

ATTACHMENT 5

Community Engagement Activities undertaken by health command and coordination

1. On 14 February 2014, at a community meeting in Morwell, Department of Health (**DH**) staff members from the office of the Chief Health Officer (a Senior Medical Advisor and a Health Risk Management Advisor who has expertise in toxicology and air quality) and Group Manager from Ambulance Victoria (**AV**) attended. They addressed attendees about health issues and potential health risks arising from the fire and responded to questions. A number of members of DH staff from the Gippsland regional office were also present. A Community Fact Sheet produced by DH was distributed to attendees at the meeting. The Fact Sheet provided advice about potential risks to public health arising from the Hazelwood Mine Fire, and recommended protective actions to be taken by those identified as being at increased risk.
2. On 16 February 2014, DH staff (the Manager, Primary Health and Planning for the Gippsland region and the Regional Environmental Health Officer) spoke with members of the public at the first outing of the Country Fire Authority (**CFA**) community information bus at Mid Valley Shopping Centre in Morwell.
3. On 18 February 2014, the Regional Health Incident Management Team established under SHERP (**R-HIMT**) appointed the Grampians Regional Manager of AV (who had been seconded to assist on the R-HIMT), to represent the R-HIMT in discussions with the CFA Community Engagement Team in the Regional Control Centre. In the weeks that followed, approximately 5 paramedics per day joined the CFA Community Engagement Team in a wide range of direct community engagement activities. These included: participating in the multi-agency teams that were door knocking the local community; participating in a community education bus; participating in shopping centre 'walk-arounds' to engage local people; being present at the Moe Community Respite Centre; distributing health information via AV Social Media outlets; and distributing health information via AV ambulance crews as they responded to AV cases within the local community.
4. On 18 February 2014 at a community meeting in Morwell, a Senior Medical Advisor from the office of the Chief Health Officer addressed the meeting about health issues arising from the fire and responded to questions. A number of staff from the Gippsland regional office were also present.
5. From the time the Moe Respite Centre opened on 19 February 2014, AV personnel were rostered to respond to questions from community members and to provide and explain health information. They were also rostered to attend the Community Information and at the Recovery Centre from when it opened on 28 February 2014 until 14 March 2014 from 8:00am until 4:00pm daily.

6. From 19 February 2014 AV personnel attended numerous public meetings convened by the Morwell Neighbourhood House. On 18 March 2014 DH staff from the Gippsland regional office in Traralgon attended (Manager, Primary Health and Planning and Manager, Acute Health and Aged Care), following feedback from AV that members of Morwell Neighbourhood House wished to speak to "Health Department representatives" directly.
7. From 21 February 2014, Latrobe Regional Hospital, Latrobe Community Health Service, West Gippsland Healthcare Group and Centre Gippsland Health Services all supplied nursing staff to support the operations of the CHAC, which had a significant community engagement function.
8. Local health service providers distributed fact-sheet resources produced by DH to their clients throughout the incident. Fact sheets relating specifically to the Hazelwood Mine Fire were made available to health services providers from 19 February 2014. Prior to that, a fact sheet entitled '*Bushfire Smoke and Your Health*' was available. The State Health Incident Management Team informed the R-HIMT of all advice issued by the CHO and all resources produced by DH. Local health service providers were represented on the R-HIMT or were in contact with the R-HIMT, so they were aware of when resources were available and when they were updated.
9. Communications staff from DH and the Health and Human Services Emergency Management Shared Service were deployed to the Incident Control Centre in Traralgon, to provide support to the personnel from the CFA Community Engagement Team and others who were responsible for direct distribution and delivery of fact sheets and health information to the community.
10. Home and community care service providers (Latrobe Community Health Service, Gippsland Multicultural Services, Quantum and Latrobe City Council) conducted 'welfare checks' of their clients at numerous points during the incident, providing another opportunity for their clients to discuss health concerns. These checks consisted of either telephone calls or home visits by home and community care staff.
11. On 27 February 2014 the Acting Chief Executive Officer of Latrobe Regional Hospital participated in a media conference (with the CHO, the Incident Controller and a senior officer from AV), outlining the impact of the incident on the hospital. She stated that there had been no admissions to the hospital directly related to the incident. (I note that this was one of 21 press conferences in which the CHO was involved. The CHO also conducted numerous press interviews throughout the incident. I understand that Dr Rosemary Lester, CHO, has been asked to provide a witness statement to the Inquiry, and that her statement will provide detail about her activities during the incident in this regard.)

12. Throughout the incident, Latrobe City Council (in its capacity as a provider of home and community care services funded by DH) arranged for a range of outreach initiatives in relation to recipients of aged care services:
 - (a) distribution to staff of information sheets prepared by DH, which were then provided to clients;
 - (b) distribution of masks via the Meals On Wheels program;
 - (c) participation of council staff (from the Home and Community Care program) at community information points and on the "walk and talk" sessions being held in the Southern area of Morwell in partnership with CFA and AV; and
 - (d) arrangement of a taxi voucher system to get to the respite centre to be extended to Home and Community Care clients.
13. Home and community care service providers (La Trobe City Council, Gippsland Multicultural Services and Latrobe Community Health Service) altered Planned Activity Groups by taking clients out of the area for activities and day.
14. Latrobe City Council also conducted door-knocking of the community in the Southern area of Morwell at various times throughout the incident.
15. Close liaison between DH and Latrobe City Council provided a valuable avenue for DH to monitor community concerns and consider ways to address them. This occurred through various channels, for example: the Council was represented on the R-HIMT, the CHO (or delegate) met with representatives of the Council on several occasions, and staff from the regional office of DH were in ongoing contact with staff from the Council, in particular as noted above in relation to the home and community care program.