
PERSPECTIVES FROM THE FIELD

The invisibles: the role of volunteer emergency service members in human health emergency response

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Volunteers are an integral component of any medium to large scale multi-agency response and, like the comic book “The Invisibles”, have emergency management “superpowers” that could be utilised by the health sector to strengthen Australia’s response to human health threats such as epidemics, pandemics and bioterrorism.

The Australian State Emergency Service (SES) is comprised of approximately 43,000 volunteers across all states and territories and operates under the Australasian Interservice Incident Management System (AIIMS) framework of emergency management (1). Nearly half (49%) of all disasters in Australia from 2000-2009 were severe storm, floods, cyclones and landslides (2) involving the SES as the control agency. There is no statutory authority in Australia to govern emergency responses, rather each jurisdiction runs its own state emergency services in alignment with the national emergency plan (2). SES units are tasked with emergency responses at a local level but can, and do, join with other units and deploy interstate and overseas. All volunteer emergency workers in Australia receive nationally standardised training in first aid and general rescue.

In the AIIMS framework the SES’ role, in addition to being the control agency for flood and storm events, is to support other emergency agencies with member participation, resources, and welfare. During the Black Saturday bushfires (Victoria, February 2009) the SES were tasked with providing and administrating temporary field bases, communication infrastructure, meals and peer support to all agencies. During multi-agency responses the SES may also provide operational support in the form of building stabilisation, clearing of vegetation, traffic management and crowd control, and working very closely with the Red Cross in managing and co-ordinating evacuation centres and provision of welfare. In the last year Victoria’s SES have provided operational assistance to the agency in control (local government council and Metropolitan Fire Service, respectively) in the form of boat crews and staging area management in several environmental incidents including a blue green algae bloom in the Melbourne water catchment area (November 2018) and in a large tip fire in east Melbourne (April 2018). In short, the SES provide a willing and able workforce that forms the backbone of a response to any given incident, anywhere in Australia.

Unfortunately, SES volunteers, due to the nature of their supportive background role, tend to disappear into

that background and are often overlooked in emergency management planning. Individual state’s emergency plans for pandemics (3-9) do not mention volunteer emergency services at all, except for a single line to the effect that the SES are to provide assistance “on request”. The national plan for human epidemics does recommend that “planning should review the potential for use of community groups and/or volunteers who could provide assistance to health professionals and organisations in severe situations.”(10) Without any formal engagement of the health care sector and the volunteer emergency sector it is hard to imagine that the health care sector is cognisant of the emergency response capabilities of the SES that could be called upon in a time of need.

Emergency management research has shown that a key enabler in emergency operations is task sharing or division of labour (11). During the Ebola health crisis in Sierra Leone (2015) it was demonstrated that providing healthcare professionals with logistics and operational support such as supply chain assistance and building repair allowed healthcare professionals to perform the task of providing healthcare more efficiently(11). The SES have an enormous capacity and experience for providing infrastructure and logistical support of the kind that could be utilised by the Australian health care sector in an emergency. For example, a personal communication has revealed that in an influenza pandemic, when the main hospital capacity is overwhelmed, a quaternary centre in Melbourne will deploy a field hospital utilising manpower derived from the hospital workforce. A better, more strategic, use of resources could be to outsource the deployment and management of a field hospital to the SES. Studies have shown that hospitals largely overestimate their surge capacity (12) and are likely to be overwhelmed during an emergency. It is highly likely that smaller regional and rural centres will also very quickly become overwhelmed, even in a small epidemic, and would benefit from voluntary workforce assistance. In a fast-moving pandemic situation, voluntary workers could also be utilised in performing contact tracing and case finding where the Department of Health workforce capacity is overwhelmed.

Volunteer emergency personnel have any number of capabilities that can assist with aspects of an emergency response from resilience, to first response, to the recovery stage. The SES are frequently observed assisting other emergency agencies with tasks such as: holding a

bag of fluid for a paramedic at a motor vehicle accident; providing lighting for a forensic team at the site of a deceased person; waiting with the deceased until the coroner arrives; carrying injured parties out of remote bushland; door knocking in flood prone areas to deliver emergency preparedness education—the list is virtually endless. How these skills are applied to assist in health emergency is limited only by imagination. Utilising volunteer workforce capabilities should be considered earlier and more comprehensively in the planning process, rather than scrambling to arrange assistance mid-emergency. This will allow for proper volunteer training and risk management in addition to ensuring a timely and co-ordinated incident response. An audit of SES capabilities as they could apply to existing health emergency response plans is urgently recommended.

Currently, plans that deal with biological threats to humans have the state's health agencies as the sole control agency, with limited planning for expanding to a multi-agency response when hospital centres and the Department of Health become overwhelmed. Recognizing the role that volunteer emergency services can play in a multi-sectoral health emergency response with member participation, resources, and welfare would strengthen Australia's response to human health threats in future. It is recommended that the State Health Departments partner with their State's Volunteer Emergency Agencies on planning and training for human health threats to ensure appropriate sharing of knowledge and resources. Other options for civil preparedness should also be considered for improving surge capacity during an emergency.

About the Author

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Competing Interests

The authors have no competing interests to declare.

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