



Government of **Western Australia**  
Department of **Health**  
Office of the Director General

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Mr Ian Blayney MLA  
Chairman  
Economics and Industry Standing Committee  
Parliament House  
PERTH WA 6000

Dear Mr Blayney

**INQUIRY INTO SAFETY-RELATED MATTERS RELATING TO FLOATING LIQUID NATURAL GAS (FLNG) PROJECTS**

I refer to your correspondence of 20 November inviting the Department of Health to provide a submission to the above Inquiry.

The submission is attached and addresses specifically:

- the adequacy of Western Australia's emergency capacity and preparedness to respond to a safety or environmental incident involving Floating Liquid Natural Gas; and
- the role and responsibility of the State and Federal governments in relation to FLNG emergency situations,

with specific reference to the capacity of emergency health services in Broome and the surrounding region.

Yours sincerely

  
Professor Bryant Stokes  
**A/DIRECTOR GENERAL**

16 December 2014

Att.

## **SUBMISSION TO THE ECONOMICS AND INDUSTRY STANDING COMMITTEE**

### **SAFETY - RELATED MATTERS RELATING TO FLOATING LIQUID NATURAL GAS**

#### **1. The adequacy of Western Australia's emergency capacity and preparedness to respond to a safety or environment incident involving Floating Liquid Natural Gas (FLNG).**

The Kimberley region of Western Australia has a well-practised health emergency response capability, which is coordinated in partnership with the WA Country Health Service (WACHS), St John Ambulance (SJA), Royal Flying Doctor Service (RFDS), and metropolitan hospitals in Perth and Darwin.

Typically, critical and multiple casualty patients are stabilised at the nearest available health facility, and then transferred to the most appropriate facility, usually the Regional Resource Centre or a major Perth hospital, if required, depending on the level of care provided. Considerations, such as the availability of surgical intervention, high dependency or Intensive Care requirements, and the nature of ongoing patient care are taken into account when making these decisions.

Broome Hospital, the Regional Resource Centre for the Kimberley region, has plans in place for the reconfiguration of the existing hospital functionality to cater for an influx of acute patients that may arise following an incident at a FLNG site. These include:

- The immediate conversion of the Emergency Department into a treatment area capable of treating 10 – 14 high priority patients plus additional walking wounded patients. This capacity will increase further to being able to manage 21 high priority patients, in February 2015.
- The utilisation of the Specialist Clinic (7 treatment bays) and/or the Day Surgery (6 treatment bays) for walking wounded or additional emergency patients.
- The provision of mass casualty incident boxes, which enable each treatment bay to be quickly converted into a resuscitation cubicle capable of treating the most high priority patients.

Broome Hospital staffing includes the following:

- 44 Emergency Department trained nurses on the current roster;
- 20 District Medical Officers;
- 7 Regional Medical Officers;
- 1 General Surgeon;
- 1 Surgical Registrar;



- 16 Operating Theatre nursing staff with the capacity to activate two theatre teams at any one time; and
- 90 additional nursing staff.

Additional plans are in place for the boosting of personnel numbers, including:

- The ability to rapidly deploy staff from other sites in the vicinity to boost the staffing levels at Broome Hospital. This includes staff from Port Hedland, Nickol Bay Hospital, Derby, and Darwin. This was done during the response to the Ashmore Reef explosion, in 2009.
- The activation of a State Health response – there is an On-Call Duty Officer available 24 hours, 7 days per week, who has the ability to escalate incidents to the State Health Coordinator (SHC). The SHC has the authority to rapidly deploy personnel from any site, including the Perth metropolitan area to any site in the State. This may include staff from Perth hospitals, Australian Medical Assistance Teams (AUSMAT), or specialist teams, such as burns or trauma teams.

In addition to this, other services available are:

- 24 hour medical imaging;
- 24 hour pathology;
- 24 hour Operating Theatre services;
- Regional pharmacy;
- Regional supply;
- 24 hour clerical coverage;
- Regional airport at Broome, which is able to land civilian multi seat jets capacity and Australian Defence Force aircraft, including C130s and C-17 aircraft; and
- Regional RFDS base.

Additional medical and other supplies are available, utilising:

- the regional supply department located at Broome and Port Hedland Hospitals;
- the deployment of AUSMAT pre-packed and modularised supplies located in Perth. There are existing urgent transport arrangements in place for the rapid deployment of these supplies;
- prepositioned disaster kits located in various locations throughout the Kimberley region, which are managed and deployed by St John Ambulance; and
- major burns kits supplied by WA Health to the Royal Flying Doctor Service, which can be deployed to any location and support the treatment of up to 5 burns patients.

- Hospital Response Team disaster kits located at Broome, Derby, Halls Creek, Fitzroy Crossing, and Kununurra.

The WACHS Kimberley executive and staff are well trained and practised in the response to emergency events, dealing with multiple road trauma events each year, and managing the impacts of seasonal events, such as cyclones, bushfires, and flooding. In addition to this, these personnel have undertaken Regional Executive Disaster training delivered by the Disaster Preparedness and Management Unit. This training includes:

- activation and notification of a major event;
- classification of major events/disasters;
- resource management;
- Command and Control; and
- Communications.

WA Health, including the Kimberley region, utilise WebEOC, a web-based crisis information management system for the rapid and comprehensive dissemination of information during emergency situations. Kimberley regional staff and their executive staff are proficient and practised in the use of this platform.

In summary, Broome and the surrounding regions are well prepared, planned and practised to respond to any event arising at a FLNG facility.

## **2. The role and responsibilities of the State and federal governments in relation to FLNG emergency situations.**

The Western Australian government has primary responsibility for emergency management in the interests of community safety and wellbeing. The WA government controls most of the functions essential for effective emergency prevention, preparedness, response and recovery, including ensuring that relevant legislative and regulatory arrangements are in place and maintaining the government and statutory agencies that provide emergency services to the community (i.e. Police, Fire, Ambulance, Health and medical services).

The role of the Australian government in emergency management is to help coordinate national efforts in disaster research, information management and mitigation policy and practice. It also mobilises resources when State and Territory emergency response resources are near capacity, or overwhelmed. The Australian government also has a continuing role in providing national leadership on emergency risk assessment.



### **3.     Prepositioning of emergency health infrastructure.**

While some states have prepositioned equipment, including Western Australia, health emergency management counterparts in South Australia advise that limited equipment (not infrastructure) is prepositioned in rural and remote areas. This does not prevent patients being transported directly to tertiary facilities in Adelaide.

In Western Australia, as described above, several equipment caches and disaster equipment are prepositioned strategically throughout the State, enabling rapid deployment and the most effective response to an emergency situation.

WA Health is well practised in the response to rural emergencies, and strives to ensure casualties are transported to the most appropriate health care facility, in the first instance.

While ongoing review of health emergency response capacity occurs, there are no immediate plans to preposition infrastructure in the rural and remote parts of the State.

## **Consideration of the repositioning of health infrastructure**

Across country Western Australia, health disaster equipment is repositioned at many locations, predominantly but not limited to those locations which have a Regional Resource Centre – Broome, Port Hedland, Geraldton, Kalgoorlie, Albany, Bunbury, and Northam.

Additional resources are available utilising repositioned SJA disaster kits and RFDS resources.

The National Critical Care and Trauma Response Centre located in Darwin has a significant cache of medical equipment and plans are in place for their rapid deployment to any location in Australia.

The decision to transfer patients from regional areas to the Perth metropolitan hospitals following major incidents is one which takes into account first and foremost the clinical condition and safety of each individual patient, resources available at the site of origin, and ongoing care and treatment which may be required.

WA Health continue to work in partnership with SJA, RFDS, and industry groups in identifying improvements to the current arrangements.