Northern Region Disaster Planning Group (1992). Exercise 'Cloeth II' (pp. 1-15, plus additions). Tasmania State Emergency Service.

EXERCISE "CLOETH II"

References: Northern Region Emergency Management Plan
SOPs of participating organizations

INTRODUCTION

1. Exercise "CLOETH II" is a discussion type exercise designed to test the regional management structures and procedures requiring consideration in the event of a major traffic accident / hazardous materials incident occurring in the Northern Region.

2. The exercise has been developed under the guide-lines of the 1992 Northern Region municipal exercise (Exercise "Cloeth") conducted on the 25th August, 1992.

3. The following organizations will be involved in the exercise :

a) Tasmania Police
b) Tasmanian Fire Service
c) Tasmanian Ambulance Service
d) State Emergency Service
e) Department of Community Services
f) Department of Construction
g) Department of Environment and Planning
h) Launceston General Hospital

AIM

4. To provide an opportunity for each participant to consider the ramifications of a major traffic accident / hazardous materials incident and the effect it will have on their organization.

OBJECTIVES

5. Objectives for this exercise are :

a) to determine the roles and functions of each organization in dealing with this incident at a regional level;
b) to examine the command, control and liaison functions of each participating organization;
c) to identify any concerns that this incident would raise in relation to an individual organization's ability to manage their involvement in the incident;

d) to evaluate the Northern Region Emergency Management Plan; and
e) to identify and rectify any weaknesses in the Regional Plan or organizations' procedures.

TIMINGS AND VENUE

6. The exercise will be conducted on Wednesday, 14th October, 1992. Each organization will determine their own venue for participation in the exercise.

EXERCISE PERSONNEL

7. The exercise co-ordinator is Mr. Ian Manock, Assistant Regional Officer, North, State Emergency Service.

FORMAT

8. A discussion type format has been developed to incorporate the information contained in the General Idea (Annex A), Special Idea (Annex B), update scenario (Annex C) and the individual organizations' considerations (Annex D).

9. Participating organizations will be asked to examine the scenarios and considerations and outline their resultant actions.

10. This is a non operational exercise and therefore field deployment of resources will not be required.

11. All necessary input for the exercise will be provided through the General and Special Ideas, scenario updates and organization considerations.

CONTACT ADVICE

12. Enquiries concerning the exercise should be directed to:

Ian Manock
Assistant Regional Officer (North)
State Emergency Service
PO Box 1886
Launceston, 7250

Telephone : (003) 36 2286
Facsimile : (003) 31 6119

DISTRIBUTION

Regional Disaster Controller	1
Tasmanian Ambulance Service	1
Tasmanian Fire Service	1
Tasmania Police	1
Launceston General Hospital	1
Department of Community Services	1
Department of Construction	1
Department of Environment and Planning	1
State Emergency Service	
State Headquarters	2
Regional Headquarters North	1

GENERAL IDEA

The City of Launceston is located at the head of the Tamar River estuary and at the confluence of the North and South Esk Rivers.

Launceston is the regional centre for Northern Tasmania and has a population of about 67,000. The area is service by a domestic airport located at Western Junction 15 km south of Launceston and the major port of Bell Bay located about 55 km north of Launceston.

The port of Bell Bay is connected to Launceston and the national highway system by the East Tamar Highway. Traffic flow along this highway is at times quite heavy, given that the main methods of transporting goods from the port to locations within the state are via road and rail.

The East Tamar Highway enters Launceston in the northern suburb of Rocherlea by-passing the suburb of Mowbray via the East Tamar Outlet. Mowbray is home to the Launceston campus of the University of Tasmania and also the Australian Maritime College. A number of other schools and colleges are also located in the Mowbray, Rocherlea, Newnham and Invermay suburbs to the north of Launceston.

SPECIAL IDEA

At about 10:30 AM on Tuesday 25th August, 1992 a school bus, carrying 48 children, is returning to Brooks High School following a class visit to the museum. The bus is travelling north along the East Tamar Outlet and is approaching a sweeping right hand bend near the Australian Maritime College.

It is a very cold winters day with the current temperature being just 0°C. A heavy frost is present on the ground and a heavy fog covers the Launceston Area. The East Tamar Outlet is still quite icy in places. A slight breeze is blowing from the northwest at about 2 km/hour.

A heavy goods vehicle carrying thirteen 920 kg containers of chlorine from Bell Bay to Launceston is on the southbound carriageway of the East Tamar Outlet. As the truck is negotiating the sweeping left hand bend adjacent to the Maritime College and sewage treatment works the driver loses control of the truck on an icy patch of road. As a result the truck slews sideways across the centre dividing strip and impacts the centre pylon of a pedestrian footbridge crossing the outlet. The footbridge collapses onto the truck and both carriageways of the outlet, blocking both carriageways, trapping the driver in the truck and fracturing four Chlorine tanks. The school bus, travelling north on the outlet, is struck by the falling footbridge and rams the rear of the truck.

The scene is chaos with the truck driver trapped inside the truck cab and injured and dazed children trapped inside and scrambling from the bus. Chlorine is leaking from the ruptured tank and traffic is building up on both carriageways.

NORTHERN REGION DISASTER PLANNING GROUP

EXERCISE "CLOETH II" 1992

SCENARIO UPDATE

Following the arrival of the emergency services the following update of the incident has been received.

Of the 48 children on the bus, 20 children with minor injuries have managed to get out. The remainder of the children (28) are trapped inside the bus, approximately 8 dead and the rest injured, some severely. The truck driver is slightly injured but not trapped. The bus driver is dead and trapped.

There are four ruptured containers of chlorine under the rubble of the collapsed pedestrian footbridge. A yellowish coloured cloud of vapour is drifting downwind from the spill towards the Maritime College, University and Mowbray areas. The Fire Service is attempting to deal with the gas leak however the areas up to 2 km downwind in the path of the plume will have to be evacuated. Fire Service personnel at the scene are having to wear full protective clothing and breathing apparatus.

EXERCISE "CLOETH II"

ORGANISATION: DEPARTMENT OF CONSTRUCTION

CONSIDERATIONS

1. What role(s) will your organisation have in this incident?

2. Who would you expect your notification to come from, who in turn would you notify, why, and what result would you expect from the notification?

3. What implications, if any, will this event have on:
   a) you and your ability to manage any involvement of your organisation in this incident?
   b) your staff and their ability to carry out their allotted duties?
   c) the departments ability to carry out it's routine functions?

4. Would you consider there would be a need for resources from within your department to help manage this incident? What resources?

5. Would you set up a co-ordination centre and where would you set up such a centre?

6. Who would you want to liaise with during your involement in this incident? How would you liaise with them?

7. Are there any special inhouse plans that you would activate to help you manage the event from the Dept of Construction's aspect

8. What problems can you foresee in relation to the Dept of Construction management of this event?

9. Are there any other concerns that you have in relation to the management of this event?

EXERCISE "CLOETH II"

ORGANISATION: TASMANIA AMBULANCE SERVICE

CONSIDERATIONS

1. What role(s) will your organisation have in this incident?

2. Who would you expect your notification to come from, who in turn would you notify, why, and what result would you expect from the notification?

3. What implications, if any, will this event have on:
   a) you and your ability to manage the incident and other occurrences?
   b) members of your staff?
      - would you require additional staff?
      - where would they come from?
   c) the TAS ability to handle other emergency calls and routine transfers?

4. What resource needs do you consider would be required from outside your organisation and where and through whom would you obtain them?

5. Where would you set up your co-ordination/operations centre? Who would you want to liaise with and how would you do it?

6. Are there any special inhouse plans that you would activate to help you manage the event from the TAS aspect

7. What problems can you foresee in relation to the TAS management of this event?

8. Are there any other concerns that you have in relation to the management of this event?

EXERCISE "CLOETH II"

ORGANISATION: DEPARTMENT OF COMMUNITY SERVICES

CONSIDERATIONS

1. What role(s) will your organisation have in this incident?

2. Who would you expect your notification to come from, who in turn would you notify, why, and what result would you expect from the notification?

3. What implications, if any, will this event have on:
   a) you and your ability to manage the incident and other occurrences?
   b) members of your staff?
      - would you require additional staff?
      - where would they come from?
   c) the DCS ability to handle routine tasks and other emergency duties?

4. What resource needs do you consider would be required from outside your organisation and where and through whom would you obtain them?

5. Where would you set up your co-ordination/operations centre? Who would you want to liaise with and how would you do it?

6. Are there any special inhouse plans that you would activate to help you manage the event from the TAS aspect

7. It is quite feasible that short term evacuation of residents from the incident area and down wind would be ordered. What role would you be able to play in this evacuation, the set up of evacuation centres and the running of such centres?

8. What problems can you foresee in relation to the DCS management of this event?

9. Are there any other concerns that you have in relation to the management of this event?

EXERCISE "CLOETH II"

ORGANISATION: TASMANIA FIRE SERVICE

CONSIDERATIONS

1. What role(s) will your Service have in this incident?

2. Who would you expect your notification to come from, who in turn would you notify, why, and what result would you expect from the notification?

3. What implications, will this event have on:
   a) you and your ability to manage the incident and other occurrences?
   b) members of your staff?
      - would you require additional staff?
      - where would you get them?
   c) the brigades ability to handle other emergency calls?

4. What resource needs do you consider would be required from outside your organisation and where and through whom would you obtain them?

5. Where would you set up your co-ordination/operations centre? Who would you want to have contact with and by what means can you contact them?

6. Under certain weather conditions and with a release rate of 5000 kg/hour of chlorine it is possible that the brigade HQ would need to be evacuated. What contingency plans do you have for re-siting the communications centre for the brigade and the management structure?

7. Are there any special inhouse plans that you would activate to help you manage the event from the fire brigades point of view?

8. What problems can you foresee in relation to the fire service management of this incident?

9. Are there any other concerns that you have in relation to the management of this event?

EXERCISE "CLOETH II"

ORGANISATION: LAUNCESTON GENERAL HOSPITAL

CONSIDERATIONS

1. What role(s) would you have in this event?

2. Who would you expect your notification to come from, who in turn would you notify, why, and what result would you expect from the notification?

3. What implications, will this event have on:
   a) you?
      - who will help you manage?

   b) members of your staff?
      - would you require additional staff?
      - where would you get them?

   c) the running of the hospital?
      - would anything change?

   d) the various hospital departments?
      - what departments will be affected?
      - how will this incident affect the various departments carrying out their normal duties?
      - will some departments have to off load duties onto other hospitals?
        - which departments?
        - which hospitals?

   e) the hospitals ability to handle a possible large number of casualties from the accident?
      - what number of casualties can your hospital handle in this case?
      - would casualties from this incident be sent to other hospitals

   f) the hospitals ability to handle "routine" casualty patients?
      - would other emergency cases be handled at the hospital or transferred to other hospitals?

4. Is there any special plan(s) that would be brought into action given this incident?

5. What problems can you foresee in relation to the medical management of this incident?

6. In the event of the evacuation area down wind including the St Lukes and St Vincents hospitals, what effect would this have on the medical management of the incident?

7. In a worse case scenario, a 5000 kg/hour release rate of chlorine in foggy conditions with wind speeds below 16 km/hour will put the 15 parts per million edge of the gas plume 4500 metres down wind. In this case the LGH could forseeably be at this outer limit. If an evacuation of LGH was to be carried out - what effect would there be on the medical management of the incident?

8. Where would you set up your co-ordination centre? With whom would you want communications? How would you communicate with these people?

9. Are there any other concerns that you have in relation to the management of this incident?

EXERCISE "CLOETH II"

ORGANISATION: DEPARTMENT OF ENVIRONMENT AND PLANNING

CONSIDERATIONS

1. What role(s) will your organisation have in this incident?

2. Who would you expect your notification to come from, who in turn would you notify, why, and what result would you expect from the notification?

3. What specialist advice, knowledge, help could you provide to the overall manager of the incident?

4. Are there any special inhouse plans that you would activate to help you manage the event from the TAS aspect

5. What problems can you foresee in relation to the TAS management of this event?

6. Are there any other concerns that you have in relation to the management of this event?

EXERCISE "CLOETH II"

ORGANISATION: TASMANIA POLICE

CONSIDERATIONS

1. What role(s) will your Service have in this incident?

2. Who would you expect your notification to come from, who in turn will you notify, why, and what result did you get from the notification?

3. What implications, will this event have on:
   a) you and your ability to manage the incident and other occurrences?
   b) members of your staff?
      - would you require additional staff?
      - where would you get them?
   c) your Division's ability to handle other emergency and routine calls?

4. What resource needs do you consider would be required from outside your organisation and where and through whom would you obtain them?

5. Where would you set up your operations centre? Who would you want to have contact with and by what means can you contact them?

6. Under certain weather conditions and with a release rate of 5000 kg/hour of chlorine it is possible that the Police HQ would need to be evacuated. What contingency plans do you have for re-siting the communications centre and the management structure?

7. Given this present scanario it would be very likely that an area of the Maritime College, University and Mowbray would need to be evacuated. The Chlorine release figures enclosed give estimated areas downwind.
   - what powers do you have to evacuate these areas?
   - what support would you require for the evacuation?
   - who will provide this support?
   - who will organize and co-ordinate this support?
   - what problems can you foresee in managing this evacuation?

8. Are there any special plans that you would activate to help you manage the event?

9. What problems can you foresee in relation to the Police management of this incident?

10. Are there any other concerns that you have in relation to the management of this event.

Dr W Wood
Northern Regional Office
Division of Environmental Management
Launceston

Tel (003) 362-876, A/H (003) 951-168, Pager (002) 233-866
then quote # 23554, FAX (003) 340-813

14/10/92

Mr Ian Mannock
Assistant Regional Officer (North)
State Emergency Service

Dear Ian

Re Exercise *Cloeth II* 13/10/92

I duly opened my package at 1030 hrs as directed.

1/ Role:
The Department of Environment, Division of Environmental Management maintains a Regional Office in Henty House, Launceston.

The Regional Officer, Dr W Wood, is responsible for first line response to emergency situations which may threaten, or be perceived to threaten the environment. Dr Wood may be contacted both during office hours (numbers in the emergency listing are incorrect, new numbers are as above), or after hours through either a home number or via a pager system.

Cloeth II

Through this office the Department can provide relevant advice on:

i) Windflow conditions in the Tamar Valley, behaviour of atmospheric inversions and the potential to predict short term change to the present meteorological patterns, ie duration and intensity of inversions etc.;

Knowledge of windflow conditions has been gained through the Launceston air quality study. Other contacts within the Department with this knowledge include:

Dr Frank Cattell
Mr Richard Hammond
Mr John Dobson
Mr Barry Doolan

all available through the Government switch board (002) 308011 or at DEP through (002) 306511,

At the University of Tasmania (Hobart) the following have also been involved in the air study:

Dr Manuel Nunez (002) 202466
Mr Mark Chladil (002) 202484

ii) Advice, via our Hobart based chemists on nature of chemicals spilt or gases given off. Reactions of substances with other substances eg water, foam, by-products from these reactions and substances required to neutralise etc. Levels of toxicity and disposal methods. Our Hobart office has access to the ADCHEM system.

Our chemists include:

Mr Frank Brown	(002) 306313
Mr Pat Deprez	*ditto*
Mr Bob Chesterman	(002) 306504
Mr Mike Johnson	(002) 207824
Mr Rob Dineen	*ditto*

iii) Cleanup and disposal of residual materials at site after the initial response;

iv) Advice as to temporary handling and storage

v) Monitoring of short to long term environmental effects.

vi) Availability of powers, via Regional Officer, conferred through the Environmental Protection Act (1973)

2/ Notification:
I would expect a State of Alert or of Emergency to have been called.

Notification would either be via

i) DEP Head Office as a response to an emergency call by the Regional Disaster Coordinator;

ii) Direct via SES in Launceston;

iii) via media, eg radio.

3/ Specialist Advice:
We would require the HAZCHEM labelling and the United Nations numbers if possible to confirm that the load was chlorine alone, or if not what other substances were present.

In this particular case there is not a great deal of advice the DEP could give. Chlorine is a heavy toxic and highly reactive and dangerous gas. The main advice we could give is listed above and is mainly that relating to the local experience of the incumbent of our Regional Office.

Given the gaseous nature of the pollutant, there would seem to be little point in mobilising officers based in Hobart as they would be at the least 2.5 hrs away. By the time of their arrival the gas would most probably have dispersed and the inversion should have lifted.

Under such circumstances, if further specialist advice was required, the Regional Officer would be best positioned to

act as a *"Conduit"* for such advice sought from the Hobart office.

In addition, the Hobart office, through the activities of the industrial licensing officers, may know the whereabouts or availability of materials in quantity such as lime etc with which to neutralise by-products of the reaction of chlorine with other substances.

4/ Inhouse Plans:
The DEP in Hobart has a facility to set up an information centre in a room adjacent to our ADCHEM terminal, the room is equipped with both telephone and FAX lines which can be isolated and dedicated while an emergency lasts.

5/ Problems:
i) Regionally: Unless I am in my office, at home or my pager is working there is a strong possibility that I would be uncontactable and thus my local information and advice would not be accessible.

Any local advice that I could give in this particular scenario could be done either on site, or via a telephone.

ii) organisationally: *"on-ground"* help from Hobart is at least 2 - 3 hours away. Comments re telephone advice still hold, though there would be less *local* emphasis.

6/ Other Concerns:
In this particular case it seems likely that atmospheric condition are not conducive to rapid dispersal. Gas concentrations at the accident site would be concentrated to the detriment of injured and uninjured (but probably trapped) casualties. Because of the conditions it must be assumed that the gas cloud will remain concentrated and will move only slowly. This poses a problem for the safety of residents even some distance from the site.

Given availability of suitable protective clothing and breathing equipment, the safety of trapped and/or injured passengers and nearby residents must assume a high priority.

NB if breathing apparatus is in short supply, it may be possible to obtain some assistance from COMALCO who use self contained breathing apparatus in their pot lines.

A curtain of fine water spray over the site would help in reducing the gas cloud, to some extent the fog will help also.

It may be possible (depending on release rates) to absorb some Chlorine by using bags wetted in alkali and draped over the cylinders. Alternatively cylinders could be *"smothered"* in sand or lime.

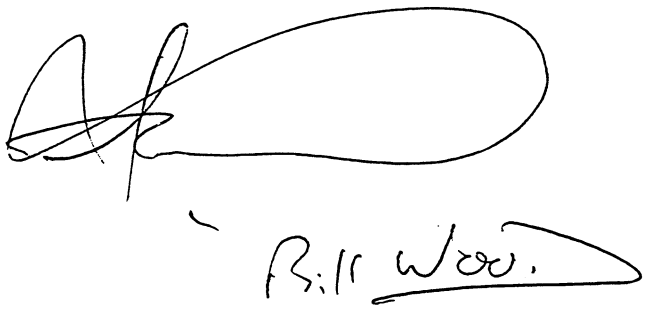
Removal of fractured cylinders:
If practical and if it were considered the least dangerous option, removal would require: operatives with full

breathing apparatus and protective clothing; a lifting device (with at least a 920 Kg capacity), a truck, probably a tipper with a sand base; and a source and means (front end loader) of smothering or reducing gas flow; a site to take the truck to to allow the gas to escape (eg Barnards Bridge, Finger post Hill) with the minimum of harm; a method of evacuating, or warning people on the removal route, to close up their houses and/or vacate them.

It would be vital early on to **EVACUATE** the University, Maritime College and the LCGS against gas cloud envelopment or any further explosive discharge.

Regions of Mowbray, Invermay, Inveresk, the low lying regions of Launceston together with Riverside and areas on the west bank of the estuary should be put on alert.

Stability of vehicle re potential for fires, leakage of petrol or battery acid etc.



NORTHERN REGIONAL PLANNING GROUP

EXERCISE "CLOETH II" 1992

PERSONAL ACTION DIARY

NAME: Dr W. WOOD

ORGANISATION: Department of Environment

POSITION: Regional Officer

DATE/ TIME	ACTION	RESULTS	ADDITIONAL ACTION REQUIRED
1030	See attached notes		

EXERCISE "CLOETH II"

1. The most likely role as Director of Emergency Medicine would be astriage officer and co-ordinator of the situation in the Emergency Department and surrounding areas.

   In the absence of the hospital manager and deputy manager I would have to take on a much broader administrative role hospital wide.

2. I would expect notification from
   I) ambulance services
   II) switchboard
   III) hospital manager

   I would then ring the Police Department to get verification, depending on which of the above three was the form of notification I would notify or ensure notification of the other two. In particular, switchboard would be authorised to call people as indicated by the Mass Casualty Operational Policy. (MCOP)

   The result I would expect is Public Address announcement of the MCOP together with calling or paging relevant personnel around the hospital.

3. a) Massive implications
   If, is the case this morning, the hospital manager is on leave, I would in the first instance see if he is contactable and if not get the Deputy Hospital Manager to liaise with and instruct other relevant departments etc. The Administrative Medical Registrar would be delegated to assist in organising the medical aspects and liaise with the press etc when the time came.

   b) Additional staff would be required.

   Residents and Registrars would be brought from the wards (and from theatres once cases currently in progress were completed) plus staff specialists available (especially anaesthetists)

   Extra nursing staff would be brought from wards within the hospital, casuals brought in and Emergency Department staff not working the next shift would be contacted.

   c) The running of the hospital would change markedly.

   d) Many hospital departments will be affected.

EMERGENCY DEPARTMENT – All non life threatening problems with be referred home, to their GP or sat in the cafeteria. All admissions will be put through the wards urgently.

All patients present with non life threatening conditions will be told of the problem and referred to GP or home or have to wait.

DAY WARD – Cease all operating.
ALL patients awaiting procedures will be discharged home. ALL patients recovering from anaesthetics will be sent to medical ward. It will be set up to receive casualties.

FRACTURE CLINIC – Patients will be sent home to be seen another day.

THEATRES – No non emergency cases to be started. To prepare for emergency procedures. All theatres to be opened.

ICU – Any patients that can be moved are cleared out, otherwise normal procedure.

PATHOLOGY – ALL non urgent testing stopped until crisis over.

RADIOLOGY – ALL non emergency radiology including ultrasound postponed until crisis over.

MEDICAL RECORDS – Extra staff relieved from routine duties and placed in Emergency Department, Day Ward, and Fracture Clinic.

Mass casualty records (pre packed) are used.

ATTENDANTS – Non urgent tasks not undertaken.

BUILDING & ENGINEERING – Staff taken off routine duties and used as additional attendants.

PHARMACY – Ward checking and restocking halted whilst extra supplies delivered to Emergency Receiving Areas.

CSSD – Be prepared to send extra supplies to ED, OW, FC and theatre.

STORES – As for CSSD.

LINEN SERVICES – As for CSSD.

SOCIAL WORK DEPT – Suspend normal duties and work with relatives of victims and visitors.

e) The hospital would be able to handle about 50 cases that require stretchers. If there were 50 stretcher cases walking wounded would obviously have to wait.

From this incident it is difficult to judge the number of casualties because it depends on the number of people affected by the chlorine in the cars on the highway and within the affected zone.

This hospital refers on certain injuries and in this case some head injuries could be referred to Hobart and spinal injuries to Melbourne.

If there were large numbers requiring intensive care treatment then some would perhaps need to be transferred to Hobart or Melbourne.

f) "Routine" patients fall into two groups, those that need emergency or urgent care and those that do not. The latter group would be referred to general practitioners (or have a long wait). The others would probably be managed satisfactorily. Transfers from outlying regions (eg St Helens, Deloraine, Campbell Town etc) would be best managed by being transferred to Royal Hobart or the Mersey Hospital.

4. The Mass Casualty Operational Policy

5. Lack of equipment, specifically oximeters, ventilators, Thomas splints, with the hospital. Probably there would be very restricted access at the crash site because of the chlorine problem and thus an on site medical team for resuscitation prior to transfer may not be a possibility unless the wind speed is strong enough and the direction stable enough to allow a site upwind.

Because of the virtual calm I have not earlier discussed the possibility of a medical team being sent out. There exists plans and equipment for such teams (2)

6. St Lukes and St Vincents (and the Queen Victoria?) being evacuated would cause major problems in accommodating patients and looking after the sick. The LGH would have great problems in looking after many sick, but otherwise, as the staff would accompany patients, areas could be found on a temporary basis to lie and sit people. There are areas in the old hospital and in the nursing school that could be pressed into service.

   The problem would only be short lived and once the chlorine has dispersed a return could be made very promptly.

7. An evacuation of the LGH (together with the other major hospitals) would result in chaos. It would be chaos enough without the presence of up to 50 injured children and adults. There would probably not be time to set up a field hospital and transfer of 350 patients would be very time consuming as a significant number would not be able to sit.

   A school or large building in an unaffected area would have to be commandeered. The management of the casualties in such a situation would be very poor, as there would be and lack of virtually all facilities and no operating theatres. Wholesale transfers to other major hospitals would be required. The delay could cost many lives.

   The problems likely to be temporary I would suggest a better option is to close down all hospital air conditioning drawing air from the outside, close all doors and isolate the hospital from the environment as much as possible. The rise in chlorine levels hospital wide could then be quite slow and evacuation may not be necessary before the danger passes, or else evacuation may not be so urgent.

8. The co-ordination centre is on Level 4 (old Board Room). It will ultimately be the Admission Area in the Emergency Department. Communication will be by telephone (PABX, non PABX silent lines and mobile phone).

   In the Emergency Department in addition there are dedicated lines to the Police, Ambulance and SES together with Ambulance Radio. There are PABX lines and FAX.

   Shortly there will be a mobile phone and silent non PABX line.

P. Prologo

NORTHERN REGIONAL PLANNING GROUP

EXERCISE "CLOETH II" 1992

PERSONAL ACTION DIARY

NAME: D.P. BENNETT

ORGANISATION: TAS. FIRE SERVICE (H'TON)

POSITION: ACT/ BRIGADE CHIEF.

DATE/ TIME	ACTION	RESULTS	ADDITIONAL ACTION REQUIRED
930 am. 14/10/92	OFFICERS MEETING	CONSIDERATIONS EXPLORED.	PROBABILITIES PER ATTATCHED LIST.
3900 15/10/92	A/BC + SUPT DISCUSSION	— RE	OUT-COME OF CONSIDERATIONS

EXERCISE "CLOETH II"

TASMANIA FIRE SERVICE

Report on Action Diary planning meeting.

Reply to considerations as applied.

1. Main combat authority.

2. Notified of incident per Police (Public). We in turn would notify Ambulance for medical support, ICI for additional advice on chlorine, SES for coordination of evacuation, transport, shelter and all back-up assistance.

3. Extension of resources
   (a) Capable within incident sight. Other occurrences not specified.
   (b) Yes - recall to permanent and volunteer. Back of specialist equipment per NW and Hobart Brigade.
   (c) Depending on nature of emergency, small chimney, building, vehicle, OK - Major incident would stretch local resources.

4. All matters relating to extrication, transport, medical, PLA, evacuation, heavy moving equipment and any other needed resource, SES and Police, additional B.A. gas suits our central control.

5. Central coordination and command, Paterson Street.
   Forward control downwind neutral zone.
   Contact (personnel or radio) phone mobile direct, ICS procedure established.

6. Not practical to shift communications 003 district would be without emergency call out. No contingency plan available. Local comm's only by radio with limited phone facilities. Relocate to outstation.

7. We have resources within and at close proximity to the Launceston City that could be called in at the short term (Tas. Fire Service volunteer brigades). In the long term, we can call on established or permanent Brigades at Devonport, Burnie and Hobart.

8. Limited resources in specialised equipment.

9. General knowledge and education of other assisting authorities to the dangers surrounding this type of incident and their ability to assist in evacuations, medical support and transport.

EXERCISE "CLOETH"

1) Role of D.O.C. - Lifting and subsequent removal of debris.

2) Notification - a) of incident - from Police or SES
b) to whom - D.O.C. Transport Section
- D.O.C. Engineering Personnel

Notification to D.O.C. Transport to ascertain availability of Departmental Plant and equipment and response time of items.
Notification to D.O.C. Engineering for professional advice regarding lifting/removal of structure.

Immediate response anticipated from Transport Section and availability of an experienced Engineer should also be expected.

3) **Implications**
a) none
b) allocated duties should not be drastically effected as an incident of the type in question would involve very few D.O.C. Personnel.
c) D.O.C. routine functions should not be effected as it is envisaged that the majority of equipment required would be privately owned and operated.

4) **Resources** Possibly - depending on availability and location. As D.O.C. is the State Construction Authority the bulk of its equipment is primarily engaged outside the Launceston Area. It would appear logical to secure the necessary plant from local contractors based within the Launceston Area. e.g. Heavy F/E loader ex Boral Resources in Lindsay St., cranes ex A.E.Jack, Northern Crane Hire.

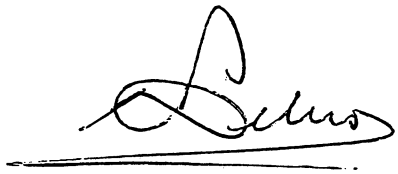
5) **Co-ordination Centre** -considered unnecessary - see 6.

6) **Liaison** An on site Representative (Engineer) could liaise direct with Launceston Office per medium of 2 way radio.

7) **In-house** D.O.C. does hold a emergency contact list but the timing of this incident has all employees, plant etc. at work and contactable by radio, portable or site telephones.

8) **Problems** very few - should technical expertise be unavailable from D.O.C. - the Dept. of Roads and Transport should be able to provide - second alternative, private enterprise. Access to site should create little problem as either side of the accident site would have dual carriageway available. The immediate requirement, on site would be for lifting equipment and the range and number of units available ex private enterprise should not delay the work.

9) **Concerns** D.O.C. do not have ready access to breathing apparatus and attendance of personnel on site would be dependent entirely on the provision of safety equipment by other Agencies / sources.



EXERCISE "CLOETH II"

ORGANISATION: DEPARTMENT OF COMMUNITY SERVICES

CONSIDERATIONS

1. WHAT ROLES WILL YOUR ORGANISATION HAVE IN THIS INCIDENT?

Co-ordinate Recovery personal services to workers and affected persons at the Regional level. Advisory role at Municipal level.

2. WHO WOULD YOU EXPECT YOUR NOTIFICATION TO COME FROM, WHO IN TURN WOULD YOU NOTIFY, WHY, AND WHAT RESULT WOULD YOU EXPECT FROM THE NOTIFICATION?

Notification would come from the SES and/or the Local Municipal Welfare Coordinator in this case the Salvation Army. Why, because the incident occurred in the Launceston Municipal Area. DCS would expect to be advised by the Coordinator and the SES Executive Officer whether it had a regional responsibility to co-ordinate personal services.

3. WHAT IMPLICATION, IF ANY, WILL THIS EVENT HAVE ON:

A) YOU AND YOUR ABILITY TO MANAGE THE INCIDENT AND OTHER OCCURRENCES?

B) MEMBER OF YOUR STAFF?
- **WOULD YOU REQUIRE ADDITIONAL STAFF?**
- **WHERE WOULD THEY COME FROM?**

C) THE DCS ABILITY TO HANDLE ROUTINE TASKS AND OTHER EMERGENCY DUTIES?

DCS is not located in the danger area and should not be exposed to Chlorine and therefore can direct operations from the Local Office. We will need to place our DCS staff on stand-by. Members of Staff in DCS will need to consider their personal issues together with existing work commitments. Additional staff could be called in from other regions depending on the size/number of people affected

DCS Housing have responsibility for many properties situated in the evacuation area, some 20 housing staff are familiar with the location of tenants their names and details. Housing teams could assist, identify housing tenants with the police force or SES. DCS would work with the Salvation Army in helping support them establish evacuation centers and co-ordinate services depending on the demand.

4. **WHAT RESOURCE NEEDS DO YOU CONSIDER WOULD BE REQUIRED FROM OUTSIDE YOUR ORGANISATION AND WHERE AND THROUGH WHOM WOULD YOU OBTAIN THEM?**

The evacuated people would require some form of registration to enable post disaster recovery follow-up and therefore the use of Red Cross for registration purposes would be explored.

Post-disaster Recovery counselling services including CISD, grief counselling would be provided by professionals in the counselling field in particular those located in Government Departments. Also Minister of Religion would be contacted via the Tasmanian Council of Churches to provide grief counselling to the bereaved.

Computer Resources for recording purposes would be requested via Department Social Security whose Mowbray office is an ideal base for Recovery Operations in personal services being on the fringe of the affected area and well known to the public.

The Launceston City Council, The Department of Education and Arts, Forester District Office would be approached for negotiated use of premises such as the school buildings and the use of Mowbray Racecourse.

5. **WHERE WOULD YOU SET UP YOUR COORDINATION/OPERATIONS CENTER? WHO WOULD YOU WANT TO LIAISE WITH AND HOW WOULD YOU DO IT?**

Initially to liaise with Salvation Army in regard to the evacuated peoples needs at an assembly center. Depending on the expected number of affected people the various buildings in the Mowbray area such as Primary School and the Racecourse would be targeted.

There would be a need to liaise with the Police via the SES to discover how many affected people in the area are likely to require recovery personal services.

Other organisations in the personal services welfare plan particularly DSS, Salvation Army, City Mission, St Vincent de Paul and Australian Red Cross. Each organisation would be requested to have a representative join the recovery planning committee which would convene.

6. **ARE THERE ANY SPECIAL IN-HOUSE PLANS THAT YOU WOULD ACTIVATE TO HELP YOU MANAGE THE EVENT FROM THE TAS ASPECT?**

We would contact the State Personal Services Committee Chairperson, Phil Goulson, allerting him to the event and requesting co-ordination of back-up support services from elsewhere in the state should they be required.

All Local Office DCS personnel would be placed on stand-by before area recovery teams are selected.

The Tasmanian DCS manual would be scrutinized by Managers and Staff.

7. **IT IS QUITE FEASIBLE THAT SHORT-TERM EVACUATION OF RESIDENTS FROM THE INCIDENT AREA AND DOWN WIND COULD BE ORDERED. WHAT ROLE WOULD YOU BE ABLE TO PLAY IN THIS EVACUATION, THE SET UP OF EVACUATION CENTERS AND THE RUNNING OF SUCH CENTERS?**

DCS Housing Services may have a role in assisting police in the evacuation because a large number of Government owned Housing premises are located in the affected area. Housing Services then would have records which may be useful.

The decision about an assembly center would be made in collaboration with SES, Police and Salvation Army. It maybe necessary to deploy a DCS coordinator on the scene to ensure appropriate responses are made by DCS. Area Recovery Teams would be developed in response to the needs

8. **WHAT PROBLEMS CAN YOU FORESEE IN RELATION TO THE DCS MANAGEMENT OF THIS EVENT?**

Obtaining accurate information about safety of DCS staff in participating in the location or identification of housing tenants effected or moving in the affected area if they are called upon to do so.

- Identifying the chain of command at the evacuation assembly center .
- Discovering the number of affected persons and resourcing with appropriate staff numbers to manage the event.
- Personal needs of Staff taking priority.
- Uncertainty about other organisations ability to mobilise.

9. **ARE THERE ANY OTHER CONCERNS THAT YOU HAVE IN RELATION TO THE MANAGEMENT OF THIS EVENT?**

Accessing sufficient counselling services/workers/ professionals for CISD and grief counselling.
DSC staff who have insufficient training becoming actively involved in recovery.

TASMANIAN AMBULANCE SERVICE
NORTHERN OPERATIONS

EXERCISE CLOETH

MAJOR RISK TO EMERGENCY SERVICE PROVIDERS:

1. ROLES:

Patient care
Patient extrication
Patient transport
On site coordination of medical aspect
Liaison with other services

2. NOTIFICATION FROM:

Member of the public Police Fire

NOTIFICATION TO:

Police	- On site coordination	- Response
Fire	- Management of fire risk Vapour cloud	- Response

3. IMPLICATIONS:

a) Significant statewide incident based on initial numbers of patients and potential patients

- Require high level participation

IMPLICATIONS STAFF:

a) Danger - Risk - Fatigue/Relief
(Do not have own equipment to protect staff from noxious atmosphere)

b) Additional staff would be required

c) Where from - Statewide:
Professional
Volunteer
Independent Ambulance Services
St John Red Cross
10th Field Ambulance

ABILITY TO HANDLE OTHER CALLS & ROUTINE TRANSFERS

a) All routine work cancelled

b) Other emergencies actioned as required.

4. RESOURCE NEEDS OUTSIDE:

a) Fire Service - for information
via Fire Service Coordinator

I.C.I. for expert information

b) Health Resource and Patient Transport Resource

via Launceston General Hospital Medical Superintendent

c) Resources from North West and Southern Ambulance

via Ambulance Service Supervisor

d) Red Cross and St John

via Tasmanian Ambulance Service Communications

e) 10th Field Ambulance

Army, Paterson Barracks

f) S.E.S. R.A.R.

5. COORDINATION AT LAUNCESTON AMBULANCE STATION

Field Commander
Ambulance/Coordinator

6. No special in house plan other than M.C.I. plan.

7. Limited resources, delays in resource response, fatigue risk to staff.

8. Uncertainty of containment and outcomes if not contained.

Our ability to perform in zone due to not have protective gear.