriate prioritisation of tasks for helicopters during a disaster event.**

53. The current EHN tasking arrangements do not allow for appropriate prioritisation of tasks. Essentially all requests go directly to the helicopter provider. In my opinion and based on my qualifications and experience and for the reasons outlined in paragraphs 36-38 above, prioritisation of tasks and any subsequent triage of conflicting tasks should be resolved prior to the tasking of an EHN asset.
54. Currently every tasking agency sees its requirements as important, but unfortunately operates in isolation with no visibility of the strategic picture. Each tasking agency is also not aware of the impact on other agencies if an EHN asset is tasked for a low priority or an inappropriate task (ie a task that another non EMS configured helicopter could adequately and safely perform).
55. It should be recognised that the EHN assets are a scarce, finite and expensive resource that have tailored response capabilities. These assets are a specific subset of helicopters that should have a defined role which requires even tighter triage of tasking in disaster scenarios.
56. It is acknowledged that tasks involving Search and Rescue where a winch capability is required, take priority. I refer to **Exhibit C** (my own email dated 05/02/11 and response received to that email on the same date).
57. For non time critical tasks, not requiring the unique capabilities of an EMS configured aircraft; other helicopter assets should be considered, such as ferrying of tarpaulins, food drops and the ferrying of engineers and non critical staff.
58. A single point of responsibility and accountability is required, supported by robust guidelines, to prioritise EHN tasks. The EHN should only be accessed under specific predetermined criteria. Such criteria have not been established.

**(F) The effectiveness of the tasking and coordination practices and policies of the Emergency Services Helicopter Network during the 2010/2011 flood event.**

59. It is recognised that this event was unique to Queensland and that up 75-80 % of the State was affected by flooding. These specific events lasted over a prolonged period of time and placed significant pressure on all responding agencies.

60. I am unable to comment on any data relating to other tasking agencies of the EHN, but QEMSCC received an unprecedented number of requests for aeromedical assistance during this period from 26/12/10 through to the final repatriation of patients to Cairns Base Hospital on 28/02/11. The normal daily average of referrals to QEMSCC is 50.5 cases and this Statewide 24/7 background core business for sick and injured patients was maintained during the flood event. Time in Motion studies carried out at QEMSCC show that every aeromedical task clinically coordinated, on average, involves 14 clinical interactions and 23 logistic interactions, most by telephone. The two (2) busiest daily totals during this period were 114 cases on the 11/01/11 and 119 cases on the 13/01/11. I refer to **Exhibit D** (the enclosed graphs and data) which articulate the increased level of activity during these events for QEMSCC.

61. In my opinion and based on my qualifications and experience, the QEMSCC worked very effectively in maintaining strategic visibility of all pending and active aeromedical tasks during this period.

62. Such events test even the most robust of systems and there were times where extreme frustration was experienced by operational personnel attempting to perform their duties to the best of their ability during these extreme system stressors.

63. Queensland is a big State. Given the above additional activity and normal background demands on the system, this flood event demonstrated the robustness and effectiveness of Queensland's aeromedical system. Specifically, that QH and QAS work together in a transparent, integrated and responsive fashion, through the QEMSCC operational partnership, in the best interests of patient care.

64. In my opinion and based on my knowledge and experience, these events proved the effectiveness of QEMSCC in ensuring optimal patient advocacy in supporting and providing access to best care, in close partnership with the respective transport and retrieval providers (fixed wing, rotary wing and QAS road).
65. During the vast majority of the flood event, there was significant interagency collaboration and effective working relationships. Specific instances that I recall are:
- a. EHN Helicopter Airbridge and Tactical Medical Facility establishment at Gladstone Airport during the height of the Rockhampton/Emerald Region flooding. I refer to **Exhibit E** (my email dated 06/01/11 at 2106 hrs).
  - b. Collaborative decision with Mark Delany on 06/01/11 to deploy the EMQHR Cairns Helicopter from Gladstone to South East Queensland instead of back to Cairns. This difficult decision, in retrospect, allowed for two EMQHR helicopters to be rapidly deployed into the Grantham area on 10/01/11 by QPS.
  - c. Aeromedical evacuation of Goondiwindi Hospital and Nursing Home on 13/01/11. I refer to **Exhibit F** (my email dated 14/01/11 at 0019hrs).
66. Despite the challenging and extraordinary circumstances of the disaster period, no patient died and there were no reported adverse patient events as a result of QH being unable to access EHN or fixed wing assets. This is a reflection of the excellent relationship between QH and QAS that ensures a quality integrated patient transport system. Specifically, no patient died under the care of QH or QAS retrieval teams as a direct result of flood effects. All stakeholders in our aeromedical system require acknowledgement of their dedication and professionalism in achieving this outcome.
67. I have reviewed all RSQ documents, specifically relating to the flood related events on 10/01/11, 11/01/11 and 12/01/11 (a summary of which is **Exhibit G**). I have also reviewed the statements by Mr Hall, Mr Thompson, Mr Kempton and Mr Delany and I have been informed of the outcomes of a number of subsequent operational debriefs.

68. My observations are:

- a. This was an unprecedented event in Queensland with no apparent warning to allow a tailored response;
- b. There were minimal communications from the affected area secondary to destroyed and damaged phone and radio infrastructure;
- c. There was a lack of recognition by multiple agencies as to the gravity of the situation due to the rapidity of the flooding, minimal if any warning and the uniqueness of the event to Queensland;
- d. There was terrible weather that hampered the subsequent response that lasted late into the 11/01/11;
- e. EMQHR received multiple requests for assistance from multiple tasking agencies with minimal approach to CHP assets;
- f. There was significant pressure placed on the pilot in command of EMQHR to triage these direct requests;
- g. QEMSCC had no visibility of the unfolding events due to the reasons articulated in (c) above and was placed under extreme pressure as a direct result of a large number of requests to support QAS 000 calls and inter-facility transfers with limited aircraft availability. I refer to **Exhibit H** (a collection of emails dated 09/01/11 and 11/01/11) and **Exhibit I** (my own email dated 12/01/11 2354hrs); and
- h. There was a whole of system lack of awareness of helicopter movements, positioning and alternatives. No one agency had a global view of the EHN at a time of significant system stress. There was EHN tasking confusion, multiple tasks to EMQHR and a sub optimal system response.

69. It was recognised during 11/01/11 that the tasking of EHN helicopters was problematic and Mark Delany and I made the decision then to quarantine the EMQHR helicopters at Archerfield (R500 and R510) to Search and Rescue work as tasked by QPS and the Major Incident Room (MIR). I refer to **Exhibit I** (my own email dated 12/1/2011 23:54hrs). This would allow some delineation of workload and responsibilities. QAS and the CHP were aware of this decision. Careflight Toowoomba and Gold Coast Helicopters and CQRESQ Helicopter were approached to relocate to Archerfield to support aeromedical operations as tasked by QEMSCC.



I refer to **Exhibit I** (my own email dated 12/01/11 2354 hrs with reference to EMS Helicopter Operations). On the morning of 12/01/11, I confirmed this arrangement verbally face to face at SDCC and verbally with Sean Henlon at the QPS MIR.

70. In my opinion, despite outdated policy guidelines around the tasking of EHN assets, an operational solution was negotiated between QEMSCC/EMQHR/CHP/QPS/SDCC following an initial period of confusion during the first 24 hours (10 – 11 January 2011). The intent was to optimise the balance between SAR/Counter Disaster Operations and EMS.

71. This event, in isolation, illustrates the requirement for single point tasking of the EHN.

72. In my experience and with my knowledge in Queensland, confusion around tasking of the EHN as a result of tasking agencies approaching the operator directly is not limited to this single event. Through internal RSQ clinical incident review, a similar lack of EHN coordination and resulting miscommunication appears to have been demonstrated during other disaster responses. This also manifests itself occasionally during normal operations where there are conflicting tasks by AMSAR, QPS and QEMSCC. On review, such incidents could have been resolved, and an appropriate prioritisation decision made, between the relevant tasking agencies if direct consultation had occurred prior to the tasking of an EHN asset. I can provide the Commission with specific incidents as required.

**(G) The matters raised in Mr Hall, Mr Thompson and Mr Kempton's evidence.**

73. I can confirm I have reviewed the statements of Mr Hall, Thompson and Mr Kempton.

74. All three statements articulate frustration with the current system of tasking EHN assets and a willingness to be involved and assist in efforts to mitigate the effects of the disaster on our community.



Mark Stewart Elcock



Justice of the Peace/Legal Practitioner

75. There appears to be a perception that QEMSCC has authority over tasking of CHP. This is not the case as outlined in my statement.
76. Again, the situation is described where EHN pilots and crew are placed in a situation where they are determining which task should be undertaken and becoming involved in tasking conflict.
77. In respect to the statement from Mr Kempton, he refers to a specific interaction with QEMSCC on the morning of 12/01/11. In this specific case, QPS and QEMSCC approached and tasked EMQ-HR directly, placing the pilot in the invidious position of having to choose between a Search and Rescue or critical care neonatal interfacility retrieval. This was ultimately resolved but caused significant confusion and frustration as a direct result of non standardised, circuitous communication loops.
78. It should be acknowledged that EMS aeromedical operations, worldwide, make a significant contribution to reducing death and disability in the community. EHN primary helicopter responses in support of QAS 000 calls, specifically in response to trauma and acute myocardial infarction, save many lives every year in Queensland. It must also be acknowledged that interfacility aeromedical operations, the largest cohort of aeromedical missions for both fixed wing and rotary wing, save lives, reduce morbidity and positively affect countless lives.
79. A recent QH Interfacility Aeromedical Helicopter Tasking Audit Review confirmed that EHN helicopters are being used to provide interfacility retrieval of the sickest patients and those requiring a high level of clinical care.
- (H) Any other recommendations the representative wishes to make as to the effectiveness of the emergency helicopter network arising from the 2010/2011 flood events.**
80. The comments and opinions expressed in this statement are not reflective of QH policy but are drawn from my professional knowledge and experience over the last 20

years and observations made during my clinical and operational involvement in the recent tragic events.

81. These events, specifically during the 10/01/11 to 12/01/11 have highlighted existing system deficiencies in the coordination and governance of the EHN as well as disaster helicopter coordination in general.
82. QEMSCC coordinates 89.5% of engine hours attributable to EHN activity within a robust and established operational system and coordinates over 14,500 aeromedical tasks every year across fixed wing and EHN assets. Search and Rescue operations constitute 6.49% of all EHN engine hours during non disaster periods. In my opinion, it is imperative all EHN tasks are integrated under the one tasking and tracking structure at a State level and that unit that is adequately structured, empowered and resourced to perform this pivotal role.
83. Based on my professional knowledge and experience, my recommendation to the Commission of Inquiry would be to establish Single Point Tasking for the Queensland Emergency Helicopter Network via the Queensland Emergency Medical System Coordination Centre.
84. On a personal level, I was constantly amazed at the resilience, professionalism and dedication displayed on a daily basis during this prolonged disaster period. I wish to formally acknowledge and sincerely thank all personnel who worked tirelessly across the respective organisations to optimise patient care and safety and maintain an effective aeromedical network. Queenslanders should have great pride in their aeromedical retrieval system.

85. I would like to thank the Commission for the opportunity to present evidence.

**Justices Act 1886**

I acknowledge by virtue of section 110A(5)(c)(ii) of the Justices Act 1886 that:

- (1) This written statement by me dated 17 May 2011 and contained in the pages numbered 1 to 20 is true to the best of my knowledge and belief; and
- (2) I make this statement knowing that, if it were admitted as evidence, I may be liable to prosecution for stating in it anything that I know is false.



.....Signature

Signed at Brisbane this 17<sup>th</sup> day of May 2011



Mark Stewart Elcock



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# Retrieval Services Queensland

## SOP NO 12.3 TASKING CONSIDERATIONS FOR AEROMEDICAL OPERATIONS

**Authority / Reference:** State Medical Director, Retrieval Services Queensland  
Medical Director, Queensland Ambulance Service

Equity of access to emergency medical services is a cornerstone of the Queensland Emergency Medical System. The QAS is primarily responsible for providing a rapid response to 000 requests for emergency medical assistance. The Interfacility Transport of patients between Hospitals (public and Private) can be achieved by a number of transport modalities

This information is not intended to be definitive for all situations; however, it should serve as a useful guide to aid decision-making for RSQ medical and nursing coordinators. In essence, clinical coordination serves to align the response platform to a specific clinical task. This takes into consideration multiple factors;

1. The need for rapid response to patients (Patient Priority)
2. Clinical needs of the patient (Patient Severity)
3. Access difficulties to patients
4. Remoteness or distance from definitive care
5. Availability of local definitive medical care
6. Available Resources
7. The need to retain a primary response capability in the community

### 1. The need for rapid response to patients (Patient Priority)

In many cases, the best possible outcome for patients is reliant upon the speed with which they are treated, stabilised, and transported to appropriate definitive care. On the advice of attending QAS Paramedics/Medical Officers, time critical and transport critical patients may benefit greatly from aeromedical services. The need for secondary Interhospital transports can be significantly reduced by the initial transport of patients to the most appropriate health facility.

The use of helicopters can significantly reduce response times to incidents greater than 50km from the most appropriate receiving medical facility, or those that may otherwise incur a long delay in the initial response due to geographical location e.g. responses to island communities. Aircraft can also provide rapid transport of retrieval teams to support staff for urgent medical retrievals or at major incidents.

A standard priority rating is assigned to each patient transported. The rating ensures a timely and appropriate clinical response according to clinical requirements of each individual patient. It reflects not only the clinical condition of the patient, but the clinical service capability of the referring facility.

Classification of priority clearly defines the level of response priority to all members of the operational crew and coordination staff. Patient priority may be upgraded for lower severity patients dependent on the clinical service capability of remote facilities which may impact on

their ability to cope with these cases. Depending on location and patient clinical condition e.g. Ischaemic limb, some Priority 2 tasks do not require the attendance of a retrieval physician.

All operational and Retrieval Clinicians involved in retrievals/transport and Retrieval Services Queensland staff will use the standard statewide aeromedical definitions of patient priority outlined below. This aligns with the categories for aircraft priority rating.

Classification of patient priority is governed by clinical indicators and patient location only. Availability of beds, retrieval teams and duty hours is never to be used as a factor in calculating response priority.

Priority	Retrieval Clinician Response Time	Comments
1	<b>FIXED WING AND ROAD RESPONSE</b>  0800-2000 hrs. < 30 minutes 2000-0800 hrs. < 45 minutes	<b>Time is critical to outcome.</b> <ul style="list-style-type: none"> <li>• Current facility / location unable to provide the care that is immediately required to prevent significant clinical demise</li> <li>• Transport to a tertiary facility for <b>IMMEDIATE</b> initiation of potentially lifesaving treatment that cannot be commenced by the referring facility</li> <li>• Requires potential lifesaving treatment and management throughout the aeromedical transfer by appropriately trained crew of the correct skill mix.</li> <li>• All primary responses that have been initiated via a QCC tasking.</li> <li>• Meets criteria resulting in activation of staff as per trauma/disaster plan.</li> <li>• The road team transfer must be considered an immediate tasking as advised by the Clinical Coordinator and as authorised by the QAS Medical Director.</li> <li>• The pilot and medical team mobilise immediately. The pilot may declare a MED-1 Priority to ensure departure is not delayed by other air traffic.</li> </ul>
	<b>ROTARY WING RESPONSE</b>  0800-2000 hrs. < 15 minutes 2000-0800 hrs. < 30 minutes	
2	Response between 1 to 3 hours	<ul style="list-style-type: none"> <li>• Current facility / location unable to provide the level of care required and where a rapid response is a critical indicator of outcome.</li> <li>• High risk of significant clinical deterioration as time increases</li> <li>• Benchmark standards of care relating directly to initiation of emergency treatment can be used when calculating a response time</li> <li>• The pilot and medical team arrange departure after ensuring adequate preparation.</li> </ul> Depending upon medical advice received the Pilot will generally declare a MED-1 or MED-2 Priority.

3	Response between 3 to 6 hours	<ul style="list-style-type: none"> <li>• Transport of a patient that has currently stabilised however has a significant risk of further clinical deterioration which the current facility / location would be unable to provide the required level of care.</li> <li>• The Pilot will only declare a MED-1 or MED-2 Priority as clinically indicated</li> </ul>
4	Response between 6 to 24 hours	<ul style="list-style-type: none"> <li>• Transport of a patient for an escalating level of care where a rapid response is not a clinical indicator of outcome</li> <li>• Retrieval/transport should be planned to take account of other more urgent cases. If necessary delay can occur to facilitate efficient use of retrieval/transport resources.</li> <li>• There is no priority available for Air Traffic management.</li> </ul>
5	Response greater than 24 hours	<ul style="list-style-type: none"> <li>• Transport of a patient for a semi elective or elective admission / procedure where response time is not a clinical indicator of outcome</li> <li>• All repatriation and step down transfers</li> <li>• Retrieval/transport should be planned to take account of other more urgent cases. If necessary delay can occur to facilitate efficient use of retrieval/transport resources.</li> <li>• There is no priority available for Air Traffic management.</li> </ul>

## 2. Clinical needs of the patient (Patient Severity)

The following definitions should be utilised in deciding on the optimal crew mix to provide quality, safe care for the patient being retrieved/transported.

A Retrieval Clinician is defined as a suitably trained and experienced Medical Officer, Registered Nurse or Paramedic.

Patient Severity	
Severity	Description
<b>Critical</b>	<ul style="list-style-type: none"><li>• Must be attended by an appropriately trained Retrieval Clinician that has the required skills to initiate and sustain treatment for the critical patient.</li><li>• May require full critical care intervention including multiple infusions, mechanical ventilation, etc.</li><li>• May require cardiovascular and/or respiratory support or other intervention requiring ongoing management in an Intensive Care Unit.</li></ul>
<b>High Dependency</b>	<ul style="list-style-type: none"><li>• Would generally require an appropriately trained Retrieval Clinician with the necessary skills to initiate and sustain treatment for the high dependency patient.</li><li>• Will require continuous invasive or non-invasive monitoring.</li><li>• Requires advanced intervention, or has significant potential to require critical care (i.e. cardiovascular and/or respiratory support).</li><li>• Significant potential for deterioration resulting in requirement for cardiovascular and/or respiratory support or other intervention that may require ongoing management in an Intensive Care or High Dependency Unit.</li></ul>
<b>Low Dependency</b>	<ul style="list-style-type: none"><li>• Clinically stable, with a low potential for deterioration.</li><li>• Any clinical interventions anticipated fall within the scope of practice of the attending Flight Nurse or other clinician involved in the transfer.</li><li>• Continuous non-invasive monitoring may be required.</li></ul>
<b>No Dependency</b>	<ul style="list-style-type: none"><li>• Clinically stable, requiring no clinical intervention.</li><li>• Potential to consider for commercial transport.</li></ul>

## 3. Access difficulties to patients

Helicopters can often gain access for QAS and medical staff to patients located in areas inaccessible to other types of transport. The QAS routinely attends to urgent demand for service in terrain with access difficulties or more remote areas of a vastly dispersed population base. Queensland, with its extensive coastline, numerous island communities and natural geographic barriers routinely requires the use of aircraft to deliver emergency medical services. Seasonal issues, including cyclones, floods or fire, reinforce the necessity for the QCC to appropriately task aeromedical services to assist in service delivery initiatives to respond to urgent calls for medical evacuation and transport. The RSQ Medical Coordinators must seek and acknowledge operational advice from the Regional QAS Communications Centres in these instances.



#### 4. Remoteness or Distance from definitive care

*PRIMARY RESPONSE* (see Section below on Aeromedical Primary Response)

The closest hospital may not be the correct choice for the patient's condition or acuity and bypass of this facility may in fact decrease the time to definitive intervention. An example would be the bypass of a severe head injured patient from a small community hospital direct to a tertiary referral neurosurgical receiving unit. This must be tempered by the need for active airway or circulatory intervention that may be best initially performed at the closest hospital.

Therefore, the RSQ Medical Coordinator, upon notification of the primary response must ascertain the likely patient condition and the closest appropriate receiving hospital. Collaboration with the QCC Emergency Medical Dispatcher (EMD) will determine the closest resources that are available. Consideration could be made for a MEDIVAC team to be dispatched from this closer facility to assist the paramedic with scene stabilisation prior to direct airlift to the tertiary referral centre.

Helicopters are not to be deployed within a 50km radius of Major Trauma Services unless exceptional circumstances are present, which include geographical issues for road transportation. Within 50km the normal road based responses will apply.

#### *INTERFACILITY RESPONSE.*

The RSQ Medical Coordinator makes a clinical judgement based on the Patient Severity and Patient Priority. The RSQ Medical Coordinator, in consultation with the QAS EMD will determine which aeromedical asset is clinically and operationally appropriate. The matrix below should be used as a guide to determine the preferred mode of transport. It is acknowledged that considerations such as geographical isolation and availability of retrieval teams and appropriate transport modes will also influence decision making on the ultimate mode of transport.

Mode of Transport	<100kms	100-200kms	200-300kms	>300kms
Critical care	Road or Rotary	Road or Rotary Wing	Rotary Wing Fixed Wing	Fixed Wing
High dependency	Road	Road or Rotary Wing	Rotary Wing Fixed Wing	Fixed Wing
Low dependency	Road	Road	Fixed Wing	Fixed Wing
No dependency	Commercial	Commercial	Commercial	Commercial

#### 5. Availability of local definitive medical care

The coverage of localised definitive medical care throughout the State is compromised by the decentralised and dispersed spread of communities in many rural and remote areas of Queensland. Without the expertise or medical intervention of local definitive care facilities, the QAS is on many occasions the only provider and responder to calls for assistance in the prehospital environment. Aircraft can provide timely transport of EMS personnel to assist in the treatment, stabilisation and transport of critically ill or injured patients to receiving hospitals.

## 6. Available Resources

In many cases the ideal vehicle will not be available for various operational, safety or unpredictable reasons. As such, compromises may have to be made in the choice of vehicle used. Patient and staff safety remains paramount in all decision making.


To optimise safety, the RFDS, RSQ and Emergency Management Queensland Helicopter Rescue (EMQ-HR) have developed the Aeromedical Aviation Risk Matrix 2009. This utilizes the Patient Priority scale as determined by RSQ, with *mission separation*, combined with a RFDS or EMQ safety score derived from aviation factors, to arrive at a combined risk score.

Any task scoring **Green** will proceed.

Any task scoring **RED** will not go ahead.


This tool allows discussion between flight crew and Medical Coordinator to determine whether a flight should proceed if **Yellow** is scored.

A high comparative score, as indicated in **ORANGE** in the table below, will require the decision making to be taken from both the RSQ Medical Coordinator and the RFDS or EMQ-HR pilot and will be given to senior staff not directly involved in the case i.e., RSQ Senior Second On Call plus the RFDS or EMQ-HR Senior Safety Mentor On Call, who will ultimately make a decision based on the contemporaneous information and analysing all alternative options.



### QCC COMBINED AEROMEDICAL AND AVIATION RISK MATRIX


PURPOSE: To provide a risk identification matrix combining patient priority and aviation risk to determine the overall risk acceptance of each individual patient transport.



PATIENT PRIORITY → AVIATION RISK ↓	1	2	3	4	5
<b>CRITICAL SAFETY DECISION</b>	MANDATORY CONSULTATION BETWEEN RSQ MEDICAL COORDINATOR (MC) / SENIOR MC & SENIOR SAFETY MENTOR (SSM) – AVIATION	x	x	x	x
<b>EXTREME CAUTION</b>	✓	CONSULTATION WITH AEROMEDICAL CREW REQUIRED	CONSULTATION WITH AEROMEDICAL CREW REQUIRED	x	x
<b>CAUTION</b>	✓	✓	✓	CONSULTATION WITH AEROMEDICAL CREW REQUIRED	x
<b>NORMAL OPERATIONS</b>	✓	✓	✓	✓	✓

Date of Release: 18<sup>th</sup> October 2010  
Review Date: 1<sup>st</sup> March 2011  
Version: 3.0

Retrieval Services Queensland



## 7. Need to retain a primary response capability in the community.

In many isolated, remote and rural communities, it is far more cost effective as well as clinically preferable, to utilise aircraft for the transport of patients who would routinely be engaged in lengthy road transportation to receiving hospitals. In many instances the activation of aviation resources to meet these transport requirements will negate the requirement to relocate a number of QAS resources to maintain community coverage.

### **Aeromedical Primary Response**

Refer to;

- Queensland Trauma Plan; Pre-Hospital Trauma Triage
- Queensland Emergency Helicopter Network Helicopter Tasking Guidelines

It is critical to rapidly identify appropriate cases that will benefit from an aeromedical primary response.

The Regional QAS Communications Centres (RACC) will identify potential cases, via either the Communications Centre Supervisor (CCS) or Clinical Deployment Supervisor (CDS), following a 000 call. Following this identification, the RSQ Medical Coordinator will be contacted directly by the QCC EMD to authorise the task if clinically appropriate.

The degree of clinical information required for the dispatch of an aeromedical asset is dependant on the type of case.

**Most trauma cases should be dispatched on the initial clinical information without the need of the first situation report if the call taker information suggests critical injury as outlined below.**

We can accept 20% of cases that are dispatched in this manner being stood down. Greater clinical scrutiny should be applied for night flights. The information threshold to launch a helicopter during the day should be less than that at night. The QCC audit will monitor the number of cases stood down so as to analyse whether the current guidelines for dispatch are correct. Non-traumatic cases may require further interrogation from the scene prior to dispatch of the aircraft.

The deployment of an aircraft, especially a helicopter, must not unduly delay transport to hospital.

Patients should not wait by the side of the road if transport to a closer medical facility is possible. In this situation the patient should be transported to the closest medical facility and the dispatched aeromedical resource be diverted to that facility to allow rapid access to retrieval to a more appropriate tertiary referral centre.

Where there are multiple patients, particularly in inaccessible locations, a low threshold should be applied to tasking multiple helicopters. This is of particular relevance on Fraser Island.

### Appropriate Cases

#### 1. Trauma.

The below patterns and mechanisms of trauma should trigger an aeromedical primary response where road QAS transport to the nearest Major or Regional Trauma Service is > 45 minutes (50km) by road.

## *PATTERNS OF INJURY CRITERIA*

- Penetrating injury to the head, neck, chest, abdomen, pelvis, axilla or groin
- Blast injury involving the head, neck, chest, abdomen, pelvis, axilla or groin
- Injuries to two or more regions involving the head, neck, chest, abdomen, pelvis, axilla or groin
- Limb amputations above the wrist or ankle
- Suspected spinal cord injuries
- Burns in adults > 20% or in children > 10% or other complicated burn injury including burn injury to the hands, face, genitals, airway and respiratory tract
- Serious crush injury
- Major compound fracture or open dislocation with vascular compromise
- Fractured pelvis
- Fractures to two or more of the femur, tibia and/or humerus

## *MECHANISM OF INJURY CRITERIA*

The following aetiologies are thought most likely to result in occult injury (NB. the list is not exhaustive)

- Ejected from a vehicle
  - Fall from a height > or equal to 3 metres
  - Involved in an explosion
  - Involved in a high impact motor vehicle crash with incursion into the occupant's compartment
  - Involved in a vehicle rollover
  - Involved in the Road Traffic Crash in which there was a fatality in same vehicle
  - Entrapped for > 30 minutes
2. Near / drowning
  3. Life threatening medical condition
  4. Multi casualty situation

Non trauma cases will occasionally be referred to the QCC for dispatch of aeromedical assets. The RSQ Medical Coordinator will need to determine whether aeromedical response to medical cases is required. The RSQ Medical Coordinators need to be aware of the QAS Clinical Practices Manual which outlines the clinical care protocols for all levels of paramedics. A copy of this is kept at each QCC.

As per the QEMS Aeromedical Coordination Operational Interfaces and Communication Processes, the RSQ Medical Coordinator must authorise **all** helicopter primary and 000 generated RFDS primary responses.

### Primary Response Clinical Crewing

Current Queensland Government policy is that pre-hospital response is the legislative responsibility of the QAS and, at times in remote areas, RFDS. Since the inception of the QAS Intensive Care Paramedic program, the requirement for pre-hospital involvement by medical staff has significantly decreased. However, if the RSQ Medical Coordinator feels that the skills

of a flight physician may be needed given the distance from hospital and coupled with high patient acuity, a suitable platform with a retrieval physician will be tasked. The addition of a physician must be tempered by the time required to source that position and the likely turnaround time at the scene.

**The addition of a retrieval physician should not delay the response to the critically injured or ill patient.**

RFDS at Charleville, Mount Isa and Cairns Traditional Bases will self despatch to community/clinic generated primary responses with RFDS Medical Officer and Flight Nurse.

*Specific Issues;*

### Cardio Pulmonary Resuscitation

The aircraft is not to be tasked in cases of potential cardiac arrest unless no other medical or QAS resource can reach the victim within 20 minutes of the initial activation. There may be some areas in Queensland where no medical / QAS resource can reach the patient and the QAS and RFDS in these cases are obliged to respond under legislation, despite the likelihood of resuscitation being essentially zero. The RSQ Medical Coordinator may in fact ring the scene of such an incident and discuss cessation of resuscitating efforts, dependant on the amount of clinical information received.

### High Angle Rescue

If the initial clinical information indicates a critical condition that may well benefit from physician input, the RSQ Medical Coordinator should discuss this with the duty pilot and the retrieval physician concerned. The option of utilising a physician in this case should be considered. If the physician is not trained in high angle rescue, they may be transported to a nearby area and be removed from the aircraft whilst the actual extrication is undertaken. Following high angle extrication, the patient could be returned to where the receiving physician is and active medical resuscitation may be undertaken prior to airlift to the closest receiving unit. Again, this is at the discretion of the RSQ Medical Coordinator with the final decision being the responsibility of the pilot who will assess operational demands of the particular case.

### Paediatric Patients

All pre-hospital responses for cases involving paediatrics remains the responsibility of the RSQ Medical Coordinator.

After initial dispatch of the aircraft to cases which involve paediatric patients, it is expected that the RSQ Medical Coordinator liaise with the on-duty Paediatric Medical Coordinator as soon as is practical. The medical governance of the scene response remains the responsibility of the RSQ Medical Coordinator who will liaise directly with the clinical crew, but in consultation with the Paediatric Medical Coordinator so a destination/receiving unit may be determined.

"B"



# Retrieval Services Queensland

## MEMORANDUM

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**To:** QCC Northern and Southern Medical Coordinators  
QCC Nursing Coordinators  
QCC A/Manager

---

**Copies To:** SHECC  
EMU Director  
HCSD Executive Director  
Chief Health Officer  
QAS A/Deputy Commissioner  
QAS Medical Director  
EMQ ED

---

<b>From:</b>	Dr Mark Elcock State Medical Director Retrieval Services Queensland	<b>Tel No:</b>	07 4796 1888
		<b>Fax No:</b>	07 4796 1880
		<b>File Ref:</b>	

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**Date:** 29/12/10

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**Subject:** Triple O calls referred to QCC for aeromedical support due to flood conditions; Call Management.

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As a direct result of QAS Regional Ambulance Communication Centres (RACC) being unable to provide road ambulance responses to Triple O calls due to inaccessibility secondary to flooding, QCC is receiving a significant increase in calls for aeromedical support. The areas west of Toowoomba, and between Rockhampton and Bundaberg are particularly affected.

The enclosed process is one of a number of collaborative mitigating measures designed to optimise community responsiveness to Triple O calls whilst maintaining normal QCC operations.

**Referral to QCC from RACC for potential aeromedical support to a 000 call from site inaccessible to QAS road vehicle:**

- All Triple O calls received by RACC where a QAS Road Ambulance cannot respond due to access issues will be referred to QCC as per normal SOP.

- For the duration of this increased disaster related activity, there will be a RSQ Senior Nurse Coordinator specifically rostered to triage and prioritise these tasks with the Medical Coordinator. Additional QAS EMD resources have also been activated.
- In general this will require direct discussion with the Triple O caller and determination of the following;
  1. *Does the patient need a specific Emergency Medical System (EMS) Helicopter response?*
    - This may not necessarily be severe illness or injury but someone who should be assessed and transported to hospital by paramedic eg may need oxygen
    - If so, the job needs to be clinically coordinated and tasked and tracked within normal QCC processes.
    - A specific Tracking System will be used by the RSQ Nurse Coordinator for this additional patient cohort.
  2. *Can the patient be safely managed and transported by a non-EMS helicopter or other means?*
    - Example; run out of medications, minor illness or injury
    - Clinical advice will be given as required and the task will be referred back to RACC and the District Disaster Management Group (DDMG) to access and coordinate non EMS transport mechanisms to evacuate the patient.
    - If RACC/DDMG still cannot access the patient, escalation to State Disaster Management Group (SDMG) and further discussion with QCC should occur. SDMG may have access to alternate helicopter assets (eg ADF).

Note 1: EMS Helicopter assets may be requested and tasked by SDMG – SMDG will liaise with QCC to discuss prioritisation. Rescue and Primary Responses will take priority over Interfacility Transports

Note 2: There is specific intent that the QCC should continue with normal operations as far as possible and it is accepted that all referred cases will be triaged and managed as best as possible given the limited resources available. The fundamentals of multiple casualty triage apply. QCC cannot provide clinical coordination for all QAS Triple 0 Road Ambulance tasks that require resources from a flood related transport perspective, but will assist with best efforts to augment the RACC.

Note 3; for cases handed back to RACC/DDMG, QCC should,

- notify nearest Emergency Department of potential presentation
- make all reasonable efforts to track completion of cases

The QCC Northern Medical Coordinator can be utilised to assist as required and the RSQ Senior Second on Call Medical Coordinator should be kept apprised of activity at least 3 times per day. I will be available 24/7 and maintaining communication between the various agencies.

Emergency Helicopter Network assets are being relocated to best serve the populations affected by these unprecedented floods. Currently, EMQ-HR Cairns is assisting in Rockhampton and Careflight Gold Coast has relocated to Toowoomba. Both will assist with daytime operations and have task specific crewing capability. This will be reviewed daily.

Thank you all for your assistance.

**Dr Mark Elcock**  
**State Medical Director**

**Retrieval Services Queensland**



"C"

**From:** Mark Elcock  
**To:** Bruce Grady; Dorothy Vicenzino; Jeannette Young; Russell Bowles  
**Date:** 5/02/2011 3:46 pm  
**Subject:** Re: EMQ-HR Helicopters

Many thanks All.

All helicopters, RFDS aircraft and CMS Jet currently tasked in the North.

Mark

Dr Mark Elcock. MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

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PO Box 670,  
Townsville 4810.

Office Telephone: [REDACTED]  
Fax [REDACTED]

>>> Dorothy Vicenzino 5/02/2011 3:33 pm >>>  
Thank you - hope that you are going OK.

>>> "Bruce Grady" <[REDACTED]> 5/02/2011 3:29 pm >>>  
Agree  
Bruce Grady  
Assistant-Director General  
Emergency Management Queensland  
Department of Community Safety  
Mob: 0428 777 871  
Ph: (07) 32478485  
Sent via Blackberry

**From:** Mark Elcock [[mailto:\[REDACTED\]](#)]  
**Sent:** Saturday, February 05, 2011 03:03 PM  
**To:** Bruce Grady; Russell Bowles; Jeannette Young <[REDACTED]>  
**Cc:** Dorothy Vicenzino <[REDACTED]>  
**Subject:** EMQ-HR Helicopters

Dear Jeannette, Bruce and Russell,

Thank you for your ongoing support in maintaining an EMS capability during the Cyclone response.

Following discussions with EMQ-HR (Mark Delany), I wish to clarify the following;  
The EMQ-HR fleet, as part of the Emergency Helicopter Network, are a vital component of a small number of helicopters in Queensland that are suitably endorsed and configured for the transport of sick and injured patients.

In my opinion where other helicopter assets are available as part of the Cyclone response, the EMQ-HR helicopters primary role should be search and rescue where a winch capable asset is required, support for 000 QAS Primary Response capability and retrieving at risk patients from lower to higher level health care facilities. Mark Delany agrees with this

approach.

EMQ-HR will no longer accept taskings that do not fit the above criteria for R510 (Cairns) and R521 (Townsville) whilst there are other helicopter options available. Any tasking conflict involving QCC will be resolved between the tasking agencies.

R500 (from Brisbane) will commence its return to Brisbane later this afternoon. It is providing EMS helicopter capability whilst R521 (Townsville EMQ-HR aircraft) is performing a number of cyclone relief tasks (winching an engineer onto the Paluma Dam to check its integrity and then transporting an EMQ Staff Member from Palm Island to Ingham).

R412 (CQRESQ second Helicopter) will remain in Townsville until Tuesday (08.02.11). It is clinically staffed with a QAS FICP and will provide EMS support to R521 which will continue to be tasked, as clinically required, by QCC for EMS tasks requiring a Retrieval Physician/QAS FICP combined response.

Regards,

Mark

Dr Mark Elcock. MBChB, FACEM, FCEM  
State Medical Director.  
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Division of the Chief Health Officer.

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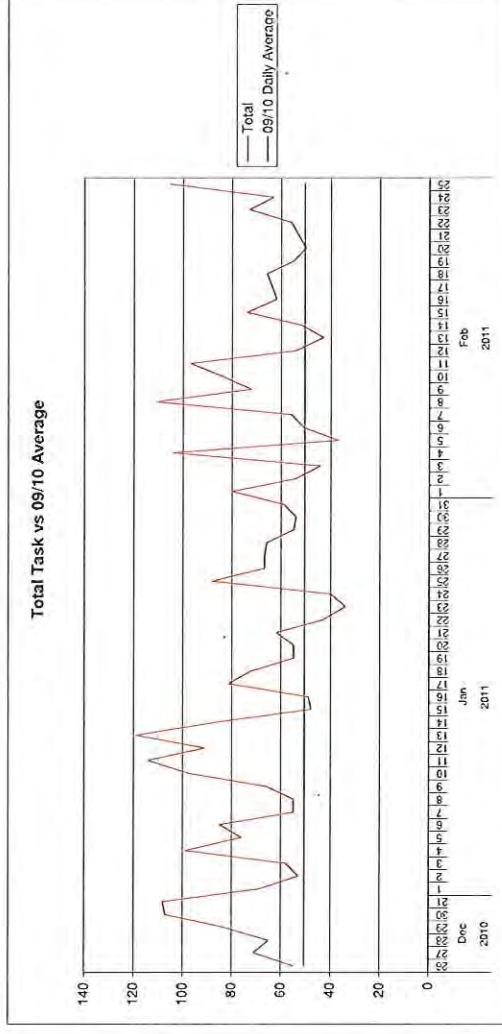
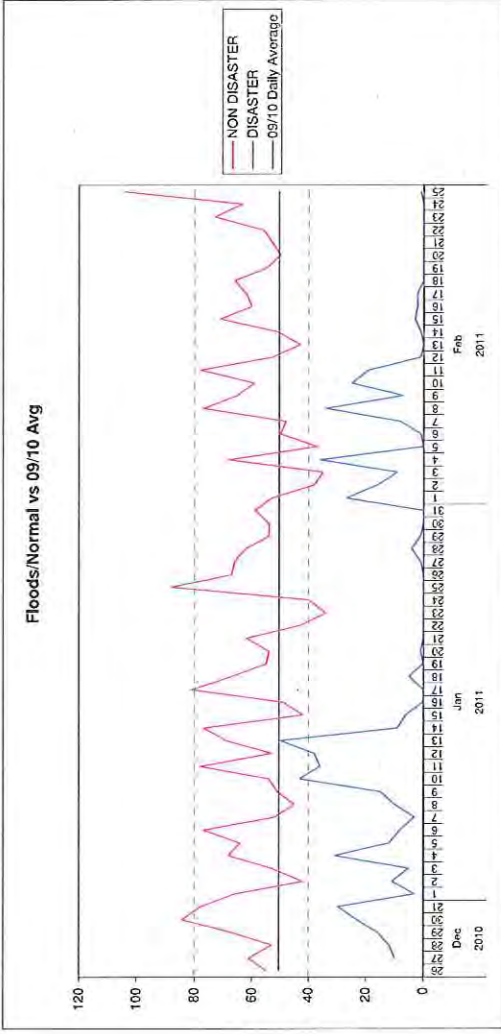
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"D"

Disaster Data from 28th Jan to 15th Jan was obtained by Final Flood spreadsheet  
 All other data is obtained from CCRIS ONETS database system

Years	Months	Request Date	DISASTER	NON DISASTER	Total	09/10 Daily Average			
2010	Dec	26			55	50.49863014			
		27		10	61	50.49863014			
		28			53	50.49863014			
		29		16	67	50.49863014			
		30		23	84	107	50.49863014		
		31		30	78	108	50.49863014		
		2011	Jan	1		3	66	50.49863014	
				2		11	42	53	50.49863014
				3		5	53	58	50.49863014
				4		31	68	99	50.49863014
				5		12	64	76	50.49863014
				6		8	77	85	50.49863014
7				3	52	55	50.49863014		
8				10	45	55	50.49863014		
9				15	51	66	50.49863014		
10				43	54	97	50.49863014		
11				36	78	114	50.49863014		
12				38	53	91	50.49863014		
13				50	69	119	50.49863014		
14				9	77	86	50.49863014		
15				6	42	48	50.49863014		
16				0	49	49	50.49863014		
17				0	81	81	50.49863014		
18				5	67	72	50.49863014		
19				0	55	55	50.49863014		
20				1	54	55	50.49863014		
21				0	62	62	50.49863014		
22				0	43	43	50.49863014		
23				0	34	34	50.49863014		
24				0	40	40	50.49863014		
25				0	88	88	50.49863014		
26		0	66	66	50.49863014				
27		1	66	67	50.49863014				
28		4	62	66	50.49863014				
29		1	54	55	50.49863014				
30		0	54	54	50.49863014				
31		0	59	59	50.49863014				
2011	Feb	1		27	53	50.49863014			
		2		16	38	54	50.49863014		
		3		9	35	44	50.49863014		
		4		36	68	104	50.49863014		
		5		0	37	37	50.49863014		
		6		1	50	51	50.49863014		
		7		8	48	56	50.49863014		
		8		34	77	111	50.49863014		
		9		7	65	72	50.49863014		
		10		25	59	84	50.49863014		
		11		19	78	97	50.49863014		
		12		1	53	54	50.49863014		
		13		0	43	43	50.49863014		
		14		1	51	52	50.49863014		
		15		3	71	74	50.49863014		
		16		2	60	62	50.49863014		
		17		2	62	64	50.49863014		
		18		0	66	66	50.49863014		
		19		0	55	55	50.49863014		
		20		0	50	50	50.49863014		
		21		0	53	53	50.49863014		
		22		0	56	56	50.49863014		
		23		0	73	73	50.49863014		
		24		0	63	63	50.49863014		
		25		1	104	105	50.49863014		
<b>Grand Total</b>					<b>3692</b>	<b>4267</b>			



"E"

**From:** Mark Elcock  
**To:** Marie Skinner  
**Date:** 11/05/2011 1:18 pm  
**Subject:** Fwd: Re: QCC Aeromedical Update

Dr Mark Elcock. MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

Internal Mail Box 104  
The Townsville Hospital  
PO Box 670,  
Townsville 4810.

Office Telephone: [REDACTED]  
Fax [REDACTED]

>>> Mark Elcock 06/01/2011 9:06 pm >>>  
Thanks Mark.

Sounds good.

Mark  
Dr Mark Elcock.  
State Medical Director.  
Retrieval Services Queensland  
(Blackberry response)

-----Original Message-----

From: "Mark Delany" [REDACTED]

To: Mark Elcock <[REDACTED]>

Sent: 06/01/2011 20:38:49  
Subject: RE: QCC Aeromedical Update

Hi Mark

Excellent summary and email. EMQHR assets will move as directed and we will maintain close liaison to react to further developments.

Talk tomorrow.

Regards

Mark Delany

-----Original Message-----

From: Mark Elcock [mailto:[REDACTED]]

Sent: Thu 1/6/2011 8:24 PM

To: SheCC SHECC

Cc: Chris Broomfield; Mark Delany; Aaron Groves; Dorothy Vicenzino

Subject: QCC Aeromedical Update

Dear All,

Following the aeromedical disaster response commenced last week secondary to the flood events, I think it is time to review our collaborative approach to the provision of aeromedical EMS capability in Central Queensland.

#### QCC Activity

QCC has had a significant increase in referrals for QAS Primary and IFT EMS Helicopter responses since 27th December, in particular west of Toowoomba and in the Central Queensland Region. There have been an additional 155 specific flood related referrals over the period 28/12/10-06/01/11; an average of 16 per day (range 3-31). Excluding the St George Evacuation, there were 7 cases on 03/01, 5 cases on the 04/01, 12 cases on the 05/01 and 7 cases so far on 06/01. Over the past 48/24 this activity has predominantly been in the Rockhampton area with the majority of cases from Gracemere to Rockhampton. We have seen a contraction of helicopter work from Emerald/Blackwater in towards the Rockhampton area as roads have reopened and EMS fixed wing aircraft have been used to transport direct to receiving centres.

#### Gladstone TMF Activity

This was established on the evening of Sat 01/01/11. Since being functional (now 6 days), there have been a total of only 8 patients admitted to the facility, arriving by helicopter whilst awaiting onward fixed wing flights. There were 2 patients on 04/01/10, staying from 1300-1445 hrs. There were 5 patients admitted on 04/01/11; 1 patient from 1845-1930 hrs, 1 from 1730-1930 hrs and 3 from 2000-2130 hrs. The longest stay was 2 hours.

Repositioned RFDS Rockhampton Aircraft, Brisbane\_Additional Taskings requiring CMS Retrieval Physician.

Since this aircraft repositioned to Brisbane and became operational on 01/01/11, we have only used this additional Dr on 3 tasks over 6 days.

#### ACTIONS FOR ENDORSEMENT

Given the above activity, in collaboration with EMQ-HR and CMS, we have planned the following;

EMQ-HR Gladstone has now dropped back from 24/7 coverage to 12/24 hr coverage 06/01-09/01/11.

EMQ-HR Gladstone will cease EMS operations in Gladstone from 1800 hrs 09/01/10. It will relocate to SEQ for a week. This will allow us to reposition again if activity increases or there is further rain in SEQ/Central Qld.

Removal of additional CMS Dr from EMQ-HR Gladstone.

With the withdrawal of EMQ-HR and the CMS Dr from Gladstone, this will still leave the 24/7 EMS Capricorn Rescue Helicopter with dedicated 24/7 CMS Dr support for Rockhampton.

Removal of the additional CMS Dr from the Brisbane Roster solely covering the RFDS Rockhampton repositioned aircraft. This can be reviewed daily. The rate limiting step with fixed wing operations is currently aircraft availability, not Medical Officer coverage.

Reviewing the above activity and lengths of stay my advice, as per SHECC IMT Meeting today, regarding the Gladstone TMF is;

Further optimise QCC Clinical Coordination to have EMS helicopter/fixed wing flights meet at Gladstone with minimum transit time.

Progressively reduce on site QH Nursing and Medical Staffing, whilst still providing 24/7 on call support until 1800 hrs 09/01/11.

Cease QH operations at this facility from 1800 hrs 09/01/11.

Should any patients require staging during transit to fixed wing transport to definitive care, Gladstone Hospital Emergency Department should be utilised. There is a Helipad at this

facility which would assist and reduce QAS road transfers to and from the airport. CQHSD are supportive of this as per SHECC IMT today.

The current resources at the Gladstone TMF would be more optimally used elsewhere.

Ensure consultation of QH decision to QAS A/Deputy Commissioner to allow QAS to pro-actively plan their withdrawal.

Can I request that these recommendations are considered and actioned via SHECC.

#### STRATEGIC ISSUES

Today was a very busy and logistically challenging day in QCC. We had a combination of a large number of referrals, long distance requests, multiple paediatric and neonatal tasks and a number of RFDS aircraft unavailable across the State as well the Queensland CMS jets being unavailable for QH use. We have been able to use the CMS Darwin Jet tonight to move a number of patients. There remains a significant backlog of cases that I hope we will be able to move tomorrow.

In my opinion, the biggest threat to the sustained functioning of our aeromedical EMS for the next few weeks will be access to suitably configured fixed wing aircraft. Can this be placed on the SHECC IMT Meeting Agenda for discussion tomorrow.

Once again, thank you all for your continued work and support.

Regards,

Mark.

Dr Mark Elcock. MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

Internal Mail Box 104  
The Townsville Hospital  
PO Box 670,  
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"F"

**From:** Mark Elcock  
**To:** Marie Skinner  
**Date:** 11/05/2011 1:21 pm  
**Subject:** Fwd: Goondawindi Aeromedical Evacuation Tonight.

Dr Mark Elcock. MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

Internal Mail Box 104  
The Townsville Hospital  
PO Box 670,  
Townsville 4810.

Office Telephone: [REDACTED]  
Fax [REDACTED]

>>> Mark Elcock 14/01/2011 12:19 am >>>  
Dear Jeannette and Dan,

I have been active in this arena in Queensland for more years that I care to remember. Despite this, I am astounded at the capability, flexibility and integration of our Queensland Aeromedical EMS as evidenced by tonights events.

QH, QH HSD, QCC, RSQ, CMS, QAS, EMQ-HR and RFDS have managed to achieve the following, since formal activation at 1530 hrs today;  
Establishment of a QAS Tactical Medical Facility (TMF) at Goondiwindi Airport for holding aeromedical patients as well as a temporary Emergency Department with HSD Medical and Nursing Staff. The TMF is on high ground and is a place of safety for patients and staff.  
QCC- Collation and checking of all referred patients with clinical requirements and priority determined and checking of destination beds. Clinical Coordination of all patients transported.  
Tasking and tracking of all patients, aircraft and road legs in close liaison with the QAS RACC.  
Arrival of first EMQ-HR Helicopter at Goondiwindi at 1700 hrs and second at 1720 hrs.  
Evacuation of all inpatients from Goondiwindi Hospital to Inglewood via EMQ-HR Helicopter and RFDS Fixed Wing by 2100 hrs. This included 15 patients and 3 staff. Of these 15 patients, 9 were stretchers and 6 were mobile. These aircraft can only generally take 2 stretchers at a time. QAS transported these patients by road at Inglewood to the Hospital. All these patients were all moved prior to the high water level at Goondiwindi.  
Late referral of an additional 14 stretcher patients at 1800 hrs by the Nursing Home in Goondiwindi. This was a significant additional logistic challenge for us all. These were also then triaged and clinically coordinated, being transported by QAS ambulance to the Goondiwindi TMF to await uplift to Inglewood and Warwick.  
As of 2330 hrs, there were 6 of these Nursing Home patients still at the TMF. We will attempt to move another 2-4 tonight , with the remainder being moved at first light as a result of flight safety during the early hours of the morning.  
Given the ongoing current EMS activity related to the flood event across Queensland, especially the SE Corner, short lead time, numbers of stretcher patients and stretcher capability of the EMS Fleet, this is an amazing feat of coordination and aeromedical transport between all agencies. It follows closely on the back of the coordination of a similar multiple patient Hospital evacuation by aeromedical EMS at St George earlier in the flood event. It must be remembered that this occurred on top of concurrent flood related EMS tasks and normal day to day operations.

I wish to convey my sincere thanks and appreciation to the respective organisations and all staff members that have performed so well today. It is a reflection of their commitment to our integrated system.

I am very proud of our system, specifically its performance over the past 3 weeks when placed under significant strain. This is a prime example of why Queensland has benchmark status in Australasia for its integrated Aeromedical EMS.

Kind regards,

Mark

Dr Mark Elcock, MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

Internal Mail Box 104  
The Townsville Hospital  
PO Box 670,  
Townsville 4810.

Office Telephone: [REDACTED]  
Fax [REDACTED]

# "G"

## Helicopter Tasking Time Line – Communication

Communications referenced in statement and all communications for the dates of 12 January 2011 to 10 January

Source of information includes NOGGIN – OCA.

NOGGIN holds SitReps, Emails, Media Releases and Minutes of Disaster Management meeting  
**Note that SitReps were commenced each day at 2pm, drafted by 4pm, and distributed by ~6-7pm**

*RSQ SOP 12.3 Tasking Considerations for Aeromedical Operations* (Attachment 5) outlines the arrangements between Retrieval Services Queensland and the Queensland Ambulance Service for aeromedical operations and addresses mechanisms for assigning clinical prioritisation to the transfer of patients.

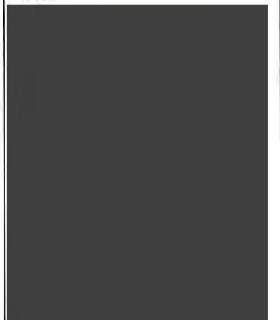

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
<b>Summary Communications on 5 February 2011</b>				
5/02/2011 3:46 pm	<b>From:</b> Mark Elcock  <b>To:</b> Bruce Grady; Dorothy Vicenzino; Jeannette Young; Russell Bowles	<b>Subject: Re: EMQ-HR Helicopters</b> <i>(Agreement on process for tasking of EMQ HR helicopters)</i>  Many thanks All.  All helicopters, RFDS aircraft and CMS Jet currently tasked in the North.  Mark  Dr Mark Elcock. MBChB, FACEM, FCEM State Medical Director. Retrieval Services Queensland. Division of the Chief Health Officer.  Internal Mail Box 104 The Townsville Hospital PO Box 670, Townsville 4810.		<b>Agreement with EMS HR that tasks involving search and rescue where a winch capacity is required take priority.</b>

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Office Telephone: 07 47961888 Fax 07 47961880</p> <p>&gt;&gt;&gt; Dorothy Vicenzino 5/02/2011 3:33 pm &gt;&gt;&gt; Thank you - hope that you are going OK.</p> <p>&gt;&gt;&gt; "Bruce Grady" [REDACTED] &gt; 5/02/2011 3:29 pm &gt;&gt;&gt; Agree Bruce Grady Assistant-Director General Emergency Management Queensland Department of Community Safety Mob: 0428 777 871 Ph: (07) 32478485 Sent via Blackberry</p> <p><b>From:</b> Mark Elcock [REDACTED] <b>Sent:</b> Saturday, February 05, 2011 03:03 PM <b>To:</b> Bruce Grady; Russell Bowles; Jeannette Young [REDACTED] <b>Cc:</b> Dorothy Vicenzino [REDACTED] <b>Subject:</b> EMQ-HR Helicopters</p> <p>Dear Jeannette, Bruce and Russell,</p> <p>Thank you for your ongoing support in maintaining an EMS capability during the Cyclone response.</p> <p>Following discussions with EMQ-HR (Mark Delany), I wish to clarify the following; The EMQ-HR fleet, as part of the Emergency Helicopter Network,</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>are a vital component of a small number of helicopters in Queensland that are suitably endorsed and configured for the transport of sick and injured patients.</p> <p>In my opinion where other helicopter assets are available as part of the Cyclone response, the EMQ-HR helicopters primary role should be search and rescue where a winch capable asset is required, support for 000 QAS Primary Response capability and retrieving at risk patients from lower to higher level health care facilities. Mark Delany agrees with this approach.</p> <p>EMQ-HR will no longer accept taskings that do not fit the above criteria for R510 (Cairns) and R521 (Townsville) whilst there are other helicopter options available. Any tasking conflict involving QCC will be resolved between the tasking agencies.</p> <p>R500 (from Brisbane) will commence its return to Brisbane later this afternoon. It is providing EMS helicopter capability whilst R521 (Townsville EMQ-HR aircraft) is performing a number of cyclone relief tasks (winching an engineer onto the Paluma Dam to check its integrity and then transporting an EMQ Staff Member from Palm Island to Ingham).</p> <p>R412 (CQRESQ second Helicopter) will remain in Townsville until Tuesday (08.02.11). It is clinically staffed with a QAS FICP and will provide EMS support to R521 which will continue to be tasked, as clinically required, by QCC for EMS tasks requiring a Retrieval Physician/QAS FICP combined response.</p> <p>Regards,</p> <p>Mark</p> <p>Dr Mark Elcock. MBChB, FACEM, FCEM State Medical Director. Retrieval Services Queensland. Division of the Chief Health Officer.</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Internal Mail Box 104 The Townsville Hospital PO Box 670, Townsville 4810.</p> <p>Office Telephone: [REDACTED] Fax [REDACTED]</p>		
<p>05/02/2011 3:12 pm</p> <p><b>Email Sent:</b> Saturday, February 05/2/2011 03:03 PM</p>	<p><b>From:</b> Dorothy Vicenzino</p> <p><b>From:</b> Mark Elcock [REDACTED]</p> <p><b>Sent to:</b> SHECC, Dan Harradine and Noel Gillard</p> <p><b>To:</b> Bruce Grady; [REDACTED]</p>	<p>&gt;&gt;&gt; "Russell Bowles" &lt;[REDACTED]&gt; 5/02/2011 3:10 pm &gt;&gt;&gt; Thanks Mark. Sounds ok to me.</p> <p>Russell</p> <p><b>Subject: EMQ-HR Helicopters</b></p> <p>Dear Jeannette, Bruce and Russell,</p> <p>Thank you for your ongoing support in maintaining an EMS capability during the Cyclone response.</p> <p>Following discussions with EMQ-HR (Mark Delany), I wish to clarify the following;</p> <ul style="list-style-type: none"> <li>• The EMQ-HR fleet, as part of the Emergency Helicopter Network, are a vital component of a small number of helicopters in Queensland that are suitably endorsed and configured for the transport of sick and injured patients.</li> <li>• In my opinion where other helicopter assets are available as part of the Cyclone response, the EMQ-HR helicopters primary role should be search and rescue where a winch capable asset is required, support for 000 QAS Primary Response capability and retrieving at risk patients from lower to higher level health care facilities.</li> </ul>	<p>Allocation of EHN and prioritisation for various tasks</p>	

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Mark Delany agrees with this approach.</p> <ul style="list-style-type: none"> <li>• EMQ-HR will no longer accept taskings that do not fit the above criteria for R510 (Cairns) and R521 (Townsville) whilst there are other helicopter options available. Any tasking conflict involving QCC will be resolved between the tasking agencies.</li> <li>• R500 (from Brisbane) will commence its return to Brisbane later this afternoon. It is providing EMS helicopter capability whilst R521 (Townsville EMQ-HR aircraft) is performing a number of cyclone relief tasks (winching an engineer onto the Paluma Dam to check its integrity and then transporting an EMQ Staff Member from Palm Island to Ingham).</li> <li>• R412 (CQRESQ second Helicopter) will remain in Townsville until Tuesday (08.02.11). It is clinically staffed with a QAS FICP and will provide EMS support to R521 which will continue to be tasked, as clinically required, by QCC for EMS tasks requiring a Retrieval Physician/QAS FICP combined response.</li> </ul> <p>Regards, Mark Dr Mark Elcock. MBChB, FACEM, FCEM</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
<b>Communication on 14 January 2011</b>				
14/01/2011 08:31 AM	<b>From:</b> Dorothy Vicenzino  <b>Sent to:</b> Mark (presumed)- Sent to old SHECC account	Thank you Mark  Can you please pass on my thanks on to all involved in achieveing this exceptional response and outcome. It has been a truely outstanding effort. Thank you.  I do hope that this effort does not need to be repeated as the summer season continues! Regards Dorothy -----Original Message----- is email in row below		
14/01/2011 00:19:47am	<b>From: Mark Elcock</b>  <b>To:</b> 	-----Original Message----- <b>From:</b> Mark Elcock <b>To:</b>  <b>Sent:</b> 14/01/2011 00:19:47 <b>Subject:</b> Goondawindi Aeromedical Evacuation Tonight.		Example of interagency collaboration Goondiwindi



Dear Jeannette and Dan,

I have been active in this arena in Queensland for more years that I care to remember. Despite this, I am astounded at the capability, flexibility and integration of our Queensland Aeromedical EMS as evidenced by tonights events.

QH, QH HSD, QCC, RSQ, CMS, QAS, EMQ-HR and RFDS have managed to achieve the following, since formal activation at 1530 hrs today;

Establishment of a QAS Tactical Medical Facility (TMF) at Goondiwindi Airport for holding aeromedical patients as well as a temporary Emergency Department with HSD Medical and Nursing Staff. The TMF is on high ground and is a place of safety for patients and staff.

QCC- Collation and checking of all referred patients with clinical requirements and priority determined and checking of destination beds. Clinical Coordination of all patients transported. Tasking and tracking of all patients, aircraft and road legs in close liaison with the QAS RACC.

Arrival of first EMQ-HR Helicopter at Goondiwindi at 1700 hrs and second at 1720 hrs.

Evacuation of all inpatients from Goondiwindi Hospital to Inglewood via EMQ-HR Helicopter and RFDS Fixed Wing by 2100 hrs. This included 15 patients and 3 staff. Of these 15 patients, 9 were stretchers and 6 were mobile. These aircraft can only generally take 2 stretchers at a time. QAS transported these patients by road at Inglewood to the Hospital. All these patients were all moved prior to the high water level at Goondiwindi.

Late referral of an additional 14 stretcher patients at 1800 hrs by the Nursing Home in Goondiwindi. This was a significant additional logistic challenge for us all. These were also then triaged and clinically coordinated, being transported by QAS ambulance to the Goondiwindi TMF to await uplift to Inglewood and Warwick.

As of 2330 hrs, there were 6 of these Nursing Home patients still at the TMF. We will attempt to move another 2-4 tonight , with the

		<p>remainder being moved at first light as a result of flight safety during the early hours of the morning.</p> <p>Given the ongoing current EMS activity related to the flood event across Queensland, especially the SE Corner, short lead time, numbers of stretcher patients and stretcher capability of the EMS Fleet, this is an amazing feat of coordination and aeromedical transport between all agencies. It follows closely on the back of the coordination of a similar multiple patient Hospital evacuation by aeromedical EMS at St George earlier in the flood event. It must be remembered that this occurred on top of concurrent flood related EMS tasks and normal day to day operations.</p> <p>I wish to convey my sincere thanks and appreciation to the respective organisations and all staff members that have performed so well today. It is a reflection of their commitment to our integrated system.</p> <p>I am very proud of our system, specifically its performance over the past 3 weeks when placed under significant strain. This is a prime example of why Queensland has benchmark status in Australasia for its integrated Aeromedical EMS.</p> <p>Kind regards,</p> <p>Mark</p> <p>Dr Mark Elcock. MBChB, FACEM, FCEM</p>		
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Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
<b>Communication on 12 January 2011</b>				
12/01/2011 11:54 pm	From: Mark Elcock  To: EMS-HR And numerous other recipients	<p>Dear All,</p> <p>Today was another busy day for all concerned with QCC.</p> <p>There were an additional 37 requests for aeromedical support directly attributable to the Flood Event on 12/01/11 up to 2300 hrs (at least 80% increase in normal daily case load).</p> <p>Of note these destinations were;</p> <p>Combined Brisbane Hospitals -7 (PAH 4)  Rockhampton Hospital- 6  Toowoomba Hospital-5  Nambour General-4  Bundaberg-3  Ipswich-3</p> <p><b><u>Summary</u></b></p> <p><i>QCC Staffing.</i>  Additional staffing currently in place at QCC comprises;</p> <ul style="list-style-type: none"> <li>• 1 Flood Nurse Coordinator per shift (3 shifts per day)</li> <li>• I Team Leader Nurse Coordinator (10 hrs per day)</li> <li>• 1-2 QAS EMD for rotary operations and planning</li> <li>• 1 CMS Medical Coordinator 0800-1800 hrs</li> </ul>	<p>Arrangements re interface QAS RACC and QCC</p> <p>EMQ HR will be tasked by QPS MIR and QCC kept updated on their location</p> <p>An additional 37 requests for aeromedical support (80% increase in normal load)</p>	<p>EMQ-HR (R500 &amp; R510) in Brisbane will continue to be tasked by the MIR for search and rescue duties during the day Thursday 13th</p> <p>Agreed arrangements for the allocation of EHN assets by various tasking agencies. (See highlighted portion in Column 3 below)</p>

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Staff are having access to regular breaks. The room is currently very busy and noisy and it is imperative that both Nursing and Medical Coordinators are directed to take regular periods of time out from the room.</p> <p><i>RACC and QCC Interactions.</i></p> <p>There has been some confusion again today regarding the interface between QAS RACC and QCC. Following discussions with QAS Medical Director, QAS Deputy Commissioner and QCC Manager, the following have been agreed to and acknowledged surrounding EMS Helicopter operations during the current SEQ flood disaster;</p> <ul style="list-style-type: none"> <li>• SES and 000 calls coming via QAS Regional Ambulance Communication Centres (RACC) will continue to be triaged and assessed as per normal internal QAS processes. QCC will be requested to provide assistance in cases where the RACC feels aeromedical support is warranted. QCC Medical Coordinators will continue, on a case by case basis, to clinically support these requests and task EMS aircraft as required. A low threshold for assistance is to be applied given the operational reality facing QAS ground crews. If EMS aircraft are not indicated/cannot respond in a timely fashion, the case needs to be delegated back to the RACC to access other means of transport in liaison with Local or District Disaster Management Groups. All cases referred to QCC for action/advice will have a follow up call by the RSQ Nurse Coordinator at 24/24 to close the loop and ensure cases are not lost between the RACC and QCC.</li> <li>• There are a number of outstanding QAS 000 cases referred to the QCC Medical Coordinators that, despite significant and</li> </ul>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>best efforts to follow up, are still outstanding. These should be handed back to QAS RACC to formally close off.</p> <ul style="list-style-type: none"> <li>Given the large numbers of 000 and SES calls and the scale of this disaster, we all need to recognise that there may be some cases where a dual response might occur or that persons may be transported by ADF or other assets to a Health Care Facility independent of QCC notification. Can I urge everyone to maintain normal processes and normal lines of communication at this time of system stress.</li> <li>Decisions are to be made in the best interests of patients.</li> </ul> <p><i>EMS Helicopter Operations.</i></p> <p>Over the past 48 hrs, QCC has been aware of QPS taskings direct to EMQ-HR in Brisbane for Search and Rescue activities. It is recognised that such tasks take precedence, but that these direct taskings have created significant confusion around availability and location of assets within the Queensland Emergency Helicopter Network (EHN) in carrying out EMS activity. Following discussions between SHECC, SDCC, QAS Medical Director, QAS Deputy Commissioner, EMQ-HR, Careflight Qld, CQRESQ and the Major Incident Room (MIR) QPS, the following has been agreed;</p> <ul style="list-style-type: none"> <li>EMQ-HR (R500 &amp; R510) in Brisbane will continue to be tasked by the MIR for SAR duties during the day Thursday 13th as occurred today. One QAS FICP will be available to support these aircraft if required. QCC will remain updated of their location to ensure whole of EHN visibility.</li> <li>EMQ-HR (R500 &amp; 510) will be available at night for EMS taskings by QCC with normal QAS FICP and CMS Medical Staff.</li> </ul>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<ul style="list-style-type: none"> <li>• Careflight Queensland will operate as normal out of Toowoomba with their B412 (includes FICP and CMS Dr)</li> <li>• Careflight Queensland will relocate their Gold Coast helicopter B412 (R599) with QAS FICP and CMS Dr to Archerfield with an additional 230 helicopter for daylight operations.</li> <li>• 1 x CQRESQ B412 has relocated to Archerfield tonight with flight crew only. The QAS FICP and CMS Dr based at Archerfield will clinically crew this aircraft during the day.</li> <li>• QCC will task the three EMS aircraft from Archerfield with task specific clinical crewing combinations during daylight operations.</li> <li>• The QAS and QH preference would be to task EMQ-HR Helicopters at Archerfield with normal on duty EMS clinical crew, stretcher configuration and equipment. However, it is acknowledged that EMQ-HR have significant local airspace, geographical and operational knowledge of the current SAR area and that their preference is to continue in that role as long as it is required by MIR.</li> <li>• AGL have an additional Longranger on line in Maroochydore</li> </ul> <p><i>RFDS Fixed Wing Operations</i></p> <p>As per RFDS SITREP tonight.  Additional CMS Doctor capability to staff these Brisbane assets is in place again.  There is no anticipated flooding effect for Brisbane Airport and road links to the Brisbane Hospitals are not currently threatened.  EMS Helicopters would be required to assist with an air bridge capability if this occurred.</p>		

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		<p><i>RSQ System Governance</i></p> <p>All parties agree that RSQ requires the presence of the RSQ Senior Second on Call to be physically on site at QCC for the twice daily QCC Incident Management Meetings, daily SHECC IMT Meeting and for Command support. They will also maintain the close communication and collaboration required with all EHN members, RFDS, Careflight Medical Services, QCC, SHECC and Health Service Districts. I will perform this until Friday evening with future on site cover to be arranged up until Monday 17th at the earliest.</p> <p><i>QCC Contingency Planning</i></p> <p>Should QCC require to relocate as a direct result of flooding, QAS have significant business continuity planning which QH are part of. The QH and QAS components of QCC will relocate together if this was required. It is not currently anticipated.</p> <p>Again, thank you all for your assistance and hard work.</p> <p>Regards,</p> <p>Mark</p> <p>Dr Mark Elcock. MBChB, FACEM, FCEM State Medical Director.</p>		
12/01/2011 7:54 PM	<b>From:</b> SDCC QHealth Liaison	Advice received from the Queensland Health State Medical Director (Retrieval Services) is that a lack of Jet A1 fuel is inhibiting EMS Helicopter operations in this area. Can fuel supplementation be delivered to Kingaroy asap.		

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	Sent to: SDCC Logs SDCC Ops SHECC	Regards  Alex McGill QHLO SDCC		
12/01/2011 6:07 PM	<b>From:</b> Dorothy Vicenzino  <b>Sent to:</b> Martin Heads, Noel Gillard, SHECC	Dear Martin Have you raised this with the LDMG for kilcoy?? This would be the most efficient way to achieve the outcome. If you have raised it and you have not had a satisfactory response can you advise. Regards Dorothy		
12/01/2011 6:06 PM	<b>From:</b> PHIC  <b>Sent to:</b> SHECC	Hi Team,  Please confirm you are asking PHEOC to action the query re Kilcoy water supply.  Could future correspondence please be addressed to the HEOC_PHIC address for tasking as Sophie's email is not checked as regularly as HEOC.  Regards  Louise  >>> SHECC [REDACTED] 12/01/2011 5:30 pm >>>  Hi, Caboolture/Kilcoy have escalated (see below) the need for greater coordination of helicopter flights to the Kilcoy area. Currently the medication requests for isolated people are being		



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		<p>made through the Kilcoy police command centre. Currently scripts are being generated, filled and delivered without a patient assessment. Included in the process:</p> <ul style="list-style-type: none"> <li>- there needs to be an assessment of whether the patient should be evacuated (rather than delivering scripts);</li> <li>- a better batching of requests (rather than responding to each individual) as the demand for chopper services is likely to increase. The Kilcoy community has been isolated since Saturday, the longer the duration the greater the need to supply prescriptions.</li> </ul> <p>Also raised:</p> <ol style="list-style-type: none"> <li>1. is there a duration forecast for the floods at Kilcoy;</li> <li>2. concern over the duration to fix the water treatment plant and whether drinking water will be required.</li> </ol> <p>For further information please speak directly to Lyndie Best, Facility Manager Kilcoy Hospital (0447155422) or John Waugh (EDMS &amp; A/Executive Director, Caboolture and Kilcoy Hospitals)</p> <p>Regards,  Martin  Martin Heads  District Chief Finance Officer  Metro North Health Service District  Level 3, 15 Butterfield Street  HERSTON QLD 4029</p> <p>[REDACTED]</p> <p>&gt;&gt;&gt; John Waugh 12/01/2011 3:48 pm &gt;&gt;&gt;  Hello Martin,  Issues for Kilcoy:  We would like to have a prediction of how long the town and surrounds will be isolated. Local knowledge suggests that it may be more than a week, as it will require water to be released from</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Somerset dam.            If it may be more than a week then we may need to consider if some isolated people should be evacuated.            At present there is no coordination for medical supplies and multiple helicopter runs are being made for multiple single requests. We request that for all health related supplies there is liaison with Lyndie Best on 0447155422. She is the facility manager for Kilcoy Hospital and could assist with ensuring the hospital, nursing home, and local pharmacies are also supplied when a helicopter goes to Kilcoy.            Clean drinking water may become a problem for Kilcoy as the treatment plant has been inundated and repairs are required. At present the hospital is conserving water. There may be a requirement for bottled drinking water in the next few days if the plant is not repaired.            Thanks for escalating this.            John            Dr John Waugh            Senior Consultant Paediatrician            Director of Medical Services            Caboolture Hospital            Metro North Health Service District            Ph: [REDACTED]            Fax: [REDACTED]            *****</p>		
12/01/2011 5:29 PM	<b>From:</b> Mark Elcock  <b>Sent to:</b> SHECC (via old account)	<p>Please can you forward in the right direction.</p> <p>Lack of Jet A1 fuel at Kingaroy is inhibiting EMS Helicopter operations to this area.</p> <p>Mark            Dr Mark Elcock.            State Medical Director.</p>		

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12/01/2011 5:25 PM	<b>From:</b> Martin Heads  <b>Sent to:</b> SHECC	Retrieval Services Queensland (Blackberry response)  Hi,  Could you arrange for the following provisions.  Please contact me if further details are required.  Required, Martin  <b>Martin Heads</b> District Chief Finance Officer Metro North Health Service District Level 3, 15 Butterfield Street HERSTON QLD 4029 p [REDACTED] f [REDACTED] e [REDACTED]  >>> Siobhan Fisher 12/01/2011 4:49 pm >>> Dear Martin,  Dr Graves has asked me to forward the detail of this patient who is requiring peritoneal dialysis fluid delivery as an urgent priority. His supplies will run out on Saturday morning and currently. The roads to his property are cut so helicopter delivery might be required through SHECC.  Paul Van Dyke 128 Baisdens Lane Toogoolawah 4313 [REDACTED]		

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		<p>The stock requirements are:            7 boxes of 1.5% 6L AHB5282-L            7 boxes of 2.5% 6L AHB5288-L            1 box Icodextrin AHB5546</p> <p>This stock can be taken from current inpatient supplies.</p> <p>Regards,            Siobhan</p> <p>Siobhan Fisher            CNC - Service Improvement Facilitation            (Emergency Response)            RBWH Safety &amp; Quality Unit            Royal Brisbane &amp; Women's Hospital            Tel [REDACTED]</p>		
12/01/2011 5:17 PM	<p><b>From:</b> Ian Parrington</p> <p><b>Sent to:</b> SHECC</p>	<p>Hi Paula, Please forward to Sophie Dwyer, Peter Aitkin and Dorothy/Noel</p> <p>Cheers, Ian</p> <p>Ian Parrington            Mental Health Act Liaison Officer</p> <p>Statutory Administration and Policy Unit            Mental Health, Alcohol, and Other Drug Directorate            Queensland Health</p> <p>Phone [REDACTED]            Email: [REDACTED]</p>	<p>Resolution of assessment of patients prior to filling prescriptions to check for evacuation need</p> <p>Caboolture/Kilcoy have escalated the need for greater coordination of helicopter flights to the Kilcoy area</p>	<p>Resolution of coordination of helicopters to avoid multiple single runs and of equipment restocking issue</p>

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>&gt;&gt;&gt; SHECC [REDACTED] 12/01/2011 5:13 pm &gt;&gt;&gt;</p> <p>Hi Ian  Can you please advise if the information below should go to another officer.  Regards  Paula  SHECC Logger</p> <p>Hi,  Caboolture/Kilcoy have escalated (see below) the need for greater coordination of helicopter flights to the Kilcoy area.  Currently the medication requests for isolated people are being made through the Kilcoy police command centre. Currently scripts are being generated, filled and delivered without a patient assessment. Included in the process:</p> <ul style="list-style-type: none"> <li>- there needs to be an assessment of whether the patient should be evacuated (rather than delivering scripts);</li> <li>- a better batching of requests (rather than responding to each individual) as the demand for chopper services is likely to increase. The Kilcoy community has been isolated since Saturday, the longer the duration the greater the need to supply prescriptions.</li> </ul> <p>Also raised:</p> <ol style="list-style-type: none"> <li>1. is there a duration forecast for the floods at Kilcoy;</li> <li>2. concern over the duration to fix the water treatment plant and whether drinking water will be required.</li> </ol> <p>For further information please speak directly to Lyndie Best, Facility Manager Kilcoy Hospital (0447155422) or John Waugh (EDMS &amp; A/Executive Director, Caboolture and Kilcoy Hospitals)</p> <p>Regards,  Martin  Martin Heads  District Chief Finance Officer</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Metro North Health Service District  Level 3, 15 Butterfield Street  HERSTON QLD 4029</p> <p>p f e</p> <p>&gt;&gt;&gt; John Waugh 12/01/2011 3:48 pm &gt;&gt;&gt;  Hello Martin,  Issues for Kilcoy:  We would like to have a prediction of how long the town and surrounds will be isolated. Local knowledge suggests that it may be more than a week, as it will require water to be released from Somerset dam.  If it may be more than a week then we may need to consider if some isolated people should be evacuated.  At present there is no coordination for medical supplies and multiple helicopter runs are being made for multiple single requests. We request that for all health related supplies there is liaison with Lyndie Best on 0447155422. She is the facility manager for Kilcoy Hospital and could assist with ensuring the hospital, nursing home, and local pharmacies are also supplied when a helicopter goes to Kilcoy.  Clean drinking water may become a problem for Kilcoy as the treatment plant has been inundated and repairs are required. At present the hospital is conserving water. There may be a requirement for bottled drinking water in the next few days if the plant is not repaired.  Thanks for escalating this.  John  Dr John Waugh  Senior Consultant Paediatrician  Director of Medical Services  Caboolture Hospital</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		Metro North Health Service District Ph: [REDACTED] Fax: [REDACTED] *****		
12/01/2011 4:55 PM	<b>From:</b> Mark Elcock  <b>Sent to:</b> SHECC (old address)	FYI.  This is a significant relief.  If road access from the airport to the Brisbane Hospitals was compromised, we would need to consider a helicopter bridging capability. This thankfully looks highly unlikely.  Mark Dr Mark Elcock. State Medical Director. Retrieval Services Queensland (Blackberry response) QHealth colleagues.  For your information.  Captain Rick Davies MAP, BA (Mil), UNSW, AFAIM, CMILT  General Manager Aviation / Head of Flying Operations  RFDS QUEENSLAND BASES: BRISBANE . CAIRNS . ROCKHAMPTON . CHARLEVILLE . MT.ISA . LONGREACH . BUNDABERG . TOWNSVILLE  Royal Flying Doctor Service of Australia (Qld Section) 12 Casuarina Street Brisbane Airport Queensland 4007 T: [REDACTED]	Brisbane Airport open for business- no need for helicopter bridge  Clarification of road access	

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		<p>E: [REDACTED]</p> <p>I: <a href="http://www.flyingdoctor.org.au">www.flyingdoctor.org.au</a>  &lt;blocked::blocked::blocked::blocked::http://www.flyingdoctor.org.au/&gt;</p> <hr/> <p><b>From:</b> Davies, Rick  <b>Sent:</b> Wednesday, 12 January 2011 3:52 PM  <b>To:</b> General Management Team (GMT)  <b>Cc:</b> Aviation - Principal Managers Group; Aviation - Flight Standards  Check Pilots; Aviation - Senior Base Pilots; Aviation - Engineering; Jones, Adam; Powell, Justine; Walford, Doreen; 'John McGhie'; 'BAKER, PAUL'; Craig, Jenny  <b>Subject: FW: Update re BAC's Operational Response to SE Qld Floods</b></p> <p>James has just returned from this meeting.</p> <p>RD</p> <hr/> <p><b>From:</b> Williams, James  <b>Sent:</b> Wednesday, 12 January 2011 3:48 PM  <b>To:</b> Davies, Rick  <b>Subject: Update re BAC's Operational Response to SE Qld Floods</b></p> <p>Rick,</p> <p>As per our discussion.</p>		



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		<p>I attended the BAC Emergency Operations Centre meeting regarding Update re BAC's Operational Response to SE Qld Floods at their offices at 1330hrs today.</p> <p>The information given was modelling for the worst case scenarios for both the 12th and 13th high tides. (5.5 m @ 0400hrs and 1600hrs on the 13th)</p> <p>See attached map.</p> <p>The BAC is very confident that there will be NO closure of the BN airport and those roads to terminals and our area will not be affected. There may be some minor flooding of roads on the eastern side of RWY 01/19.</p> <p>Road conditions off airfield were not discussed.</p> <p>At this time the Government Air Wing and Police will be remaining in their present location. John McGhie will be in contact should this change.</p> <p>There will be an update after 1800hrs after seeing the effect post high tide today, particularly the taxi way leading to the logistics apron (the area south, past the International apron)</p> <p>If there are any changes to this modelling I will let you know immediately.</p> <p>Regards,</p> <p>James Williams Manager Flight Standards</p>		

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		<p>RFDS QUEENSLAND BASES: BRISBANE . CAIRNS . ROCKHAMPTON . CHARLEVILLE . MT.ISA . LONGREACH . BUNDABERG . TOWNSVILLE</p> <p>Royal Flying Doctor Service of Australia (Qld Section) 12 Casuarina Street Brisbane Airport Queensland 4007 T: [REDACTED] E: [REDACTED] I: <a href="http://www.flyingdoctor.org.au">www.flyingdoctor.org.au</a> &lt;blocked::http://www.flyingdoctor.org.au/&gt;</p> <p>QHealth colleagues.</p> <p>For your information.</p> <p>Captain Rick Davies MAP, BA (Mil), UNSW, AFAIM, CMILT</p> <p>General Manager Aviation / Head of Flying Operations</p> <p>RFDS QUEENSLAND BASES: BRISBANE . CAIRNS . ROCKHAMPTON . CHARLEVILLE . MT.ISA . LONGREACH . BUNDABERG . TOWNSVILLE</p> <p>Royal Flying Doctor Service of Australia (Qld Section) 12 Casuarina Street Brisbane Airport Queensland 4007 T: [REDACTED] E: [REDACTED]</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p data-bbox="745 347 1505 427">l: www.flyingdoctor.org.au &lt;blocked::blocked::blocked::blocked::http://www.flyingdoctor.org.au/&gt;</p> <hr data-bbox="745 454 1205 459"/> <p data-bbox="745 491 1505 805"> <b>From:</b> Davies, Rick  <b>Sent:</b> Wednesday, 12 January 2011 3:52 PM  <b>To:</b> General Management Team (GMT)  <b>Cc:</b> Aviation - Principal Managers Group; Aviation - Flight Standards            Check Pilots; Aviation - Senior Base Pilots; Aviation - Engineering; Jones, Adam; Powell, Justine; Walford, Doreen; 'John McGhie'; 'BAKER, PAUL'; Craig, Jenny  <b>Subject:</b> FW: Update re BAC's Operational Response to SE Qld Floods         </p> <p data-bbox="745 837 1232 869">James has just returned from this meeting.</p> <p data-bbox="745 893 795 925">RD</p> <hr data-bbox="745 949 1205 954"/> <p data-bbox="745 986 1467 1125"> <b>From:</b> Williams, James  <b>Sent:</b> Wednesday, 12 January 2011 3:48 PM  <b>To:</b> Davies, Rick  <b>Subject:</b> Update re BAC's Operational Response to SE Qld Floods         </p>		
12/01/2011 12:07 PM	<b>From:</b> Noel Gillard  <b>Sent to:</b>	<p data-bbox="745 1169 1478 1220">Stacey can you confirm that this has gone to SDCC with copy to SdccHEALth, ta, Noel</p> <p data-bbox="745 1244 784 1276">Hi,</p>		

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	SHECC	<p>As briefly discussed with Noel Gillard this morning, the Central Pharmacy supply distributor for pharmaceuticals is Toll (by air).</p> <p>Because of flooding, especially to their near-airport premises, Toll cannot guarantee supply distribution.</p> <p>Could priority please be given to use of Government planes or helicopters - or other supply possibilities - for emergency pharmaceutical supplies to Queensland hospitals.</p> <p>The Central Pharmacy contact is Robin Lee. Robin's contact numbers are:</p> <p>Phone [REDACTED] Mobile [REDACTED]</p> <p>Robin's email is [REDACTED]</p> <p>Thanks for your consideration in these busy and stressful times.</p> <p>Regards, Bill</p> <p>Bill Stewart Senior Director Health Services Purchasing &amp; Logistics Queensland Health</p>		
12/01/2011 10:27 AM	<b>From:</b> Peter Aitken  <b>Sent to:</b> Dorothy Vicenzino"	<p>Hi</p> <p>Have had discussions with Phil Dowler about the second Mackay helicopter</p> <p>This will be relocated to Archerfield today to support aeromedical</p>		Relocation of second Mackay helicopter to Archerfield to support aeromedical

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		<p>activity in SEQ. Given the demand for access to EMQ helicopters this will help ensure operational capability.</p> <p>Given the risk of access and egress issues with Brisbane hospitals this additional resource may also be used to shuttle patients from Brisbane airport to Brisbane hospitals if road access is restricted.</p> <p>Cheers Peter</p>		<p>activity</p>

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
<b>Summary of Communications on 11 January 2011</b>				
<p><b>End of day summary</b>  <b>11/01/2011</b>  <b>9:35 PM</b></p>	<p><b>From:</b>  Peter Aitken</p> <p><b>Sent to:</b>  Shecc( old address);  Aaron Groves,  Dan Harradine</p>	<p><b>Subject: QCC Activity Past 24 Hours</b></p> <p>Dear All</p> <p>As you are aware I am standing in for Mark Elcock for a couple of days</p> <p>Update for Tuesday 11/1/11 (up to 2100 hrs)</p> <p>Another busy day of flood related activity so far with &gt; 30 additional flood related cases referred to QCC between 0000 hrs and so far to 2100 hrs. The ongoing weather has had a significant impact on both demand and the ability to meet this.</p> <p>Casemix Issues past 24 hours</p> <p>Flood work related to illness / injury; dialysis patients; pregnancy mainly</p> <ul style="list-style-type: none"> <li>&gt; Obstetric patients - continue to be calls with some able to be transported and some delivered locally.</li> <li>&gt; Dialysis patients - those overdue for dialysis and unable to be retrieved have been asked to move to health facilities so that (a) their condition can be more closely observed and (b) enable easier identification and pick up.</li> <li>&gt; Calls for medication assistance - It is preferred that these requests remain in the local HSD so that vulnerable community members are identified and aeromedical assets reserved for acute tasks if possible. Obviously if no other means of supplying medications is available RSQ is happy to assist.</li> <li>&gt; Usual activity continues including high acuity transfers</li> </ul>	<p>Preferred that calls for medication assistance remain in the local HSD so that vulnerable community members are identified and aeromedical assets reserved for acute tasks if possible.</p> <p>Additional staffing sourced to assist QCC activities and retrieval response capability.</p> <p>Limited operational capacity overnight with only one helicopter available (R500) with NVG flight only.</p> <p>This should improve tomorrow as the weather improves however R500 has already been tasked by QPS for an 0430</p>	<p>Alert to possibility of calls from Toowoomba area once weather conditions improve and access re-opens</p> <p>R500 with NVG flight will only be used for life threatening circumstances.</p> <p>Given the backlog of cases recommend that reserve EMS helicopters for acute clinical transport and non health taskings utilise non medically configured helicopters or ADF assets</p>

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Location Issues past 24 hours</p> <p>&gt; Gympie - Intermittent power failures and CT not usable. Helicopter access increasingly difficult due to floodwaters across landing pad with alternatives identified. Recommend caution in patient movement into Gympie as may not be able to move patients out if condition deteriorates and need aeromedical evacuation.</p> <p>&gt; Toowoomba - weather conditions prevented aircraft access into or out of Toowoomba. Most Darling Downs centres isolated but health facilities intact. AS weather clears tomorrow expect an increase in number of tasks from these centres as injuries identified, dialysis needs become more urgent etc</p> <p>Operational Issues</p> <p>Weather has prevented the ability to respond to most of these requests due to inability of aircraft (rotary and fixed wing) to respond or closure of airports. As a result only approximately 3-4 tasks have been able to be completed. Careflight has already advised that their helicopters are likely to be grounded until tomorrow due to weather. Others likely to be similar situation.</p> <p>Approximately 40 patients unable to be transported  Patients with significant illness include the following: ventilated burns in Mackay; septic patient in Esk.  Patient distribution includes Bundaberg (5); Rockhampton (6); Gladstone (3); Moura (3); Hervey Bay (3); Kingaroy (2); Dalby (6); Gatton (2); Emerald (1); Nanango (3)</p> <p>Specific Patient Issues past 24 hours  &gt; Patient at Sandy Creek (Kilcoy) with chest pain and recent AMI</p>	<p>start apparently.</p> <p>Still issues with tasking of EMS helicopters by other agencies and involvement of QCC in this process.</p>	

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>unable to be retrieved due to weather yesterday has been moved today.</p> <p>Issues</p> <p>Additional staffing has been sourced to assist both QCC activities (medical 12 hrs and nursing 24hrs per day) and retrieval response capability (extra crew Brisbane) through to Sunday.</p> <p>There is limited operational capacity overnight due to this with only one helicopter available (R500) with NVG flight only. This will only be used for life threatening circumstances.</p> <p>This should improve tomorrow as the weather improves however R500 has already been tasked by QPS for an 0430 start apparently.</p> <p>As weather clears we will be able to resume operational activity and respond to these tasks. There are still some issues with tasking of EMS helicopters by other agencies and involvement of QCC in this process. It is recommended that given the backlog of cases that as operational activity resumes that efforts are made to reserve EMS helicopters for acute clinical transport. Where possible could non health taskings utilise non medically configured helicopters or ADF assets?</p> <p>Efforts are also being made to relocate 2nd Mackay helicopter to Brisbane to ensure access to medically configured helicopters given issues with demand for helicopters and mechanical issues with R510.</p> <p>Flooding is likely to impact on capacity of health resources in Brisbane with many already understandably reluctant to accept transfers. Current approach is to transfer life threatening only</p>		



Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>given weather and Brisbane hospital situation until Brisbane flood situation is clearer.</p> <p>Flooding may also impact on ability of QCC and retrieval staff to get to work or sustain current operational demand. Informal offers have been made from interstate to see if additional air medical crews are need. This is not needed currently but may need to be considered in the next few days.</p> <p>As an additional note - the CMS doctor who was forced to stay overnight in the RSL at Helidon was also assaulted by a frustrated evacuee. He apparently has a black eye but no serious injuries. CMS is aware but this should be followed up.</p> <p>We will forward through an overnight issues update following tomorrow mornings QCC IMT Teleconference at 0900 hrs as well as the 0730 feedback phone call to SHECC. Mark Elcock is also likely to be back on board at some stage tomorrow morning.</p> <p>Any questions or queries please don't hesitate to call. Mobile or text is more reliable as I only have desk top email access.</p> <p>Regards,</p> <p>Peter</p> <p>Peter Aitken Mobile [REDACTED]</p>		
<p><b>SitRep 12 for 11 January</b> 11/01/2011 8:11 pm</p>	<p><b>From: SHECC</b> <b>To: Mark Elcock (and many other recipients)</b></p>	<p><b>Subject: SHECC SITREP 11 Jan (SITUATIONAL REPORT NO: 12</b> <b>AT 7:45 pm AEST</b></p>	<p>QCC is experiencing difficulties in actioning helicopter retrieval of patients</p>	<p>Approximately 40 patients unable to be transported as at 1430 (11.01.2011)</p>

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		<p><b>DAY: 11 January 2011</b></p> <p><b>Extracts from the SitRep</b></p> <p><b>1. SUMMARY OF PAST 24 HOURS</b></p> <p><i><b>Darling Downs/ West Moreton</b></i></p> <p><u><b>Toowoomba</b></u></p> <p>9 confirmed DOA presented to Toowoomba Hospital Morgue has total 30 spaces: availability at 18 spaces (as at 17:00hr 11.01.2011). A refrigerated van has been set up on site to deal with any additional need. QPS advise all bodies will be transported to Toowoomba. A number of 10-40 is expected. Boiled Water Alert issued remains.</p> <p>Social work and pastoral care services are being provided to victims and family members of DOA victims.</p> <p>Pharmacy services restricted and being resolved</p> <p>1300 number organised for missing persons and media alert released.</p> <p>Elective surgery and outpatients cancelled for tomorrow (12.01.2011) unless clinically required.</p> <p>Evacuation centre established at Toowoomba Grammar School, TH has deployed nursing staff to assist the on site school nurses.</p> <p>Relative care centre established on site at TH. Extra beds brought on line at Baillie Henderson Hospital for contingencies.</p> <p>Water entered rooms of 6 residents and non-patient care areas at the public Nursing Home (Mt Lofty). The facility has been inspected by engineering staff and is safe.</p> <p>Grief support for the communities around Toowoomba, Lockyer and Grantham is being provided.</p> <p><u><b>Gatton</b></u></p> <p>QCC is experiencing difficulties in actioning helicopter retrieval of</p>	<p>due to weather conditions with adverse flying conditions and lack of road access</p> <p>Caboolture facilities isolated</p>	

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		<p>4 patients from hospital and 2 renal patients from isolated homes due to weather conditions.            Additional support is being deployed as needed.            The hospital is at capacity due to evacuation of private aged care facilities (Regis and Amaroon).            Require transport assistance for a local MO from Brisbane to Gatton and 2 dialysis patients in Lockyer valley are overdue and need to get to Toowoomba ASAP. QCC/ Lockyer Valley LDMG/ SHECC contacted and told urgency situation. Due to adverse flying conditions and lack road access, earliest this seems likely is tomorrow.</p> <p><b><i>Metro North Health Service District</i></b>            Food, hospital equipment and linen in all facilities are currently adequate.            All (RBWH, TPCH, Redcliffe and Caboolture) Emergency Departments are operating. Caboolture has</p> <p><b><u>Caboolture Hospital</u></b></p> <p>Limited access as at 1600 11.01.2011 and is becoming increasingly isolated.            Limited surgical cover and complex trauma cases will need to be transferred to either TPCH or RBWH.            Services are struggling but can support existing patients            Anticipate that over 50 isolated staff members will require overnight accommodation. Hospital is at capacity causing limited capacity to provide beds to isolated staff.            No surgical consultants are available – current surgical capacity is a registrar level. Complex cases will need to be transferred – helipad is still in operation.</p>		

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		<p><b><u>RBWH</u></b></p> <p>Accepting clinically appropriate transfers only.  Anticipate that beds may be required for 2 Nursing Home patients and some patients from New Farm Clinic.  Dialysis requirements being evaluated to provide essential services to that patient group  Access via Butterfield Street is likely to be affected; however, access via Kelvin Grove should be maintained.</p> <p><b><u>Primary and Community</u></b></p> <p>Services closed due to flooding: Caboolture Community Health Centre, Pine Rivers Community Health  Services closed early due to staffing considerations: Brighton, North West, Nundah, Redcliffe, and Toowong  Northlakes is operating normally (including the renal service)  Service levels for the remainder of the week still being assessed.  Minimum service will be to maintain switches and focus provision on services to support acute faculties.</p> <p><b><i>Public Health Services</i></b></p> <p>A Public Health Emergency Operations Centre (PHEOC) was established at 15 Butterfield Street on 11 January 2011. The PHEOC will be moved to Brisbane North PHU on 12 January 2011. Affected area will be managed as two areas of operation: Southern Brisbane-West Moreton and Northern Brisbane - Caboolture  A liaison officer was deployed to SEQ Water Grid \manager/SEQ Water Emergency Operations Centre on 11 January 2011. SEQ Water is concerned about the supply of water treatment chemicals, and is monitoring the situation closely. It is likely that</p>		

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		<p>the Premier will issue a press release asking residents of Gold Coast, Brisbane and Sunshine Coast, to conserve water to reduce pressure on supply.</p> <p>Two EHOs with significant vector control experience and vector control equipment from Sunshine Coast PHU continued to assist the Bundaberg Regional Council with mosquito control activities. Work completed today (breeding site identification and larviciding of the entire CBD area) very much appreciated by Council who have requested their return next week. Medical Entomologist will be deployed to Bundaberg tomorrow.</p> <p>Toowoomba Public Health Unit has been evacuated for a second time and will review status in the morning (12/1/11)</p> <p>Continued inquiries from local responders regarding tetanus. Have reissued public health advisory to emergency services</p> <p>Participation in DDMG/LDMG meetings as required. Ongoing advice to Local Government, LDMG/DDMGs members with both recovery and re-entry planning as relevant.</p> <p><b><i>Retrieval Services Queensland</i></b></p> <p>In response to the increased aero-medical request activity additional medical and nursing staff has been deployed to this service.</p> <p>The ongoing weather has had a significant impact on both demand and the ability to meet this demand.</p> <p>Also ongoing requests to assist with delivery of medications where usual means unable to deliver</p> <p>Brisbane and Toowoomba airports closed with aircraft either unable to take off or return and land (e.g. Brisbane 1 on ground in Bundaberg).</p> <p>Helicopters grounded or stuck on ground elsewhere (e.g. R500 on ground beside Warrego Highway; R510 mechanical issues and on ground in Helidon)</p>		

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		<p>Careflight has already advised that their helicopters are likely to be grounded until tomorrow (12.01.2011) due to weather. Others likely to be similar situation.</p> <p>Approximately 40 patients unable to be transported as at 1430 (11.01.2011)</p> <p>Patients with significant illness include the following: ventilated burns in Mackay; septic patient in Esk.</p> <p>Patient distribution includes Bundaberg (5); Rockhampton (6); Gladstone (3); Moura (3); Hervey Bay (3); Kingaroy (2); Dalby (6); Gatton (2); Emerald (1); Nanango (3)</p> <p><b>Statewide Issues</b></p> <p>The State Health Emergency Coordination Centre (SHECC) and the Human Social Emergency Operations Centre will be relocated to the Princess Alexandra Hospital campus as from tomorrow (12.01.2011)</p> <p>The distribution of vaccine (childhood and influenza vaccines) to general practitioners is being disrupted across the state due to the road closures. The Queensland Health Immunisation Program is reviewing the demand and is establishing an agreed protocol for resupply where stocks have a risk of running out, for consideration by the Chief Health Officer.</p> <p>A State Public Health Emergency Centre has been established.</p> <p><b>2.PROJECTED OPERATIONS FOR NEXT 24/48 HOURS</b></p> <p><b>Darling Downs West Moreton Health Service District</b></p> <p>Elective outpatients and surgery are cancelled at Toowoomba for tomorrow (12.01.2011)</p> <p>Elective surgery cancelled at Dalby tomorrow (12.01.2011)</p> <p>FOG elective service cancelled at Goondiwindi Thursday (13.01.2011)</p>		

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		<p><b><i>Metro North Health Service District</i></b></p> <p>All Hospitals have formed their incident management groups and are monitoring staff availability. Currently around 30% of staff are on flood leave, and the availability of night shift staff will have to be managed during the evening shift with available staff being asked to work extended hours. This will be ongoing for the duration of the flooding.</p> <p><b>5. STATUS OF PUBLIC HEALTH RISKS</b></p> <p>Some smaller water suppliers in the Brisbane Valley (Jimna, Linville and Kilcoy) have raised the issue of supply of bottled water supplies to these communities, particularly with road closures. This issue will be referred to the Councils to raise through LDMG/DDMG.</p>		
11/01/2011 8:05 pm	<p><b>From:</b> Greg Bath (RFDS)</p> <p><b>To:</b> Catherine Dunstan (DCS), Brett Hoggard (QH) Mark Elcock</p> <p><b>CCed:</b> QCC Brisbane; Davies, Rick; Aviation - Brisbane Pilots; Aviation - Bundaberg Pilots; Aviation - Rockhampton Pilots</p>	<p><b>Subject: Severe Weather SE Qld</b></p> <p>All</p> <p>The severe weather referred to below has now somewhat abated.</p> <p>While the weather conditions are still providing us with some difficulties, the immediate threat of thunderstorms no longer exists over such a wide area. From now on, normal tasking procedures should apply. However, there are still areas of weather within the state that could cause us some difficulty in accepting tasks. These will be handled on a case by case basis.</p> <p>Greg Bath Acting Manager Line Operations RFDS (QLD)</p>		<p>RFDS advise unable to accept tasking within line of severe weather stretching from the Sunshine Coast to Texas for anything other than Priority 1 cases.</p>

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		<p><b>From:</b> Bath, Greg  <b>Sent:</b> Tuesday, 11 January 2011 11:01 AM  <b>To:</b> 'Mark Elcock'; 'Brett Hoggard'; Catherine Dunstan  <b>Cc:</b> QCC Brisbane; Davies, Rick; Aviation - Brisbane Pilots; Aviation - Bundaberg Pilots; Aviation - Rockhampton Pilots  <b>Subject:</b> Severe Weather SE Qld</p> <p>Dear Mark, Brett and Catherine</p> <p>There is a line of severe weather stretching from the Sunshine Coast to Texas. This has effectively "cut off" the south-east corner of the state from an aviation point of view.</p> <p>Until this weather improves we will be unable to accept tasking that would require our aircraft to penetrate this line for anything other than Priority 1 cases. In the event of such a case please task the crews as normal and the pilot in command will consider his options prior to accepting the task. We believe that it would be foolhardy and dangerous for our aircraft to be operated in these conditions for anything other than lifesaving emergencies.</p> <p>Our Bundaberg Base now has a crew available for the DAY shift (they had been isolated by floodwaters and roadworks earlier today). The weather north and west of Bundaberg is not causing us any concerns. It may be prudent to quarantine the Bundaberg crew for tasking in that area.</p> <p>Greg Bath  Acting Manager Line Operations  RFDS (QLD)</p>		



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11/01/2011 5:49 pm	<b>From: SHECC</b>  <b>To: Mark Elcock</b>	<b>Subject: IMT Agenda and Draft Minutes</b>  Dear Mark, Please find attached the <ul style="list-style-type: none"> <li>• Draft IMT 11 Meeting Minutes, and</li> <li>• IMT 12 Meeting Agenda</li> </ul> Please be reminded that the dial in numbers for the meeting are <b>1300 301 336</b> , and the passcode is <b>861054</b> .  Kind regards Paula Jom SHECC Logger <u>Attachments: 110112 SHECC IMT 12 Meeting Agenda</u> <u>1101011 SHECC IMT 11 Meeting Draft Minutes</u>		
11/01/2011 4:49 PM	<b>From:</b> Peter Aitken  <b>Sent to:</b> Dorothy Vicenzino, Jeannette Young, SHECC, Noel Gillard  <b>CCed:</b> Mark Elcock	<b>Subject: Re: CQ Helicopter Availability</b>  Hi  Have just spoken to Phil Dowler at CQ Rescue regarding his offer of helicopters.  There are two helicopters available  (1) A Sikorski based at Amberley. This is a search and rescue configured helicopter on contract to defence. Available from Thursday. (2) The second medically configured helicopter in Mackay. Available from tonight - returned from Townsville today.  Neither would have medical staffing available		CQ Rescue helicopters 1 search and rescue and 1 medically configured available - no medical staffing available

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		<p>Potential uses may be</p> <p>(1) SEQ to assist general flood relief activities - either aircraft could be used for this. This would help preserve EMS configured and staffed helicopters for clinical tasks.</p> <p>(2) Reports also coming through of flooding in Cairns and Port Douglas. Do not know the veracity or severity of this but aware there is currently no helicopter in Cairns. Another option may be using the second Mackay helicopter to come north (either to Cairns or to Townsville with TSV helicopter on to Cairns). The Sikorski could still assist activities in SEQ.</p> <p>Happy to discuss and await your advice about flood situation in Cairns / Port Douglas and impact of this on decisions. Contract and payment issues are also beyond my system knowledge and will also look to you all for the appropriate process for this.</p> <p>Cheers Peter</p> <p>[REDACTED]</p> <p>&gt;&gt;&gt; SHECC [REDACTED] 11/01/2011 1:50 pm &gt;&gt;&gt;</p> <p>Hi Peter, FYI and Action if needed. Phil Dowler, CQ Rescue has rung - to query if there this a need for helicopter capability in the south-east. His numbers are [REDACTED]</p> <p>Regards, Stacey McInnes Duty Officer [REDACTED]</p> <p>*****</p>		

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<p>11/01/2011 4:02 PM</p>	<p><b>From:</b> Peter Aitken</p> <p><b>Sent to:</b> SHECC (old account) Aaron Groves, Dan Harradine, Dorothy Vicenzino, Jeannette Young, Leanne Smith, Mark Elcock, Noel Gillard, Peter Aitken</p>	<p><b>Subject: QCC Activity Update “Hot Issues” Tuesday 11/1</b></p> <p>Dear All</p> <p>Hot issues for Tuesday 11/1</p> <p>The ongoing weather has had a significant impact on both demand and the ability to meet this.</p> <p>Multiple ongoing requests for flood related work as well as usual activity. Flood work related to illness / injury; dialysis patients; pregnancy mainly Also ongoing requests to assist with delivery of medications where usual means unable to deliver Weather has prevented the ability to respond to most of these requests due to inability of aircraft (rotary and fixed wing) to respond or closure of airports Only approximately 3-4 tasks have been able to be completed Brisbane and Toowoomba airports closed with aircraft either unable to take off or return and land (e.g. Brisbane 1 on ground in Bundaberg). Helicopters grounded or stuck on ground elsewhere (e.g. R500 on ground beside Warrego Highway; R510 mechanical issues and on ground in Helidon) Careflight has already advised that their helicopters are likely to be grounded until tomorrow due to weather. Others likely to be similar situation. Implications for patient retrieval Approximately 40 patients unable to be transported Patients with significant illness include the following: ventilated burns in Mackay; septic patient in Esk. Patient distribution includes Bundaberg (5); Rockhampton (6); Gladstone (3); Moura (3); Hervey Bay (3); Kingaroy (2); Dalby (6);</p>	<p>Ongoing weather has had a significant impact on both demand and the ability to meet this. Some helicopters grounded</p>	

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		<p>Gatton (2); Emerald (1); Nanango (3)</p> <p>Issues</p> <p>Additional staffing has been sourced to assist both QCC activities (medical 12 hrs and nursing 24hrs per day) and retrieval response capability (extra crew Brisbane)</p> <p>As weather clears we will be able to resume operational activity and respond to these tasks. There are still some issues with tasking of EMS helicopters by other agencies and involvement of QCC in this process. It is recommended that given the backlog of cases that as operational activity resumes that efforts are made to reserve EMS helicopters for acute clinical transport. Where possible could non health taskings utilise non medically configured helicopters or ADF assets?</p> <p>Flooding is likely to impact on capacity of health resources in Brisbane with many already understandably reluctant to accept transfers</p> <p>Flooding may also impact on ability of QCC and retrieval staff to get to work or sustain current operational demand. Informal offers have been made from interstate to see if additional air medical crews are need. This is not needed currently but may need to be considered in the next few days.</p> <p>Rain and associated flooding in Cairns and Port Douglas may also have implications given the current lack of rotary wing in Cairns. Discussions ongoing with possible solutions.</p> <p>I will send a full day report through late tonight</p> <p>Any questions or queries please don't hesitate to call. Mobile or text is more reliable as I only have desk top email access.</p> <p>Regards,</p> <p>Peter</p> <p>Peter Aitken</p>		

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		Mobile [REDACTED]		
11/01/2011 4:01 pm	<b>From: Peter Aitken</b>  <b>To:</b> SHECC, Aaron Groves, Dan Harradine, Dorothy Vicenzino, Jeannette Young, Leanne Smith, Mark Elcock, Noel Gillard	<b>Subject: QCC Activity Update “Hot Issues,” Tues 11/1</b>  Dear All  Hot issues for Tuesday 11/1  The ongoing weather has had a significant impact on both demand and the ability to meet this.  Multiple ongoing requests for flood related work as well as usual activity. <ul style="list-style-type: none"> <li>• Flood work related to illness / injury; dialysis patients; pregnancy mainly</li> <li>• Also ongoing requests to assist with delivery of medications where usual means unable to deliver</li> </ul> Weather has prevented the ability to respond to most of these requests due to inability of aircraft (rotary and fixed wing) to respond or closure of airports <ul style="list-style-type: none"> <li>• Only approximately 3-4 tasks have been able to be completed</li> <li>• Brisbane and Toowoomba airports closed with aircraft either unable to take off or return and land (e.g. Brisbane 1 on ground in Bundaberg).</li> <li>• Helicopters grounded or stuck on ground elsewhere (e.g. R500 on ground beside Warrego Highway; R510 mechanical issues and on ground in Helidon)</li> <li>• Careflight has already advised that their helicopters are</li> </ul>	Only approximately 3-4 tasks have been able to be completed  Weather has prevented the ability to respond to most requests due to inability of aircraft (rotary and fixed wing) to respond or closure of airports	Additional staffing to assist both QCC activities (medical 12 hrs and nursing 24hrs per day) and retrieval response capability

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		<p>likely to be grounded until tomorrow due to weather. Others likely to be similar situation.</p> <p>Implications for patient retrieval</p> <ul style="list-style-type: none"> <li>• Approximately 40 patients unable to be transported</li> <li>• Patients with significant illness include the following: ventilated burns in Mackay; septic patient in Esk.</li> <li>• Patient distribution includes Bundaberg (5); Rockhampton (6); Gladstone (3); Moura (3); Hervey Bay (3); Kingaroy (2); Dalby (6); Gatton (2); Emerald (1); Nanango (3)</li> </ul> <p>Issues</p> <ul style="list-style-type: none"> <li>• Additional staffing has been sourced to assist both QCC activities (medical 12 hrs and nursing 24hrs per day) and retrieval response capability (extra crew Brisbane)</li> <li>• As weather clears we will be able to resume operational activity and respond to these tasks. There are still some issues with tasking of EMS helicopters by other agencies and involvement of QCC in this process. It is recommended that given the backlog of cases that as operational activity resumes that efforts are made to reserve EMS helicopters for acute clinical transport. Where possible could non health taskings utilise non medically configured helicopters or ADF assets?</li> <li>• Flooding is likely to impact on capacity of health resources in Brisbane with many already understandably reluctant to accept transfers</li> <li>• Flooding may also impact on ability of QCC and retrieval staff to get to work or sustain current operational demand. Informal offers have been made from interstate to see if</li> </ul>		

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		<p>additional air medical crews are need. This is not needed currently but may need to be considered in the next few days.</p> <ul style="list-style-type: none"> <li>• Rain and associated flooding in Cairns and Port Douglas may also have implications given the current lack of rotary wing in Cairns. Discussions ongoing with possible solutions.</li> </ul> <p>I will send a full day report through late tonight</p> <p>Any questions or queries please don't hesitate to call. Mobile or text is more reliable as I only have desk top email access.</p> <p>Regards,</p> <p>Peter</p> <p>Peter Aitken Mobile [REDACTED]</p>		
11/01/2011 1:55 PM	<p><b>From:</b> Peter Aitken</p> <p>Sent to: SHECC (old address)</p>	<p>Hi Stacey Will try and talk to Phil (have tried without luck already) My understanding is that this aircraft would be with pilot / crew but no medical crew. My suggestion in that case would be to offer to general pool for use by QPS etc so that we can preserve the medically configured and staffed helicopters for acute medical work. Will confirm once I talk to him Cheers Peter</p> <p>&gt;&gt;&gt; SHECC [REDACTED] 11/01/2011 1:50 pm &gt;&gt;&gt; Hi Peter,</p>		

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		<p>FYI and Action if needed. Phil Dowler, CQ Rescue has rung - to query if there this a need for helicopter capability in the south-east. His numbers are [REDACTED]</p> <p>Regards, Stacey McInnes Duty Officer 0407127126</p>		
11/01/2011 12:30 pm	<p><b>From: Peter Aitken</b> <b>To: SHECC, Noel Gillard, Dorothy Vincenzino</b></p> <p><b>CCed: Mark Elcock, Leanne Smith</b></p>	<p><b>Subject: RSQ Staffing Support</b></p> <p>Hi</p> <p>In light of the current increased activity in QCC and retrieval services as a result of the current flood situation we have re-implemented the following to ensure we are able to maintain service delivery and keep pace with the workload.</p> <p>QCC</p> <ol style="list-style-type: none"> <li>1. Additional dedicated 'flood nurse coordinator' on early and late shifts</li> <li>2. Additional dedicated 'flood medical coordinator' on day shift based in Brisbane QCC. This has occurred from today and is planned to continue until current workload settles.</li> </ol> <p>There is also an additional EMD from QAS dedicated to flood response.</p> <p>Retrieval Services</p> <ol style="list-style-type: none"> <li>1. There are a number of acute flood tasks (&gt;10) accumulating currently secondary to weather restricting flight. Given that there will be additional rotary wing assets available with deployment of Cairns helo to Brisbane we have asked CMS to look at the ability to provide an extra doctor during daytime hours to staff this</li> </ol>		Additional staff allocated to QCC and RSQ





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		<p>resource. Once the weather allows flight this means we can minimise already prolonged wait times for response.</p> <p>The additional staffing for both QCC (medical and nursing) and retrieval services (doctor) will be sourced and rostered through to Sunday but can be ceased earlier if demand settles.</p> <p>Many thanks</p> <p>Cheers Peter</p>		
<p>11/01/2011 11:01 am</p>	<p><b>From: Greg Bath (RFDS)</b></p> <p><b>To: Catherine Dunstan (DCS), Brett Hoggard (QH) Mark Elcock</b></p> <p><b>CCed:</b> QCC Brisbane; Davies, Rick; Aviation - Brisbane Pilots; Aviation - Bundaberg Pilots; Aviation - Rockhampton Pilots</p>	<p><b>Subject: Severe Weather SE Qld</b> Dear Mark, Brett and Catherine</p> <p>There is a line of severe weather stretching from the Sunshine Coast to Texas. This has effectively "cut off" the south-east corner of the state from an aviation point of view.</p> <p>Until this weather improves we will be unable to accept tasking that would require our aircraft to penetrate this line for anything other than Priority 1 cases. In the event of such a case please task the crews as normal and the pilot in command will consider his options prior to accepting the task. We believe that it would be foolhardy and dangerous for our aircraft to be operated in these conditions for anything other than lifesaving emergencies.</p> <p>Our Bundaberg Base now has a crew available for the DAY shift (they had been isolated by floodwaters and roadworks earlier today). The weather north and west of Bundaberg is not causing us any concerns. It may be prudent to quarantine the Bundaberg crew for tasking in that area.</p>		<p>RFDS notification unavailability in SE corner due to severe weather</p>

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		<p>Greg Bath Acting Manager Line Operations RFDS (QLD)</p>		
<p>11/1/2011 10:07am</p>	<p><b>From: Anthony DiMarco RFDS</b></p> <p><b>To: Dorothy Vincenzino</b></p>	<p>Subject: Fwd: Re: SITREP All bases 10/1/11</p> <p>Dorothy This is the daily update to rely on from me as discussed yesterday. Regards Nino</p> <hr/> <p><b>From:</b> Davies, Rick <b>To:</b> Aviation - Principal Managers Group; Aviation - Flight Standards Check Pilots; Aviation - Senior Base Pilots; General Management Team (GMT); Anderson, Phil; Philp, Graham; Craig, Jenny; Jones, Adam <b>Sent:</b> Mon Jan 10 19:55:47 2011 <b>Subject:</b> Fwd: SITREP All Bases 10/1/11</p> <p>Sent from my iPhone</p> <p>Begin forwarded message:</p> <p><b>From:</b> "Bath, Greg" [REDACTED] <b>Date:</b> January 10, 2011 7:00:22 PM GMT+10:00 <b>To:</b> "Davies, Rick" [REDACTED] <b>Subject:</b> SITREP All Bases 10/1/11</p> <p>Rick</p>	<p>RFDS capacity report</p>	

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		<p><b>BN</b> Base has FDT and FDA in maintenance at the time of writing. Will be ops normal tonight and tomorrow, using FDT, FDR and FDW.</p> <p><b>RK</b> No change.</p> <p><b>MA</b> FFI is U/S. Not affecting operations.</p> <p><b>BUD</b> Ops normal. Expect no DAY shift tomorrow due staff isolation by flooding/roadworks.</p> <p><b>CS</b> FDG will be off line for unscheduled maintenance tomorrow. FDO will cover. Base is ops normal.</p> <p><b>TL</b> Ops normal - routine weekly maintenance for FDZ tomorrow.</p> <p>All other bases are operating as normal.</p> <p>Greg Bath A/MLO</p>		
11/01/2011 10-10:30am	<b>IMT Meeting</b>	<p><i>Retrieval Services Queensland – Peter Aitken</i></p> <ul style="list-style-type: none"> <li>• 34 patients airlifted in previous 24hrs</li> <li>• A significant number of helicopter units are grounded due to</li> </ul>	Peter Aiken and Noel Gillard to review protocols with SDCC. (follow	

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		<p>weather.</p> <ul style="list-style-type: none"> <li>• QCC needs to re-negotiate agency tasking protocols.</li> <li>• Evacuations needs today are reported above by location.</li> </ul> <p><b>CHO Advice</b></p> <ul style="list-style-type: none"> <li>• SDMG advised today 11.01.2011 that significant impacts are expected: Indicative peak at 4m in Brisbane CBD (1974 flood peaked at 5.4m)</li> <li>• Multiple deaths are expected following flash flooding yesterday.</li> <li>• Expected flooding will result in isolation of a number of Brisbane health facilities.</li> <li>• Services to prepare for high mortality and increased demand on human services.</li> <li>• QPS to be single source of public information regarding mortalities.</li> </ul> <p>SHECC to be advised of all confirmed deaths.</p> <p><b>Darling Downs/ West Moreton – Peter Bristow</b></p> <p><b>Toowoomba</b></p> <ul style="list-style-type: none"> <li>• 9 confirmed DOA presented to Toowoomba Hospital.</li> <li>• Morgue has total 30 spaces: availability at 18 spaces (at 10:15am today 11.01.2011)</li> <li>• Elective surgery cancelled today (11.01.2011). Further advice will be provided re tomorrow.</li> </ul>	<p>up action for next IMT 12 meeting)</p> <p>Advise SHECC asap of all confirmed deaths.</p>	

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		<ul style="list-style-type: none"> <li>• Water and power supplies restored and accessible.</li> <li>• Public Health Unit flooded. Environmental Health and Communicable Health services continue to be provided.</li> <li>• Mental health services are stretched. Social work and pastoral care services are being provided to victims and family members of DOA victims.</li> <li>• Pharmacy services restricted.</li> <li>• Morale and all other services reported as OK.</li> </ul>		
11/01/2011 9:24 AM	<b>From:</b> Dorothy Vicenzino  <b>Sent to:</b> 	Phil Dowler, CQ Rescue has rung - to query if there this a need for helicopter capability in the south-east. His numbers are  regards Dorothy		
11/01/2011 8:10 AM	<b>From:</b> Peter Aitken  <b>Sent to:</b> SHECC "Fiona Roberts"	Hi All As discussed with Fiona this am Can we have a look to see if this is feasible using Maroochydore helicopter No options available via DDC Yolanda will send through addresses as available Sass - may be worth a direct call to Jackie Hanson if any troubles	Medication issues and re-supply to isolated patients – commitment to work on a protocol and comms strategy relating to	

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		<p>with addresses. Talk soon Cheers Peter</p> <p>&gt;&gt;&gt; SHECC [REDACTED] 11/01/2011 7:50 am &gt;&gt;&gt; Dear Peter, Jackie Hanson has reported that 3 persons in the Sunshine Coast area are unable to access their medications and that as of today this has become a life threatening situation. The medications are at the nambour hospital pharmacy. We are waiting on the particulars, including the exact locations of the persons in need and expect to receive this morning. Can you advise SHECC if RSQ can meet the request today to deliver the medications to the 3 persons? Tracey: Please note that this reported by District that it has not been able to be resolved via the DDC. If RSQ comes back with a no, we will pass the request SDCC level to encourage action. Both, please note, we will be working on a protocol and comms strategy relating to medications. Peter, Please call if you would like to discuss but I will forward you the address details as soon as they come to hand Kind regards Yolanda CC SDCC Q Health Liaison</p>	<p>medications</p>	
<p>11/01/2011 6:54 am</p>	<p><b>From:</b> SHECC</p> <p><b>To:</b> Mark Elcock</p> <p><b>Other Recipients:</b> 13Health Team</p>	<p><b>Subject: QEMR and SDCC 10/11 Jan</b> Dear Mark,</p> <p>The Director General has requested SHECC to keep you and other Senior Officers updated in relation to the current Summer Flood event. Updates will be transmitted at approximately 1300 and 1800 daily</p>	<p>DG request for twice-daily SHECC updates to all senior officers</p> <p>EMQ summary of impact of flood</p>	

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	<p>Leader  Aaron Groves  Adrian Nowitzke  Alex McGill  Andrea Grant  Andrew Johnson  Andrew Waters  Annette McMullen  Barbara Davies  Beverley Hamerton  Bill Kingswell  Bob Lawson  Bob McDonald  Bob Hammill  Brad McCulloch  Brad Milligan  Brian Bell  Brigid Bourke  Bronwyn Nardi  Bruce Morton  Cesar Callioni  Cheryl Burns  Chris Small  Christine Giles  Christine Selvey  Chrystal Seeto  Corelle Davies  Dan Harradine  Dannielle Hoins  David Slaughter  David Strain  David Noon  Debbie Carroll  Deborah Miller  Don Smith  Dorothy Vicenzino  Dulise Maxwell  First name Last name  Frank Beard  George Plint  Greg Shaw  Greg Shillig</p>	<p>Agencies are encouraged to monitor BOM for adverse weather warnings and to monitor local road closures via the RACQ website.</p> <p>Please see below and attached for the latest info on this weather event.</p> <p>Kind regards  Yolanda Cowan  SHECC Duty Officer  [REDACTED]</p> <p>(see bottom for other recipients of email)</p> <p>DEPARTMENT OF COMMUNITY SAFETY</p> <p>Daily Queensland Emergency Management Report</p> <p>as at 5:00am Tuesday 11 January 2011</p> <p>SIGNIFICANT INFORMATION</p> <p><b>Significant weather event in Toowoomba and surrounds:</b></p> <ul style="list-style-type: none"> <li>-Official death toll is at 8 with searches continuing for missing persons</li> <li>-QPS MIR operational (an additional 1300993191 number to support Policelink number has been established)</li> <li>-Flood waters in Toowoomba receding</li> <li>-Substantial CBD damage in Toowoomba with an active QPS presence</li> <li>-Grantham: 30 people at the school with 13 at another private residence remain isolated, but QPS have been in contact during the night</li> <li>-EMQ helicopter expected to transfer 20 people to Gatton</li> </ul>	<p>events Toowoomba and Lockyer Valley</p>	

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
	Greg Crisp Gregory Jackson Harold Figueroa Heidi Grodecki Humsha Naidoo Iain Scott Ian Jones Isaac Seidl Jackie Steele Jackie Hanson Jacqui Molensen Meryl Brumpton Michael Walsh Michael Zanco Michael Broadbent Mick Reid Mike Allsop Moira Goodwin Naomi Ford Naomi Ford Nicola Simonds Noel Gillard Noel Cowell Orla Thompson Pam Lane Pattie Hudson Paul Stephenson Paul Florian Pauline Ross Peter Steer Peter Bristow Peter Dyer PHIC Phil Woolley Ray Brown Richard Ashby Robin Moore Rod Boddice Rod Miles Russell Manley Ryan Robertson Samantha Johnston	<p>evacuation centre today</p> <p>-Glenore Grove: main flood waters peaked at over 15 metres in the early hours of this morning and a watch is being kept on Lyons Bridge which will peak 6 hours before waters reach the Brisbane River</p> <p>-Withcott (Tomatoland): 3 juvenile pedestrians and two cars washed away, some located but search continuing, water and terrain hampering search</p> <p>-SEQ Water advised that Withcott pumping station has been damaged. Approximately half of community have no water (approx 750 people) however a water tanker will be on site 6am today. Most people have their own water tanks</p> <p>-Gatton: 40 people in the evacuation centre and low lying areas have been evacuated</p> <p>-Murphy's Creek: 2 deceased have been located. QPS continuing to check the area</p> <p>-Rooftop extractions in the Lockyer Valley area by helicopter were ceased during the night due to bad weather (thick fog) so number of people still on rooftops unknown</p> <p>-Helidon: An evacuation centre has been established at the RSL with at least 50 plus evacuees staying overnight. A triage centre was established with 2 Category patients being treated. The Gatton LDMG was able to supply bedding and essential food, water and medical supplies etc. The town has power to half the community at present but there are doubts about the quality of the water supply</p> <p>-QPS have deployed 28 Officers to Gatton and Withcott areas</p> <p>-QFRS have deployed 4 Swiftwater Rescue Technicians and 1 Engineer to Toowoomba and a further 7 Swiftwater Rescue</p>		



Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
	SDLO Chris Hall Sharon Jurd Sharryn Gannon SHECC Shirley Godfrey Simon Critchley Siobhan Fisher Sophie Dwyer Stacey McInnes Steve Hompes Sue Cornes Susan Turner Susanne Leboutillier Terry Mehan Tim Smart Tony O'Connell Tracey Young Trevor Barnes Val Tuckett Veronica Casey Virgil Kelk Yolanda Cowan Yvonne Li	<p>Technicians from Northern and Central Regions are being moved to Brisbane to standby.</p> <p>-The Lockyer Valley area is still of concern with 45-50 mm of rain expected over the next 2-3 hours</p> <p>-QPS along with other emergency services and volunteers will commence searches of the Grantham and Murphy's Creek areas this morning</p> <p>-The AFP have donated 10 4WD vehicles and ADF are providing 2 Black Hawks and 2 Sea-King helicopters to assist in the searches and evacuations</p> <p>-In the early hours of this morning, Nanango SES commenced flood boat evacuations of 2 houses.</p> <p>-In Dalby the river levels peaked at 3.79 metres. There has been significant rain overnight and levels could continue to rise. There are 2 evacuation centres with 65 and 100 people respectively</p> <p>-In Chinchilla evacuations have started with 30 homes to be evacuated by road before inundation</p> <p>-In Condamine the river levels are rising fast, with the bridge at 9.55m (at 2100 10.01.11) and there is a need to evacuate people out of town before bridge reaches 10.1m. The area has been door knocked for self evacuation by vehicles to Miles. Not contemplating evacuation centre at this stage. 2247 Emergency Alert SMS and Voice messages sent out</p> <p>-In Meandarra (150-220 population) the CBD is expected to be inundated as well as 4 houses. Some houses have self evacuated previously and will be returning to inundated homes. Heavy rainfall experienced with Brigalow Creek rising. Sandbagging is occurring</p>		

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		<p>-In Tara there are reports of the death at Weimeilla of male person electrocuted while checking generator.</p> <p>-In Gympie the Mary River was at 19.19 metres at 04:00 hours 11.1.11</p> <p>Major Highway Closures (as at 0300hrs on 11-1-11)</p> <p>-Warrego Highway closed north and west at Jondaryan, between Toowoomba and Dalby, and east at Plainlands and Toowoomba Range</p> <p>-Bruce Highway north of Caboolture (with detours)</p> <p>-Barwon Highway - west of Goondiwindi</p> <p>-Bruce Highway - north of Gladstone</p> <p>Bruce Highway - south of Gympie</p> <p>Carnarvon Highway - north of Injune</p> <p>Dawson Highway - Calliope to Springsure</p> <p>Fitzroy Development Rd - north of Taroom</p> <p>Leichardt Highway - north of Wandoan</p> <p>Moonee Highway - west of Moonee</p> <p><b>WEATHER OBSERVATIONS</b></p> <p>Weather Situation</p> <p>-The monsoon trough extends over the northern tropics and is moving gradually south. An upper level low lies over the Darling Downs and Granite Belt district and is expected to drift slowly southwest for the remainder of today while weakening. A large high over the southern Tasman Sea extends a firm ridge over the southern Queensland coast.</p>		

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		<p>Forecast for the rest of Tuesday</p> <p>-Rain areas and thunderstorms with moderate to heavy falls about the Southeast Coast, southern parts of the Wide Bay and Burnett, Darling Downs and Granite Belt and eastern parts of the Maranoa and Warrego District. Rain areas and thunderstorms about the tropics and west of the state. Scattered showers and thunderstorms elsewhere. Light to moderate NE to NW winds, tending fresh to strong about southeast parts.</p> <p>Forecast for Wednesday</p> <p>-A new high will move into the southern Tasman Sea, extending a firm ridge north towards the southern and central Queensland coasts. Patchy rain areas and isolated thunderstorms will therefore ease to showers over southeastern districts as the ridge starts to dominate. Rain areas and thunderstorms will continue over northern Queensland and extend south over western districts as the monsoon trough continues to shift south over the Northern Territory. Moderate falls are likely. Scattered showers along the central coast. Isolated showers and inland thunderstorms elsewhere.</p> <p>Forecast for Thursday</p> <p>-The monsoon trough will most likely merge with another trough to the south to result in a sharp trough extending from the Northern Territory into South Australia. Moist N'ly winds ahead of the trough will continue to extend rain areas and thunderstorms over the Queensland tropics with moderate falls. Scattered showers, thunderstorms and areas of rain over western districts west of Longreach. Mostly fine conditions over the southeastern corner of the state under the influence of the ridge, with only isolated showers and early inland drizzle</p>		

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		<p>areas expected. Patchy rain areas and possible isolated thunderstorms elsewhere.</p> <p>Forecast for Friday</p> <p>-The trough system will lie near the western Queensland border while the monsoon trough will persist across the tropics. Moist E to NE winds ahead of the trough will continue to extend rain areas and thunderstorms over the Queensland tropics. Scattered showers and thunderstorms with patchy rain areas over western districts west of about Longreach. Mostly fine conditions about the remaining east coast under the influence of the ridge, with only isolated showers and early inland drizzle areas expected. Fine over the central and southeast interior.</p> <p>Outlook for Saturday, Sunday and Monday</p> <p>-A ridge of high pressure will dominate weather over southeastern districts throughout the outlook period, with only isolated showers expected, chiefly near the coast. Conditions will remain moist and unstable through western districts and the northern tropics with scattered showers, patchy rain areas and thunderstorms continuing, most likely extending into central districts late Sunday and Monday.</p> <p><u>Attachment: 110110 SHECC Summer Flood Sitrep 11</u></p>		

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<b>Summary of Communications on 10 January 2011</b>				
<b>End of Day Summary 10 January 2011</b> 11/01/2011 2:06 am	<b>From: Peter Aitken</b>  <b>To: Aaron Groves, Dan Harradine, Dorothy Vincenzino, Jeannette Young, Leanne Smith, Mark Elcock, Noel Gillard, SHECC</b>	<b>Subject: QCC Activity past 24 hrs</b> Dear All  As you are aware I am standing in for Mark Elcock for the next few days  <b>Update for last 24 hrs (Monday 10/1/11)</b> <ul style="list-style-type: none"> <li>• <b>Busiest day of flood related activity so far with 34 additional flood related cases referred to QCC between 0000 hrs and 2400 hrs.</b></li> <li>• <b>An additional 32 people winched to safety by Brisbane helicopter (with medical and paramedic staffing). These patients are currently at RSL Helidon. The CMS doctor and paramedic are also there as unable to get out tonight. All patients have been reviewed by doctor and are OK. Families and workplaces of doctor and paramedic have been notified and hope to have them out in daylight tomorrow.</b></li> </ul> Casemix Issues past 24 hours <ul style="list-style-type: none"> <li>• <b>Obstetric patients - number of movements of obstetric patients with concerns about ability to deliver a baby with decreased foetal movements in Maleny with no midwife available. Transported safely to Caboolture in utero. Discussions have commenced through SHECC with Bundaberg, Nambour and RBWH regarding ability to access a midwife at short notice for similar situations</b></li> </ul>	Families and workplaces of doctor and paramedic at RSL Helidon have been notified and hope to have them out in daylight tomorrow  Summary of calls for assistance including pharmacy re-supply  Likely increased activity Toowoomba region and sustained activity Kilcoy / Gympie. Additional nursing and EMD staffing and medical coordinator QCC for next few days.  May require additional rotary wing assets as available assets busy - with multiple	Summary of all issues of 10 January operations  CMS (Careflight Medical Services) doctor and paramedic at RSL Helidon with evacuated patients

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		<p>where delivery may be imminent.</p> <ul style="list-style-type: none"> <li>• Dialysis patients - 6 renal patients referred for movement to access dialysis - 5 moved and 1 to move tomorrow (2 Bidwill to Hervey Bay; 1 Granville to Hervey Bay; 1 Kilcoy to PAH; 1 Kilkivan to Nambour and 1 Bundaberg to Wesley with blocked AV fistula tomorrow)</li> <li>• Calls for medication assistance - a number of calls have been made to QAS by community members who have run out of current medications. A number of these have been transferred to QCC. The RSQ Medical Coordinator has liaised with Nambour pharmacy and been able to access replacement medications. Jackie Hanson (Sunshine Coast HSD Acting CEO) will coordinate distribution of these. It is preferred that these requests remain in the local HSD so that vulnerable community members are identified and aeromedical assets reserved for acute tasks if possible. Obviously if no other means of supplying medications is available RSQ is happy to assist.</li> <li>• Usual activity continues including high acuity transfers (ventilated pancreatitis Hervey Bay, thoracic dissection Kingaroy)</li> </ul> <p>Location Issues past 24 hours</p> <ul style="list-style-type: none"> <li>• Kilcoy - Referrals continue to remain focused more on areas south of Rockhampton today (especially Kilcoy region), reflecting rainfall patterns.</li> <li>• Gympie - Intermittent power failures and CT not usable. Helicopter access increasingly difficult due to floodwaters across landing pad. Both a 412 and 139 have landed today with both pilots experiencing significant difficulties. If current conditions continue may not be able to land.</li> </ul>	<p>aircraft grounded due to weather</p>	

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		<p>Recommend caution in patient movement into Gympie as may not be able to move patients out if condition deteriorates and need aeromedical evacuation.</p> <ul style="list-style-type: none"> <li>• Toowoomba - weather conditions prevented aircraft access into or out of Toowoomba. As a result planned patient movement into Toowoomba diverted to Brisbane. Some minor difficulties (resolved) with patient acceptance. Discussions with Malcolm Johnstone-Leek (Toowoomba) - approximately 12 facilities in Toowoomba region flood bound; range closed to road traffic; no doctor Cherbourg. Expect a ramp up in flood related requests for assistance from Toowoomba region tomorrow based on todays experience. Other issue is Toowoomba airport closure with use of Oakey as alternative.</li> </ul> <p>Specific Patient Issues past 24 hours</p> <ul style="list-style-type: none"> <li>• Patient at Sandy Creek (Kilcoy) with chest pain and recent AMI unable to be retrieved due to weather. No boat access, helicopters unable to access due to weather. Ongoing efforts and discussions with QPS.</li> <li>• Patient winched out with chest pain not accounted for at RSL Helidon - ongoing efforts to identify / locate.</li> <li>• Female patient (adult) drowned at Chewko (deceased at scene with regional road response)</li> <li>• ADF Blackhawk tasked to mine accident at Argoon (entrapped - # femur) with doctor and paramedic then transported to Rockhampton.</li> </ul> <p>Emerging Issues</p> <ul style="list-style-type: none"> <li>• Limited northern assets - Townsville fixed wing off line for</li> </ul>		

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		<p data-bbox="853 343 1480 427">maintenance till mid morning, helicopter expected back on line lunchtime. No helicopter in Cairns. Mackay helicopter to return south.</p> <ul data-bbox="808 432 1503 1102" style="list-style-type: none"> <li data-bbox="808 432 1503 544">• Southern assets - main difficulty has been weather restrictions which have limited ability to respond to requests / taskings. Available assets have been busy with multiple aircraft grounded due to weather.</li> <li data-bbox="808 549 1503 692">• Given likelihood of increased activity in Toowoomba region tomorrow and sustained activity around Kilcoy / Gympie additional nursing and EMD staffing for flood relief maintained in QCC as well as additional medical coordinator for next few days.</li> <li data-bbox="808 697 1503 1102">• Additional rotary wing assets may also be required to assist Toowoomba and Kilcoy areas. May be able to look at relocating 2nd Mackay helicopter tomorrow depending on activity - will review in am. Preliminary contact has also been made with ADF at Oakey regarding airstrip. They have also said they will have 2 SeaKings available early tomorrow morning and possibly 2 Blackhawks available mid / late morning if needed. Neither of these would have medical crewing. Recommend SHECC consider discussing with SDCC ability to access these resources tomorrow particularly if weather conditions continue and anticipated requests for patient movement or evacuation from isolated communities in Toowoomba region occurs.</li> </ul> <p data-bbox="752 1139 1442 1198">We will forward through an overnight issues update following tomorrow mornings QCC IMT Teleconference at 0900 hrs.</p> <p data-bbox="752 1230 1469 1289">Any questions or queries please don't hesitate to call. Mobile or text is more reliable as I only have desk top email access.</p>		




Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		Regards,  Peter  Peter Aitken Mobile [REDACTED]		
<b>SitRep 11 on 10 January 2011</b> 10/01/2011 6:00pm		<b>SITUATIONAL REPORT NO: 11</b> <b>AT 6.00 pm AEST</b> <b>DAY: 10 January 2011</b> <b>1. SUMMARY OF PAST 24 HOURS</b>  <b><i>Darling Downs/ West Moreton</i></b> <ul style="list-style-type: none"> <li>• Approximately 15 facilities are currently isolated; however, all services are functioning as normal.</li> <li>• The recurrence of the flood, deteriorating weather and continued isolation of some areas is affecting staff morale and support is being provided. Staff members have been working extra shifts to cover service delivery and staff assistance is being provided through Employee Support Services.</li> </ul> <b><u>Toowoomba</u></b> <ul style="list-style-type: none"> <li>• Severe weather and flash flooding has resulted in the town effectively cut in two.</li> <li>• Queensland Ambulance Service access to Toowoomba Base Hospital has been cut from the east. Arrangements have been made for QAS to take patients to St Vincent’s Hospital. The QAS State Coordinator has advised that these patients will be transferred to Toowoomba Base Hospital once safe to do so.</li> <li>• Toowoomba Base will continue to take accept patients from western side of town.</li> <li>• Public Health Unit at Toowoomba Base has been flooded.</li> <li>• Toowoomba City water supply was compromised until</li> </ul>	Toowoomba cut in two - access issues outlined	Access issues affecting responses to Toowoomba calls

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		<p>approximately 7.30pm and a boiled water alert was issued. Hospital has been restored and Council will be testing for chlorine residuals and microtesting tonight and tomorrow using in house labs to confirm quality, with assistance from QH public health officers as necessary.</p> <ul style="list-style-type: none"> <li>• Advice from Hospital was that Toowoomba Base Hospital had confirmed sufficient water supply for drinking and flushing of toilets, but will not be bathing/allowing patients to shower this evening.</li> <li>• All elective surgery and outpatient appointments at Toowoomba Base Hospital have been cancelled for 11 January - expecting significant number of staff to access flood leave.</li> <li>• SHECC has put nearby Districts (Met South, Met North, Ipswich Hospital) on alert in case additional staff are required.</li> <li>• Retrieval Services Queensland is unable to access airport in or out due to weather this evening.</li> <li>• Access to Toowoomba from the east via range crossing is cut - Main Roads currently assessing an ETA on when it will be accessible.</li> <li>• The mobile telephone network in Toowoomba is virtually knocked out - no ETA at this stage on when it will be functioning.</li> </ul> <p><b><u>Gatton</u></b></p> <ul style="list-style-type: none"> <li>• A helicopter was deployed from Brisbane to rescue 8 people from flood water.</li> </ul> <p><b><u>Dalby</u></b></p> <ul style="list-style-type: none"> <li>• The flood peak is expected to rise higher than last week to 3.7m.</li> <li>• Flood waters from the Myall Creek have entered the Dalby Hospital grounds, at the back of the grounds. The Dalby</li> </ul>		

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		<p>District Disaster Management Group has been contacted to sand bag all entrances to hospital.</p> <ul style="list-style-type: none"> <li>• A medical officer has been deployed from Redlands Hospital today (10 January) to arrive in Dalby tonight.</li> </ul> <p><b><i>Sunshine Coast Health Service District</i></b></p> <p><b><u>Gympie</u></b></p> <ul style="list-style-type: none"> <li>• The township is now isolated with flooding expected to peak at 20m. Advice has been received that the hospital will not be impacted at this flood level. Staff and patients being lodged in hospital accommodation or with relatives</li> <li>• No evacuations have been requested at this time.</li> <li>• The Emergency Department at the hospital continues to provide services despite damage following a water leak. Tarpaulins and sandbags are in situ. QBuild assessed the damage on Sunday (09.01.2011) however it is anticipated that the damage can not be repaired until the rain stops.</li> <li>• Routine Clinics at Gympie and Nambour have been cancelled to deploy staff to acute areas.</li> <li>• No local CT service was provided today (10.01.2011) (private facility only and not open) all other radiology available.</li> <li>• Chemotherapy planning has been postponed, supported by oncology consultant.</li> <li>• Elective Surgery and Outpatient clinic have been cancelled today (10.01.2011).</li> <li>• There are emerging power supply issues with Energex reporting that it has not been able to supply a private aged care facility (Bluecare Nursing Home – Grevillea Gardens) with a generator. The issue is being followed up by the Local Government Disaster Management Group and the State Health Emergency Coordination Centre is monitoring the need for evacuation of the aged residents.</li> </ul>		

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		<ul style="list-style-type: none"> <li>• The need to establish an Emergency Department facility in the south of the town is being considered. Support also may be provided to the GP Clinic located there.</li> <li>• Dialysis patients continue to be monitored. 1 patient from Bauple is overdue but all efforts are being made to contact the patient. Patients who normally receive dialysis in Gympie have been offered accommodated in town if needed.</li> <li>• Alternative helipad landing site arranged as Archery Park flooded.</li> <li>• ATOD clients (9) have not been able to access medication dose today (10.01.2011), alternative arrangements are being made by the District.</li> <li>• Helicopter access to the town is problematic. The situation is being monitored and arrangements will be made for retrieval as needed.</li> <li>• 4 of 6 community pharmacies are operational with extended hours possible if required. Medication delivery is being arranged areas on the south side of town.</li> </ul> <p><b><u>Nambour</u></b></p> <ul style="list-style-type: none"> <li>• Surgery clinics have been cancelled to deploy staff for emergency presentations.</li> <li>• One obstetric patient was airlifted from Maleny to Caboolture Hospital.</li> </ul> <p><b><i>Retrieval Services Queensland</i></b></p> <ul style="list-style-type: none"> <li>• CareFlight from Gold Coast and Toowoomba unable to assist transfers today due to weather.</li> <li>• 24 calls related to the floods have been received with the main issue related to moving pregnant women from flood affected areas.</li> </ul>		

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		<ul style="list-style-type: none"> <li>The Queensland Government switchboard has been giving the RSQ office direct number to members of the public seeking elective care – SHECC has asked for this process to cease as no callers on this number were requiring immediate transport (some wanted medicines dropped to them).</li> <li>5 renal patients were airlifted by RSQ today (10.01.2011) in the Sunshine Coast / Wide Bay area: 2 patients from Bidwill were transported to Hervey Bay; 1 person from Granville to Hervey Bay; 1 patient from Kilcoy was transported to Nambour; and 1 patient was moved to Princess Alexander Hospital.</li> </ul>		
10/01/2011 3:41 PM	<b>From:</b> PHIC  <b>Sent to:</b> SHECC	Shecc  Please add to outstanding items list. Protocol for resupply is being drawn up.  Thanks Heidi HEOC Support PH: [REDACTED]  Level 7 Queensland Health Building Charlotte Street Brisbane Qld 4000  >>> Vicki Bryant 10/01/2011 3:25 pm >>> Hi Simon We have a couple of questions regarding getting vaccines into a couple of areas not accessible by road transport as follows:	Vaccine re-supply protocol being drawn up	

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		<p>- Dr Chater's practice has permission to set up his clinic in the Theodore Hospital and they've contacted us re getting vaccines out to them so we were wondering if you could help us with this delivery</p> <p>- Emerald has been asking for vaccine but we haven't been able to deliver to them - I understand helicopters are flying into Emerald from Rockhampton so if we need to get vaccine to them are we able to get vaccine to Rockhampton and out to Emerald or directly to Emerald.</p> <p>We wondered if there was a list of flights going into the flood areas and if so are we able to get that information or are the flights as required?</p> <p>What is the process for getting vaccine onto any of these flights?  Many thanks in advance for your attention to my questions.  Vicki</p> <p>Vicki Bryant  Clinical Nurse Consultant  <b>Queensland Health Immunisation Program</b>  Queensland Health Immunisation Program  Communicable Diseases Branch  Health Protection Directorate  Division of the Chief Health Officer  Queensland Health  15 Butterfield St Herston  PO Box 2368 Fortitude Valley BC, 4006</p> 		

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<b>Summary of Communications on 9 January 2011</b>				
09/01/2011 11:57 PM	<b>From:</b> Mark Elcock  <b>Sent to:</b> SHECC (old account)	<p>Dear Aaron and Dorothy</p> <p>Update for last 24 hrs. Additional 14 flood related cases referred to QCC since 0000 hrs today. 3 cases from Gracemere to Rockhampton Base Hospital, only 1 by EMS helicopter. 4 cases transited Gladstone Airport, only 1 requiring admission to Gladstone Airport TMF. Gladstone TMF ceased operations 1800 hrs. All relevant parties informed of revised procedure for patients being aeromedically retrieved/transported via Gladstone (copy to SHECC earlier tonight). Nanango is cut off by road from Kingaroy. Nursing Staff at Nanango looking after patients under medical control from Kingaroy. RSQ Medical Coordinator teleconferenced with Kingaroy SMO; 2 patients will go from Nanango to Toowoomba by road in the morning and 1 patient from Kingaroy to Bne in the morning. SMO happy with provision of care overnight. Referrals seem to have focused more on areas south of Rockhampton today, reflecting new rainfall patterns. <b>All RFDS flights in SEQ stopped tonight due to severe weather warnings (very unusual)</b> We will forward through any overnight issues update following tomorrow mornings QCC IMT Teleconference at 0900 hrs.</p> <p><b>After 13 x 18 hr days , I am taking the next 3 days off.</b> Dr Peter Aitken will be RSQ Senior Second on Call and delegated State Controller of Aeromedical Assets during this time. He is fully briefed. His direct Mobile Number is [REDACTED] or via QCC on [REDACTED].</p>	Mark taking 3 days off 10, 11, 12 January (returned 12 Jan 2011)	All RFDS flights in SEQ stopped tonight due to severe weather warnings (very unusual)

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>I have copied Jeannette, Dan and Noel in for the changing of the guard.</p> <p>Thank you for your assistance and positivity over the past 2 weeks. It has been an interesting time.</p> <p>Regards,</p> <p>Mark</p> <p>Dr Mark Elcock. MBChB, FACEM, FCEM</p>		
<p><b>SDCC Sitrep</b> 09/01/2011 8:00pm</p>	<p><b>Report</b></p>	<p><b>State Disaster Coordination Centre- Situation Report</b></p> <p><b>As at 1800 hours</b></p> <p>2. Regional Reports Caboolture</p> <ul style="list-style-type: none"> <li>• An elderly couple required assistance to evacuate their home due to water levels.</li> </ul>		
<p>09/01/2011</p>	<p><b>QCC Communication process</b></p>	<p><b>QCC Communication Process for Patients requiring staging at Gladstone Hospital Emergency Department</b></p> <p>From 1800 hrs on Sunday 09/01/11, the Gladstone Airport Tactical Medical Facility will cease operations.</p> <p>The following process is to be followed for any patients that may require staging at Gladstone between EMS Helicopter and Fixed Wing Transport. Document attached: <i>Gladstone ED Staging Process Final</i></p>	<p>This process has been developed following discussions with;</p> <ul style="list-style-type: none"> <li>• RSQ</li> <li>• Central Queensland HSD</li> <li>• Gladstone Hospital</li> <li>• QAS</li> <li>• Careflight</li> </ul>	<p>Example of tasking several providers to transfer patients and arrangements for monitoring of patients.</p>



Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
			Medical Services <ul style="list-style-type: none"> <li>• Capricorn Helicopter Rescue</li> <li>• RFDS</li> </ul>	
9/01/2011 7:29 AM	<b>From: SHECC To Mark Elcock and Other recipients</b>	<b>Subject: SDCC sitrep and QEMR 9 January</b>  <b>Weather Observations</b> <b>Warnings</b> A severe weather warning remains current for heavy rainfall leading to localised flash flooding and potentially worsening the existing river flood situation, for people in the Southeast Coast and southern parts of the Wide Bay and Burnett.  Rain areas and thunderstorms are expected to increase further through the Southeast Coast district and southern parts of the Wide Bay and Burnett district today. Some heavy falls are likely which may lead to localised flash flooding and/ or worsen existing river flooding.  <b>Flood warnings are current for the following rivers:</b> Brisbane River above Wivenhoe: Minor to moderate flooding is easing in the Brisbane River catchment between Linville and Gregor Creeks Lockyer And Warrill Creeks: Minor to moderate flood levels are generally falling along Lockyer and Warrill Creeks and the Bremer River.  <b>Rainfall</b> Rain areas and thunderstorms over Southeastern districts and the Maranoa with moderate to heavy falls likely about the south east coast district and southern Wide Bay and Burnett district.		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p data-bbox="763 371 1290 427">Calls to SES in the period since 5am Saturday Brisbane 36</p> <p data-bbox="763 459 1518 691"><b>Media</b> ABC news online reports: The weather bureau said southern parts of Queensland are in for another major downpour, which could lead to a worsening of the flood situation. The bureau’s senior forecaster Brett Harrison says a severe weather warning is current for people in Southeast Queensland, Wide Bay and the Burnett districts. He says an upper level low off the central coast and a low level trough off Southern Queensland are generating all the rain.</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
<b>Communication on 6 January 2011</b>				
06/01/2011 9:06 pm	From : Mark Elcock To: Mark Delany	>>> Mark Elcock 06/01/2011 9:06 pm >>> Thanks Mark.  Sounds good.  Mark Dr Mark Elcock. State Medical Director. Retrieval Services Queensland (Blackberry response)		
06/01/2011 8:38pm	From: Mark Delany" <Mark.Delany@dcs.qld.gov.au> To: Mark Elcock	-----Original Message----- From: "Mark Delany" <[REDACTED]> To: Mark Elcock <[REDACTED]> Sent: 06/01/2011 20:38:49 Subject: RE: QCC Aeromedical Update  Hi Mark  Excellent summary and email. EMQHR assets will move as directed and we will maintain close liaison to react to further developments.  Talk tomorrow.  Regards Mark Delany (from Emergency Services Queensland, Department of Communities) -----Original Message-----		EMQ agreement with arrangements for tasking of helicopters and relocation of Gladstone assets to SE Qld

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
6/1/2011 8:24pm	<p>From: Mark Elcock</p> <p>To: SheCC SHECC Cc: Chris Broomfield; Mark Delany; Aaron Groves; Dorothy Vicenzino</p>	<p><b>Subject:</b> QCC Aeromedical Update Dear All,</p> <p>Following the aeromedical disaster response commenced last week secondary to the flood events, I think it is time to review our collaborative approach to the provision of aeromedical EMS capability in Central Queensland.</p> <p><b>QCC Activity</b></p> <p>QCC has had a significant increase in referrals for QAS Primary and IFT EMS Helicopter responses since 27th December, in particular west of Toowoomba and in the Central Queensland Region. There have been an additional 155 specific flood related referrals over the period 28/12/10-06/01/11; an average of 16 per day (range 3-31). Excluding the St George Evacuation, there were 7 cases on 03/01, 5 cases on the 04/01, 12 cases on the 05/01 and 7 cases so far on 06/01. Over the past 48/24 this activity has predominantly been in the Rockhampton area with the majority of cases from Gracemere to Rockhampton. We have seen a contraction of helicopter work from Emerald/Blackwater in towards the Rockhampton area as roads have reopened and EMS fixed wing aircraft have been used to transport direct to receiving centres.</p> <p><b>Gladstone TMF Activity</b></p> <p>This was established on the evening of Sat 01/01/11. Since being functional (now 6 days), there have been a total of only 8 patients admitted to the facility, arriving by helicopter whilst awaiting onward fixed wing flights. There were 2 patients on 04/01/10, staying from 1300-1445 hrs. There were 5 patients admitted on 04/01/11; 1 patient from 1845-1930 hrs, 1 from 1730-1930 hrs and 3 from 2000-2130 hrs. The longest stay was 2 hours.</p>		<p>Example of agreements reached regarding tasking of helicopters</p>

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p><b>Repositioned RFDS Rockhampton Aircraft, Brisbane Additional Taskings requiring CMS (sic..Care Flight Medical Services) Retrieval Physician.</b></p> <p>Since this aircraft repositioned to Brisbane and became operational on 01/01/11, we have only used this additional Dr on 3 tasks over 6 days.</p> <p><b><u>ACTIONS FOR ENDORSEMENT</u></b></p> <p>Given the above activity, in collaboration with EMQ-HR and CMS, we have planned the following; EMQ-HR Gladstone has now dropped back from 24/7 coverage to 12/24 hr coverage 06/01-09/01/11.</p> <p><b>EMQ-HR Gladstone will cease EMS operations in Gladstone from 1800 hrs 09/01/10. It will relocate to SEQ for a week. This will allow us to reposition again if activity increases or there is further rain in SEQ/Central Qld.</b></p> <p>Removal of additional CMS Dr from EMQ-HR Gladstone. With the withdrawal of EMQ-HR and the CMS Dr from Gladstone, this will still leave the 24/7 EMS Capricorn Rescue Helicopter with dedicated 24/7 CMS Dr support for Rockhampton. Removal of the additional CMS Dr from the Brisbane Roster solely covering the RFDS Rockhampton repositioned aircraft. This can be reviewed daily. The rate limiting step with fixed wing operations is currently aircraft availability, not Medical Officer coverage. Reviewing the above activity and lengths of stay my advice, as per SHECC IMT Meeting today, regarding the Gladstone TMF is; Further optimise QCC Clinical Coordination to have EMS helicopter/fixed wing flights meet at Gladstone with minimum transit time. Progressively reduce on site QH Nursing and Medical Staffing, whilst still providing 24/7 on call support until 1800 hrs 09/01/11.</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Cease QH operations at this facility from 1800 hrs 09/01/11. Should any patients require staging during transit to fixed wing transport to definitive care, Gladstone Hospital Emergency Department should be utilised. There is a Helipad at this facility which would assist and reduce QAS road transfers to and from the airport. CQHSD are supportive of this as per SHECC IMT today. The current resources at the Gladstone TMF would be more optimally used elsewhere.</p> <p>Ensure consultation of QH decision to QAS A/Deputy Commissioner to allow QAS to pro-actively plan their withdrawal.</p> <p><u>Can I request that these recommendations are considered and actioned via SHECC.</u></p> <p><b><u>STRATEGIC ISSUES</u></b></p> <p>Today was a very busy and logistically challenging day in QCC. We had a combination of a large number of referrals, long distance requests, multiple paediatric and neonatal tasks and a number of RFDS aircraft unavailable across the State as well the Queensland CMS jets being unavailable for QH use. We have been able to use the CMS Darwin Jet tonight to move a number of patients. There remains a significant backlog of cases that I hope we will be able to move tomorrow.</p> <p>In my opinion, the biggest threat to the sustained functioning of our aeromedical EMS for the next few weeks will be access to suitably configured fixed wing aircraft. Can this be placed on the SHECC IMT Meeting Agenda for discussion tomorrow.</p> <p>Once again, thank you all for your continued work and support.</p> <p>Regards,</p> <p>Mark.</p>		

Time line	Source of Communication	Communication Content – extracted “as is” from source document	Outcome	Key decision making point
		<p>Dr Mark Elcock. MBChB, FACEM, FCEM            State Medical Director.            Retrieval Services Queensland.            Division of the Chief Health Officer.</p> <p>Internal Mail Box 104            The Townsville Hospital            PO Box 670,            Townsville 4810.</p> <p>Office Telephone: [REDACTED]            Fax [REDACTED]</p>		
29/12/2010	<p><b>Memo from Mark Elcock</b></p> <p><b>To:</b>            QCC Northern and Southern Medical Coordinators            QCC Nursing Coordinators            QCC A/Manager</p> <p><b>CC to:</b> SHECC            EMU Director            HCSD Executive Director            Chief Health Officer            QAS A/Deputy Commissioner            QAS Medical Director            EMQ ED</p>	<p>Arrangements with Queensland Ambulance Services for the call management of triple O calls referred to QCC for aeromedical support due to flood conditions.</p> <p>Specific instructions provided for referral to QCC from RACC for potential aeromedical support to a 000 call from site inaccessible to QAS road vehicle:</p> <p>Emergency Helicopter Network assets are being relocated to best serve the populations affected by these unprecedented floods.</p>		<p>Agreement with QAS on referral of triple 000 calls to QCC due to floods</p>

"H"

**From:** Mark Elcock  
**To:** Marie Skinner  
**Date:** 11/05/2011 1:19 pm  
**Subject:** Fwd: QCC Activity past 24 hrs

Dr Mark Elcock. MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

Internal Mail Box 104  
The Townsville Hospital  
PO Box 670,  
Townsville 4810.

Office Telephone: [REDACTED]  
Fax [REDACTED]

>>> Mark Elcock 09/01/2011 11:56 pm >>>  
Dear Aaron and Dorothy,

Update for last 24 hrs.  
Additional 14 flood related cases referred to QCC since 0000 hrs today.  
3 cases from Gracemere to Rockhampton Base Hospital, only 1 by EMS helicopter.  
4 cases transited Gladstone Airport, only 1 requiring admission to Gladstone Airport TMF.  
Gladstone TMF ceased operations 1800 hrs.  
All relevant parties informed of revised procedure for patients being aeromedically  
retrieved/transported via Gladstone (copy to SHECC earlier tonight).  
Nanango is cut off by road from Kingaroy. Nursing Staff at Nanango looking after patients  
under medical control from Kingaroy. RSQ Medical Coordinator teleconferenced with Kingaroy  
SMO; 2 patients will go from Nanango to Toowoomba by road in the morning and 1 patient  
from Kingaroy to Bne in the morning. SMO happy with provision of care overnight.  
Referrals seem to have focused more on areas south of Rockhampton today, reflecting new  
rainfall patterns.  
All RFDS flights in SEQ stopped tonight due to severe weather warnings (very unusual)  
We will forward through any overnight issues update following tomorrow mornings QCC IMT  
Teleconference at 0900 hrs.

After 13 x 18 hr days , I am taking the next 3 days off. Dr Peter Aitken will be RSQ Senior  
Second on Call and delegated State Controller of Aeromedical Assets during this time. He is  
fully briefed. His direct Mobile Number is [REDACTED] or via QCC on [REDACTED]

I have copied Jeannette, Dan and Noel in for the changing of the guard.

Thank you for your assistance and positivity over the past 2 weeks. It has been an  
interesting time.

Regards,

Mark



Dr Mark Elcock. MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

Internal Mail Box 104  
The Townsville Hospital  
PO Box 670,  
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Office Telephone: [REDACTED]  
Fax [REDACTED]

>>> Peter Aitken 11/01/2011 2:06 am >>>

Dear All

As you are aware I am standing in for Mark Elcock for the next few days

Update for last 24 hrs (Monday 10/1/11)

Busiest day of flood related activity so far with 34 additional flood related cases referred to QCC between 0000 hrs and 2400 hrs.

An additional 32 people winched to safety by Brisbane helicopter (with medical and paramedic staffing). These patients are currently at RSL Helidon. The CMS doctor and paramedic are also there as unable to get out tonight. All patients have been reviewed by doctor and are OK. Families and workplaces of doctor and paramedic have been notified and hope to have them out in daylight tomorrow.

Casemix Issues past 24 hours

Obstetric patients - number of movements of obstetric patients with concerns about ability to deliver a baby with decreased foetal movements in Maleny with no midwife available.

Transported safely to Caboolture in utero. Discussions have commenced through SHECC with Bundaberg, Nambour and RBWH regarding ability to access a midwife at short notice for similar situations where delivery may be imminent.

Dialysis patients - 6 renal patients referred for movement to access dialysis - 5 moved and 1 to move tomorrow (2 Bidwill to Hervey Bay; 1 Granville to Hervey Bay; 1 Kilcoy to PAH; 1 Killkivan to Nambour and 1 Bundaberg to Wesley with blocked AV fistula tomorrow)

Calls for medication assistance - a number of calls have been made to QAS by community members who have run out of current medications. A number of these have been transferred to QCC. The RSQ Medical Coordinator has liaised with Nambour pharmacy and been able to access replacement medications. Jackie Hanson (Sunshine Coast HSD Acting CEO) will coordinate distribution of these. It is preferred that these requests remain in the local HSD so that vulnerable community members are identified and aeromedical assets reserved for acute tasks if possible. Obviously if no other means of supplying medications is available RSQ is happy to assist.

Usual activity continues including high acuity transfers (ventilated pancreatitis Hervey Bay, thoracic dissection Kingaroy)

Location Issues past 24 hours

Kilcoy - Referrals continue to remain focused more on areas south of Rockhampton today (especially Kilcoy region), reflecting rainfall patterns.

Gympie - Intermittent power failures and CT not usable. Helicopter access increasingly difficult due to floodwaters across landing pad. Both a 412 and 139 have landed today with both pilots experiencing significant difficulties. If current conditions continue may not be able to land. Recommend caution in patient movement into Gympie as may not be able to move patients out if condition deteriorates and need aeromedical evacuation.

Toowoomba - weather conditions prevented aircraft access into or out of Toowoomba. As a result planned patient movement into Toowoomba diverted to Brisbane. Some minor difficulties (resolved) with patient acceptance. Discussions with Malcolm Johnstone-Leek (Toowoomba) - approximately 12 facilities in Toowoomba region flood bound; range closed to road traffic; no doctor Cherbourg. Expect a ramp up in flood related requests for assistance from Toowoomba region tomorrow based on today's experience. Other issue is Toowoomba airport closure with use of Oakey as alternative.

Specific Patient Issues past 24 hours

Patient at Sandy Creek (Kilcoy) with chest pain and recent AMI unable to be retrieved due to weather. No boat access, helicopters unable to access due to weather. Ongoing efforts and discussions with QPS.

Patient winched out with chest pain not accounted for at RSL Helidon - ongoing efforts to identify / locate.

Female patient (adult) drowned at Chewko (deceased at scene with regional road response) ADF Blackhawk tasked to mine accident at Argoon (entrapped - # femur) with doctor and

paramedic then transported to Rockhampton.

#### Emerging Issues

Limited northern assets - Townsville fixed wing off line for maintenance till mid morning, helicopter expected back on line lunchtime. No helicopter in Cairns. Mackay helicopter to return south.

Southern assets - main difficulty has been weather restrictions which have limited ability to respond to requests / taskings. Available assets have been busy with multiple aircraft grounded due to weather.

Given likelihood of increased activity in Toowoomba region tomorrow and sustained activity around Kilcoy / Gympie additional nursing and EMD staffing for flood relief maintained in QCC as well as additional medical coordinator for next few days.

Additional rotary wing assets may also be required to assist Toowoomba and Kilcoy areas.

May be able to look at relocating 2nd Mackay helicopter tomorrow depending on activity - will review in am. Preliminary contact has also been made with ADF at Oakey regarding airstrip.

They have also said they will have 2 SeaKings available early tomorrow morning and possibly 2 Blackhawks available mid / late morning if needed. Neither of these would have medical crewing. Recommend SHECC consider discussing with SDCC ability to access these resources tomorrow particularly if weather conditions continue and anticipated requests for patient movement or evacuation from isolated communities in Toowoomba region occurs.

We will forward through an overnight issues update following tomorrow mornings QCC IMT Teleconference at 0900 hrs.

Any questions or queries please don't hesitate to call. Mobile or text is more reliable as I only have desk top email access.

Regards,

Peter

Peter Aitken

Mobile [REDACTED]

>>> Peter Aitken 11/01/2011 4:01 pm >>>

Dear All

Hot issues for Tuesday 11/1

The ongoing weather has had a significant impact on both demand and the ability to meet this.

Multiple ongoing requests for flood related work as well as usual activity. Flood work related to illness / injury; dialysis patients; pregnancy mainly Also ongoing requests to assist with delivery of medications where usual means unable to deliver

Weather has prevented the ability to respond to most of these requests due to inability of aircraft (rotary and fixed wing) to respond or closure of airports

Only approximately 3-4 tasks have been able to be completed

Brisbane and Toowoomba airports closed with aircraft either unable to take off or return and land (e.g. Brisbane 1 on ground in Bundaberg).

Helicopters grounded or stuck on ground elsewhere (e.g. R500 on ground beside Warrego Highway; R510 mechanical issues and on ground in Helidon)

Careflight has already advised that their helicopters are likely to be grounded until tomorrow due to weather. Others likely to be similar situation.

Implications for patient retrieval

Approximately 40 patients unable to be transported

Patients with significant illness include the following: ventilated burns in Mackay; septic patient in Esk.

Patient distribution includes Bundaberg (5); Rockhampton (6); Gladstone (3); Moura (3); Hervey Bay (3); Kingaroy (2); Dalby (6); Gatton (2); Emerald (1); Nanango (3)

Issues

Additional staffing has been sourced to assist both QCC activities (medical 12 hrs and nursing 24hrs per day) and retrieval response capability (extra crew Brisbane)

As weather clears we will be able to resume operational activity and respond to these tasks.

There are still some issues with tasking of EMS helicopters by other agencies and involvement of QCC in this process. It is recommended that given the backlog of cases that as operational activity resumes that efforts are made to reserve EMS helicopters for acute clinical transport. Where possible could non health taskings utilise non medically configured helicopters or ADF assets?

Flooding is likely to impact on capacity of health resources in Brisbane with many already understandably reluctant to accept transfers

Flooding may also impact on ability of QCC and retrieval staff to get to work or sustain current operational demand. Informal offers have been made from interstate to see if additional air medical crews are need. This is not needed currently but may need to be considered in the next few days.

Rain and associated flooding in Cairns and Port Douglas may also have implications given the current lack of rotary wing in Cairns. Discussions ongoing with possible solutions.

I will send a full day report through late tonight

Any questions or queries please don't hesitate to call. Mobile or text is more reliable as I only have desk top email access.

Regards,

Peter

Peter Aitken

Mobile [REDACTED]



>>> Peter Aitken <[REDACTED]> 11/01/2011 9:34 pm >>>  
Dear All

As you are aware I am standing in for Mark Elcock for a couple of days

Update for Tuesday 11/1/11 (up to 2100 hrs)

Another busy day of flood related activity so far with > 30 additional flood related cases referred to QCC between 0000 hrs and so far to 2100 hrs. The ongoing weather has had a significant impact on both demand and the ability to meet this.

Casemix Issues past 24 hours

Flood work related to illness / injury; dialysis patients; pregnancy mainly

- > Obstetric patients - continue to be calls with some able to be transported and some delivered locally.
- > Dialysis patients - those overdue for dialysis and unable to be retrieved have been asked to move to health facilities so that (a) their condition can be more closely observed and (b) enable easier identification and pick up.
- > Calls for medication assistance - It is preferred that these requests remain in the local HSD so that vulnerable community members are identified and aeromedical assets reserved for acute tasks if possible. Obviously if no other means of supplying medications is available RSQ is happy to assist.
- > Usual activity continues including high acuity transfers

Location Issues past 24 hours

- > Gympie - Intermittent power failures and CT not usable. Helicopter access increasingly difficult due to floodwaters across landing pad with alternatives identified. Recommend caution in patient movement into Gympie as may not be able to move patients out if condition deteriorates and need aeromedical evacuation.
- > Toowoomba - weather conditions prevented aircraft access into or out of Toowoomba. Most Darling Downs centres isolated but health facilities intact. AS weather clears tomorrow expect an increase in number of tasks from these centres as injuries identified, dialysis needs become more urgent etc

Operational Issues

Weather has prevented the ability to respond to most of these requests due to inability of aircraft (rotary and fixed wing) to respond or closure of airports. As a result only approximately 3-4 tasks have been able to be completed. Careflight has already advised that their helicopters are likely to be grounded until tomorrow due to weather. Others likely to be similar situation.

Approximately 40 patients unable to be transported

Patients with significant illness include the following: ventilated burns in Mackay; septic patient in Esk.

Patient distribution includes Bundaberg (5); Rockhampton (6); Gladstone (3); Moura (3); Hervey Bay (3); Kingaroy (2); Dalby (6); Gatton (2); Emerald (1); Nanango (3)

Specific Patient Issues past 24 hours

- > Patient at Sandy Creek (Kilcoy) with chest pain and recent AMI unable to be retrieved due to weather yesterday has been moved today.

Issues

Additional staffing has been sourced to assist both QCC activities (medical 12 hrs and nursing 24hrs per day) and retrieval response capability (extra crew Brisbane) through to Sunday.

There is limited operational capacity overnight due to this with only one helicopter available (R500) with NVG flight only. This will only be used for life threatening circumstances.

This should improve tomorrow as the weather improves however R500 has already been tasked by QPS for an 0430 start apparently.

As weather clears we will be able to resume operational activity and respond to these tasks. There are still some issues with tasking of EMS helicopters by other agencies and involvement of QCC in this process. It is recommended that given the backlog of cases that as operational activity resumes that efforts are made to reserve EMS helicopters for acute clinical transport. Where possible could non health taskings utilise non medically configured helicopters or ADF assets?

Efforts are also being made to relocate 2nd Mackay helicopter to Brisbane to ensure access to medically configured helicopters given issues with demand for helicopters and mechanical issues with R510.

Flooding is likely to impact on capacity of health resources in Brisbane with many already understandably reluctant to accept transfers. Current approach is to transfer life threatening only given weather and Brisbane hospital situation until Brisbane flood situation is clearer.

Flooding may also impact on ability of QCC and retrieval staff to get to work or sustain current operational demand. Informal offers have been made from interstate to see if additional air medical crews are needed. This is not needed currently but may need to be considered in the next few days.

As an additional note - the CMS doctor who was forced to stay overnight in the RSL at Helidon was also assaulted by a frustrated evacuee. He apparently has a black eye but no serious injuries. CMS is aware but this should be followed up.

We will forward through an overnight issues update following tomorrow mornings QCC IMT Teleconference at 0900 hrs as well as the 0730 feedback phone call to SHECC. Mark Elcock is also likely to be back on board at some stage tomorrow morning.

Any questions or queries please don't hesitate to call. Mobile or text is more reliable as I only have desk top email access.

Regards,

Peter

Peter Aitken

Mobile [REDACTED]

"|"

**From:** Mark Elcock  
**To:** Marie Skinner  
**CC:** Vicenzino, Dorothy  
**Date:** 13/05/2011 10:21 am  
**Subject:** Fwd: QCC Update and Planning 12/01/11 2330 hrs

Dr Mark Elcock, MBChB, FACEM, FCEM  
State Medical Director.  
Retrieval Services Queensland.  
Division of the Chief Health Officer.

Internal Mail Box 104  
The Townsville Hospital  
PO Box 670,  
Townsville 4810.

Office Telephone: [REDACTED]  
Fax [REDACTED]

>>> Mark Elcock 12/01/2011 11:54 pm >>>  
Dear All,

Today was another busy day for all concerned with QCC.

There were an additional 37 requests for aeromedical support directly attributable to the Flood Event on 12/01/11 up to 2300 hrs (at least 80% increase in normal daily case load).

Of note these destinations were;

Combined Brisbane Hospitals -7 (PAH 4)  
Rockhampton Hospital- 6  
Toowoomba Hospital-5  
Nambour General-4  
Bundaberg-3  
Ipswich-3

### **Summary**

#### *QCC Staffing.*

Additional staffing currently in place at QCC comprises;

1 Flood Nurse Coordinator per shift (3 shifts per day)

I Team Leader Nurse Coordinator (10 hrs per day)

1-2 QAS EMD for rotary operations and planning

1 CMS Medical Coordinator 0800-1800 hrs

Staff are having access to regular breaks. The room is currently very busy and noisy and it is imperative that both Nursing and Medical Coordinators are directed to take regular periods of time out from the room.

#### *RACC and QCC Interactions.*

There has been some confusion again today regarding the interface between QAS RACC and QCC. Following discussions with QAS Medical Director, QAS Deputy Commissioner and QCC Manager, the following have been agreed to and acknowledged surrounding EMS Helicopter



operations during the current SEQ flood disaster; SES and 000 calls coming via QAS Regional Ambulance Communication Centres (RACC) will continue to be triaged and assessed as per normal internal QAS processes. QCC will be requested to provide assistance in cases where the RACC feels aeromedical support is warranted. QCC Medical Coordinators will continue, on a case by case basis, to clinically support these requests and task EMS aircraft as required. A low threshold for assistance is to be applied given the operational reality facing QAS ground crews. If EMS aircraft are not indicated/cannot respond in a timely fashion, the case needs to be delegated back to the RACC to access other means of transport in liaison with Local or District Disaster Management Groups. All cases referred to QCC for action/advice will have a follow up call by the RSQ Nurse Coordinator at 24/24 to close the loop and ensure cases are not lost between the RACC and QCC.

There are a number of outstanding QAS 000 cases referred to the QCC Medical Coordinators that, despite significant and best efforts to follow up, are still outstanding. These should be handed back to QAS RACC to formally close off.

Given the large numbers of 000 and SES calls and the scale of this disaster, we all need to recognise that there may be some cases where a dual response might occur or that persons may be transported by ADF or other assets to a Health Care Facility independent of QCC notification. Can I urge everyone to maintain normal processes and normal lines of communication at this time of system stress.

Decisions are to be made in the best interests of patients.

#### *EMS Helicopter Operations.*

Over the past 48 hrs, QCC has been aware of QPS taskings direct to EMQ-HR in Brisbane for Search and Rescue activities. It is recognised that such tasks take precedence, but that these direct taskings have created significant confusion around availability and location of assets within the Queensland Emergency Helicopter Network (EHN) in carrying out EMS activity. Following discussions between SHECC, SDCC, QAS Medical Director, QAS Deputy Commissioner, EMQ-HR, Careflight Qld, CQRESQ and the Major Incident Room (MIR) QPS, the following has been agreed;

EMQ-HR (R500 & R510) in Brisbane will continue to be tasked by the MIR for SAR duties during the day Thursday 13th as occurred today. One QAS FICP will be available to support these aircraft if required. QCC will remain updated of their location to ensure whole of EHN visibility.

EMQ-HR (R500 & 510) will be available at night for EMS taskings by QCC with normal QAS FICP and CMS Medical Staff.

Careflight Queensland will operate as normal out of Toowoomba with their B412 (includes FICP and CMS Dr)

Careflight Queensland will relocate their Gold Coast helicopter B412 (R599) with QAS FICP and CMS Dr to Archerfield with an additional 230 helicopter for daylight operations.

1 x CQRESQ B412 has relocated to Archerfield tonight with flight crew only. The QAS FICP and CMS Dr based at Archerfield will clinically crew this aircraft during the day.

QCC will task the three EMS aircraft from Archerfield with task specific clinical crewing combinations during daylight operations.

The QAS and QH preference would be to task EMQ-HR Helicopters at Archerfield with normal on duty EMS clinical crew, stretcher configuration and equipment. However, it is acknowledged that EMQ-HR have significant local airspace, geographical and operational knowledge of the current SAR area and that their preference is to continue in that role as long as it is required by MIR.

AGL have an additional Longranger on line in Maroochydore

#### *RFDS Fixed Wing Operations*

As per RFDS SITREP tonight.

Additional CMS Doctor capability to staff these Brisbane assets is in place again.

There is no anticipated flooding effect for Brisbane Airport and road links to the Brisbane Hospitals are not currently threatened. EMS Helicopters would be required to assist with an air bridge capability if this occurred.

*RSQ System Governance*

All parties agree that RSQ requires the presence of the RSQ Senior Second on Call to be physically on site at QCC for the twice daily QCC Incident Management Meetings, daily SHECC IMT Meeting and for Command support. They will also maintain the close communication and collaboration required with all EHN members, RFDS, Careflight Medical Services, QCC, SHECC and Health Service Districts. I will perform this until Friday evening with future on site cover to be arranged up until Monday 17th at the earliest.

*QCC Contingency Planning*

Should QCC require to relocate as a direct result of flooding, QAS have significant business continuity planning which QH are part of. The QH and QAS components of QCC will relocate together if this was required. It is not currently anticipated.

Again, thank you all for your assistance and hard work.

Regards,

Mark

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