I, *PENNI LOUISE ROBERTS* of *C/- Kaloma Home for the Aged, 16 Gough St, Goondiwindi, Chief Executive Officer* , state on oath ~~[or: solemnly and sincerely affirm and declare]~~:

1. That on 27 April 2011, I provided the Queensland Floods Commission of Inquiry with a letter that I wrote dated 20 April 2011 which is attached to this statement.

2. That the content of the attached letter provides the information I believe relevant to the Commission of Inquiry.

I swear [or: ~~solemnly and sincerely affirm~~] that the facts and circumstances stated in this statement are from my knowledge except those which are from information only.

Sworn [~~or: Affirmed~~] by *PENNI LOUISE ROBERTS* on 3/5/11 at *Goondiwindi* in the presence of: [redacted]

Signed:

_____ _____

Witness [redacted]

~~Commissioner for Declarations~~ / Solicitor / ~~Justice of the Peace~~

QFCI

Date: 03/5/11 JM

Exhibit Number: 221

Signed..... Witnessed by .....

400 George Street Brisbane
GPO Box 1738 Brisbane
Queensland 4001 Australia
Telephone 1300 309 634
Facsimile +61 7 3405 9750
www.floodcommission.qld.gov.au
ABN 65 959 415 158

Kaloma
Home for the Aged
ABN 74 811 097 243
16 Gough Street
Locked Bag 3006
Goondiwindi, 4390
Telephone: (07)4671 1422
Fax: (07) 4671 3890
Email: [redacted]

Qld Commission of Flood Inquiry
GPO Box 1738
Brisbane. Qld. 4001

20th April 2011

Dear Commissioners

I write to provide response to your written advice of criticisms of Kaloma Home for the Aged pertaining to our conduct during the January 2011 flood crisis. I have responded to each point individually as follows,

1. **'the lack of an identifiable trigger event to commence the evacuation of patients'**

At that time Kaloma had not identified a trigger in our Emergency Plan for either commencement of planning or when to evacuate.

Our Emergency Plan at that time was basic however triggers are addressed on the reviewed and comprehensive Emergency Plan attached.

I was of the understanding at the time of evacuation that the role of the Local Disaster Management Group (LDMG) was to direct Kaloma to evacuate if evacuation was necessary. This has since been clarified by the LDMG in that evacuation can be either voluntary or directed.

We sought a meeting with the LDMG to discuss our concerns about what in our view was inadequate communication in the lead up to evacuation. It was at this meeting that the LDMG informed us of the need for triggers. We discussed appropriate triggers at that time and these were subsequently considered and added to our Emergency Plan.

We fully accept the need for triggers. However we are also of the view that in response to Bureau of Meteorology predications we acted swiftly to mitigate risk in the planning and preparation undertaken from the Monday of that week to include not only protection of the facility in the event of flood but also preparations to evacuate residents.

Our preparations included,

- communications with residents, families and staff and community clients about the possibility of evacuation.

- confirmation with Churches of Christ that the 2 facilities previously identified as being able to take all 50 residents were still in a position to take residents. The Toowoomba facility on the Monday became less of a possibility due to the flood event which occurred there. The other facility was at Crows Nest. The rider on accepting residents was that we would provide – beds, mattresses and staff.

- organising trucks to carry beds, mattresses, trolleys as well as 7 days supply of linen, clinical supplies, continence aids, mobility aids, manual handling equipment, infection control supplies and non-refrigerated foods.

- refrigerated food vans to transport 7 days of cold and frozen foods

- ensuring 7 days of food, clinical and continence supplies and personal protective equipment for staff to minimise the risk of infection.

- Organising volunteers to assist to load trucks

- Calling for staff volunteers to accompany residents to evacuation sites and care for them until their return – 20 staff volunteered and all went with residents.

- identification of residents by preparing wrist bands

- preparation of linen for 7 days

- printing off of resident care plans, admission pages, dietary lists

- printing off of an evacuation list which notes mobility deficits and cognitive impairment

- ensuring the Kaloma bus was fuelled and ready for long distance use.

Learning Opportunity: Consideration and inclusion of triggers on Emergency Plan which has been completed..

2. 'the need for clarity in the identification of patient numbers requiring transport to other facilities'

We had printed off a list of residents using the Fire/Emergency List which states mobility deficit and cognitive status. However this evacuation list (computer generated report) did not specifically list which residents required ambulance transport. Nor did it list weight of residents. We were advised during evacuation of the need for weight and weight of staff accompanying residents during air flight.

Learning Opportunity: Emergency Plan now identifies in Stage 1 the preparation of this list and includes weight in case of air evacuation being required.

3. ‘ the need for appropriate arrangements for evacuated patients at those other health facilities’

All but one evacuation site was an aged care service and most suitable for residents needs. However, Inglewood’s McIntyre Hall was not air-conditioned or fly screened but still staff did a magnificent job of caring for residents, the residents informed me upon their return. Residents too commented on the mosquitoes which staff and volunteers worked tirelessly to combat.

Once evacuation sites had been confirmed so too were the resources available at each site in discussions with the Managers of each site. This informed what physical resources were required to precede residents to each site. In all 35 beds, mattresses, trolleys and other resources were sent ahead of residents in addition to the items listed above for at least 7 days of care and sustenance for residents. Volunteers had been arranged at the evacuation sites to assist to set up beds so they were ready to receive residents when they arrived. Kaloma ensured that all residents slept on high low beds with mattresses, large fans were procured to cool residents, mosquito eradication strategies were undertaken and adequate supplies of food and fluids were transported from Kaloma. Importantly all residents were cared for by staff whom they knew well and who knew their individual care needs.

All residents returned from each site and those that can communicate stated that they were well cared for by the staff who accompanied them as well as the communities accepting them. Whilst some mentioned that the mosquitoes were bad at the McIntyre Hall I refute that any residents were placed in unacceptable and unsafe conditions.

I did put my view strongly to Council and the LDMG that given that this hall was not air-conditioned and flyscreened that our residents should have priority of retrieval to those of the hospital given that the hospital patients were in relative comfort at the Inglewood Hospital. Further, two residents were receiving palliative care and in urgent need to return home to Kaloma. I also suggested to the LDMG that should the McIntyre Hall be used as a possible evacuation site in the future that perhaps Council could consider air-conditioning and flyscreening it. The LDMG which comprises of Council response was that these works may be done when and as resources permitted and maintenance was required.

As noted earlier I had already arranged with Churches of Christ to evacuate to their Crows Nest or Toowoomba facility with the rider that beds, mattresses and staff accompany the residents. It was naïve in hindsight to arrange a location so far from Goondiwindi. It requires noting however that nearby towns may not have been reachable and could have been flooded or re-flooded.

Learning Opportunity: As the Commission will note Kaloma’s Emergency Plan has detailed the local and nearest out of town amenities which may be utilised in the event of flood. Again these must be taken in context of whether they too are flooded or at risk of re-flooding. Kaloma has participated in the Council’s recent activities in Disaster Planning and identification of appropriate evacuation sites.

We would like to put forward comment, raise concern and seek clarification on the following issues as it may assist when the next emergency arises.

1. The LDMG has expressed bewilderment that beds and other resources were required to be transported to evacuation sites to care for residents. It appears their view is that these resources should be available from other agencies. As noted earlier I had ascertained what resources were available at each location and the equipment and other resources accompanying residents reflected this.

Our view is that as we had the opportunity of time to plan and organise transport, to expect our frail aged residents to lie on mattresses on the floor and our staff to be placed at risk of injury whilst caring for them was both unacceptable and unnecessary. With the assistance of our staff, local councils and the transport drivers we were able to ensure that when our residents arrived at the various evacuation sites their beds were set up ready to accept them.
We accept that there may be circumstances in the future which may make this impossible however Goondiwindi is usually well situated for ample notice in the event of flood.

2. Residents for air evacuation were transported by ambulance vehicles to the airport to await air transport out to Inglewood. This was the site of the field hospital as the local hospital had been closed. Four very frail residents remained at the airport for over 12 hours as pilot flying hours had been used and they were not permitted to fly until sufficient rest time had been taken. From comments made at the time aircraft had been promised but not delivered or aircraft with greater capacity had been expected.

3. The hospital staff informed the Kaloma staff I had sent to the airport/field hospital to assist to care for our residents, that they were directed not to care for Kaloma residents – not to feed, medicate or care for them. Some of the hospital staff did not comply however others refused citing orders to that effect.

I was of the view that as residents left Kaloma with emergency services and transported to hospital that the hospital staff would then take on responsibility for our residents care.

In no way it is our intention to abdicate our responsibility for our residents, quite the opposite with our staff directed not to leave residents until they had been evacuated. However it is concerning that during a crisis hospital staff refused to assist in the care of frail aged residents citing that they had received a directive to this effect. I have raised the matter with the Director of Nursing of the hospital who at the time was not acting in that role due to LDMG responsibilities.

Clarification of responsibility is essential for when the next emergency occurs.

4. On the Sunday both the hospital Director of Nursing and I on behalf of Kaloma lodged a request for ambulance retrieval of patients/residents.

After several hours on the Monday the ambulance service advised that it still had not been directed to retrieve residents. It was later discovered that the request to retrieve Kaloma residents from the McIntyre Hall had been lost in the system with the only order to be found that of hospital patient retrieval. I received a copy of our request at

the time as did the hospital. Eventually the ambulance service were mobilised with the original retrieval request still lost in the system.

It would be helpful to investigate how Kaloma's retrieval order was lost as it caused considerable angst and concern for residents, their families and staff who were waiting with residents and at this end for their return.

5. Could clarity be given to *voluntary* evacuation please? The LDMG has made it clear that voluntary evacuation can be considered. We have concerns with this on two levels,

1. Would emergency services be willing to support the transport needs given that there may well be greater priorities elsewhere. Also, where does the authority come from to approve a voluntary evacuation? When we were directed to evacuate I was asked to submit a formal request for assisted evacuation. From memory this was so that we can obtain transportation assistance.

2. It was most evident from comments made by our residents upon their return that they did not cope physically or emotionally well with the evacuation experience despite the care provided to them by staff who accompanied them as well as the support of each community they were in. These comments were made by residents from each of the evacuation sites irrespective of comfort.

   We suggest that the risk of a voluntary evacuation may be premature whereas a directed evacuation by an informed LDMG/Police is a far more reliable option for aged care homes. Kaloma is not included on the LDMG.

In conclusion, it is our view that it would be rare for any agency to be without opportunity to improve from this experience. We at Kaloma have learnt a lot from the January preparations and evacuation and have captured as much information as possible on our Emergency Plan which will be reviewed at least annually.

I can be contacted on [redacted] should you wish to discuss the contents discussed herein.

Yours faithfully

Penni Roberts
Chief Executive Officer
Kaloma Home for the Aged