HEATWAVES, POPULATION HEALTH, AND EMERGENCY RESPONSE IN ADELAIDE, AUSTRALIA: LESSONS LEARNT

Peng Bi, Discipline of Public Health, the University of Adelaide, Australia
Arthur Saniotis, Discipline of Public Health, the University of Adelaide, Australia
Monika Nitschke, South Australian Department of Health
Dino Pisaniell, Discipline of Public Health, the University of Adelaide, Australia
Phil Weinstein, University of South Australia, Australia
Kevin Parton, Charles Sturt University, Australia
Gil Soo Han, Monash University, Australia

Background: Heatwaves in the southern regions of Australia have received greater public health attention. An unprecedented heatwave occurred in Adelaide in early 2009, with maximum temperatures over 40 °C in 5 consecutive days. There was a 14-fold increase in hospital admissions, 2.4% increase in emergency department presentations, and 186 people died over five days. The present article is based on a qualitative study, which examines emergency stakeholder responses to the 2009 heatwave.

Method: A qualitative interview was conducted in 2010. Interviews included the stakeholders from major Adelaide public hospitals, South Australian Ambulance Service, relevant South Australian Government Departments, Non-Government Organisations and other Service Providers. N Vivo has been used in data analysis.

Findings: The results are presented in below sections: (1) the lack of organisation in emergency services responses to the 2009 heatwave was examined; (2) evening temperatures and their impact were explored; (3) coping strategies used by emergency services personnel were inspected; and (4) emergency services and challenges to population health were checked.

The areas in emergency responses which need improvement as cited by key stakeholders were discussed, including (1) A more co-ordinated effort between emergency agencies in relation to their community responses; (2) Better management of triage patients during heatwaves which would prevent bottle-necks; (3) Increasing rest periods of emergency services staff and shorter working shifts in order to prevent fatigue; and (4) Greater clarification of heatwave trigger points in order to diminish misunderstanding by the public.