

# Minutes

## NNSW - RACH Cross Sector Meeting

<b>Date &amp; Time</b>	Thursday 13 March 2025 10am – 11am
<b>Venue</b>	<b>Microsoft Teams meeting</b>
<b>Chair</b>	Jo Winwood

ITEM / DESCRIPTION	
1	<b>Welcome and Acknowledgement to Country</b>
2	<p><b>Cyclone Alfred Discussion and feedback</b> General acknowledgement from all that RACH's and services were well prepared, co-operative in working with different levels of government and health and happy to provide information. Great compliments for the staff involved and services had received compliments from families too. Much progress from 21/22 and huge congratulations to all.</p> <p><b>2.1 Facility Access and Infrastructure Challenges</b> Discussion around some of the infrastructure issues that had impacted them</p> <ul style="list-style-type: none"> <li>• Limited generator capacity highlighted the need for improvements in emergency preparedness. Considerable expense incurred in hiring and cabling a generator and engaging 24/7 electrician on site.</li> <li>• Internet interruptions meant unable to access or update cloud based resident records – is there a contingency for this? How could this be mitigated.</li> <li>• Facilities working with Local Councils to improve surrounding infrastructure to support drainage and reduce risks for future events</li> </ul> <p><b>2.2 Emergency Evacuation and Preparedness</b></p> <ul style="list-style-type: none"> <li>• Discussion around the point at which to evacuate. One facility made proactive decision about that based on risk assessment of local surroundings and power outages. Others uncertain on role of SES and when to evacuate, knowing that it takes much longer and more complex for residents.</li> <li>• Sheltering in place as the most variable response was discussed with the need to build plans on that – unless absolutely necessary it is unviable to evacuate residents en masse.</li> <li>• Communication with emergency services regarding evacuation protocols requires improvement with clearer trigger points for evacuation to be integrated into emergency plans.</li> <li>• Suggestion that the need for preparation for various scenarios, including unexpected events like storm surges, to ensure that facilities are ready to handle different types of emergencies.</li> </ul> <p><b>2.3. Staffing and Workforce Challenges</b></p> <ul style="list-style-type: none"> <li>• Some services experienced staffing shortages due to own staff unable to get to work agency staff cancellations during the emergency.</li> </ul>

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	<ul style="list-style-type: none"> <li>Increased reliance on existing staff and agency workers resulted in considerably higher costs.</li> <li>Meeting mandatory care requirements during emergencies remains a challenge and consideration for this was requested.</li> <li>Consideration of exemptions or financial support for emergency staffing costs is needed, especially in scale disasters of this nature, where there was no opportunity to share staff (or other resources) with other services- everyone was in the in the same boat</li> </ul> <p><b>2.4. Medication and Pharmacy Coordination</b></p> <ul style="list-style-type: none"> <li>Limited imprest stock availability created challenges and staff anxiety in medication management. Noted that Qld services are available to carry greater stocks of psychotropics etc and this would be useful in NSW too. Very concerned that if there had been residents enter into palliative phase, it could have led to a terrible death.</li> <li>An experience was shared where a pharmacy initially refused to provide Webster packs ahead of time, highlighting the need for better coordination and understanding of emergency preparedness by pharmacies.</li> <li>Consideration for back up medication for respite residents who had to stay longer than planned- medication was close to running out.</li> <li>Suggested that improved pharmacy collaboration is necessary to ensure continuity of care during emergencies.</li> </ul> <p><b>2.5. Emergency Response Communication and Coordination</b></p> <p>Discussions around the effectiveness of communication with 000 with one service describing how challenging it was to receive support from 000 for a number of residents that were considered at risk if not hospitalised.</p> <ul style="list-style-type: none"> <li>LHD explained that was room for improved connection between VCCC, Ambulance and EPS at the response centre and this had been escalated</li> <li>Strengthening communication between facilities, emergency services, and councils is critical.</li> <li>As in Point 2, coordination gaps between aged care providers and emergency responders need addressing.</li> </ul> <p><b>2.6. Telehealth and Alternative Health Support</b></p> <ul style="list-style-type: none"> <li>It was discussed that expanded telehealth services could reduce unnecessary ambulance calls.</li> <li>A dedicated emergency telehealth team for aged care homes could provide crucial support as with the Urgent Care Service</li> </ul> <p><b>2.7 General</b></p> <p>Discussion about facilitated meetings in localised RACH clusters, so that services could build relationships and provide support to each other, combine forces for advocacy and understand resources that could be shared.</p>
3	Next meeting – 10am, Thursday 8 May 2025