
PRACTICE NOTES

The Christchurch Hospital Social Work Service response in the first hours after the Christchurch earthquake of 22nd February 2011

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Christine Corin is a Team Leader at Social Work Services, Christchurch Hospital. She has worked in the Emergency Department for 12 years and has a professional interest in Emergency Response work. Christchurch Hospital is the dedicated acute care facility for Canterbury with capacity for 650 inpatient beds. It provides a full range of emergency, acute, elective and outpatient services and has the largest Emergency Department in Australasia with more than 86,000 patient presentations per year

At 12.51pm on February 22nd 2011 a powerful 6.3 magnitude earthquake hit the city of Christchurch. Over 180 people were killed and hundreds more were injured. Christchurch was still in the process of recovering from a 7.1 magnitude pre-dawn earthquake which had struck on Saturday 4th September 2010. In the first earthquake there was significant damage to buildings and the city's infrastructure, but fortunately no loss of life. In contrast the earthquake of the 22nd February, although lower in magnitude, was shallower, centred closer to the city and struck at lunchtime on a working day, with devastating effect.

I was sitting in a coffee shop in High Street, in the CBD when the earthquake hit. My friend, Emma, and I got under the table. The power went out, cups and plates shattered and ceiling tiles fell. People were screaming. As soon as the shaking stopped we ran outside and saw huge clouds of dust from collapsed buildings further down the street. Emma's son was at the Discovery 1 School, on the next block. We held hands and ran over the cracked and buckled pavement. After reuniting Emma with her son I left the school and ran down Colombo Street, passing people emerging from collapsed shop fronts. I saw the ruined buildings as I ran but felt detached from the enormity of the situation. I could see other people around and rationalised that they could stay and help. All I knew was that I needed to get back to work.

In the Christchurch Hospital Emergency Plan (CDHB, 2010), Social Work is tasked with providing support and practical assistance to patients in the Emergency Department and establishing a Relatives' Centre to support relatives in the event of a major incident. In mass casualty situations medical and nursing staff are focused on providing clinical care to patients. The needs of families and significant others present at the hospital can easily be overlooked or, conversely, can overwhelm the ability of staff to deliver medical and nursing care. Social Work has established a twofold role of working with families and patients

to ensure their fundamental needs for social, emotional and informational support are met in the Hospital environment, whilst also assisting in maintaining the efficient operation of the Emergency Department.

In the last four years a Social Work response structure has been developed in line with the Coordinated Incident Management System (CIMS) used by the Hospital and all Emergency Services in New Zealand for the systematic management of emergency responses (NZ Fire Commission, 1998). It is called the Social Work Emergency Response Team (ERT). The first members in 2007 were the Emergency Department and Intensive Care Unit social workers. Since then five social workers have voluntarily joined the team and spent time training in these clinical areas, with a particular focus on supporting families and patients in the immediate aftermath of serious accidents or life-threatening medical conditions. In addition to the core members of the ERT, all social workers have received orientation to the Emergency Department and training in providing assistance in the Relatives' Centre during a major incident.

The ERT has a clear organisational structure and designated roles. Each role is provided with a role description in the form of a task card. Resources for a Relatives' Centre are stored in a central location in the hospital. Activation criteria and an activation scale have been developed to enable quick decision-making regarding when to activate the ERT and the estimated number of staff needed for a response. Staff work area and shift plans assist in keeping track of staffing and rosters. In the Relatives' Centre, signage is pre-printed, ready to be placed around the Hospital and a Patient Identification Form allows family members to provide information on their relative in a standard format.

The ERT has been activated numerous times in the last four years for motor vehicle accidents and for the September 2010 earthquake. All of these incidents involved multiple casualties coming to Christchurch Hospital for treatment, with accompanying family members. The activation of the ERT on the 22nd February far exceeded any previous incidents. The hospital buildings had sustained damage and there was extensive water damage in some areas. Ongoing intermittent loss of electricity plunged internal stairwells, corridors and treatment areas into complete darkness. Heavy ceiling tiles fell in some clinical areas and corridors. Water from the taps and hot water systems could not be safely used. Computers shut down every time the power failed, and land and cellular telephone lines were overloaded. Aftershocks continued to rock the Hospital, posing risk to everyone. Previous activations have involved contained incidents with finite numbers of casualties. In the September earthquake the Hospital braced for a surge of casualties in the early hours of the morning but this was quickly contained. In the middle of a working day on February 22nd, waves of casualties kept coming. They arrived in ambulances, police cars, trucks, utes and on foot for hour after hour with no end in sight.

When the earthquake struck, the Emergency Department waiting room ceiling was damaged, which meant the area could not be safely used. Nursing staff set up a waiting area outside for patients. This meant the Ambulance Bay became the single point of entry to the Department. When the Hospital lost power the triage team moved out into the car park in front of the Ambulance Bay. Five social workers were stationed outside with the triage team. By frontloading the entry point with social workers, it allowed them to immediately begin working on establishing the identity of patients as doctors and nurses provided emergency

care. Later, as relatives began arriving at the Hospital these social workers were also able to stream people away from the clinical area and escort them to the Relatives' Centre, where they could register their details with the police and hospital, and receive support and information from social workers.

During an activation of the hospital emergency plan, staff members tasked with particular roles wear colour-coded vests with their designation emblazoned on the back. The Social Work florescent pink vests made us very visible to staff and families as we moved around the Hospital. The base for social workers became the Allied Health office in the Emergency Department. Social workers were delegated specific roles in accordance with the ERT structure. The Social Work Controller liaised with the Hospital Control Centre, bringing information about the wider Hospital and community response. The Social Work Clinical Coordinator oversaw the allocation of staff to clinical roles. The Information Coordinators provided support to staff, kept track of where social workers were working and maintained a list of which patients social workers were working with. An experienced Emergency Department social worker directed and supported the social workers working with the most seriously injured and their families. The Relatives' Centre Coordinator took a team of social workers to set up and run the Relatives' Centre at the Hospital cafeteria.

In total a team of 16 social workers assisted with the first response that afternoon and evening. In addition two social workers from the Mental Health Division volunteered to assist the social work response along with the Hospital Maori Health Workers and Maori Chaplains. Social workers were assigned roles in a number of locations around the Hospital including the Emergency Department, Intensive Care Unit, Orthopaedic Outpatient Department, Medical Day Unit and the Relatives' Centre.

When the electricity failed medical and nursing staff continued to administer lifesaving treatment by headlamp and torchlight. The Resuscitation area of the Emergency Department was crammed with Hospital staff and patients but somehow order was present. Passages in the crowd would emerge to let beds through. Supplies and drugs kept materialising. Bays with teams of nurses and doctors kept becoming freed up just as the next wave of injured arrived. Throughout it all one of the Emergency Physicians spoke over the Department speaker system, letting everyone know the current status, relaying important messages about the availability of theatres and x-ray services and encouraging staff in their work. Despite the constant demands for information to be relayed, her voice remained calm and steady. At one point she informed everyone that a helicopter had just landed on the road right outside the Department. In the midst of the carnage everyone paused and let out a cheer and then the moment passed and everyone was intent again on carrying out their duties in the packed department.

In the ensuing days social workers spoke about the work they did in those first 12 hours. What emerged from their descriptions was a testament to their professionalism and showed the value of the strong multi-disciplinary teamwork which exists at Christchurch Hospital. Social workers saw people with horrific injuries, but remained calm and focused on their role. They were co-opted by medical and nursing staff to assist with lighting, fetching equipment and transferring patients from vehicles to hospital beds. They worked with nursing staff to ensure that the deceased were treated with respect, and passed information to the police that assisted in their identification. They looked through handbags and clothing for

any clues to the identity of the seriously injured. They found contact details on patients' cell phones so nurses and doctors could ring and let families know that their relative was at the hospital. They helped the less seriously injured to ring family to let them know they were at the Hospital. To save families from difficulty in locating their relative in the Hospital, the social workers waited by the Hospital entrance and met family as they arrived to take them straight to where their injured relative was. They found alternative accommodation for tourists and linked with other Hospital staff to access transport for discharged patients. At all times social workers were aware of the bounds of their role and worked closely with medical and nursing staff to ensure it was they who communicated news of death and injury to relatives.

One social worker found a seriously injured person's name inside their shoe. Two-and-a-half hours later, another social worker found that person's name on an appointment card in the bag of another unidentified critically ill person. The social worker was able to take the photo on the screensaver of the cell phone in the bag and match it to the face of the first critically injured person. With the connection between the two patients made, ICU Nursing staff were then able to keep ringing numbers on the cell phone until they reached a family member to let them know two members of the family were patients at the hospital.

Many members of the public rescued the injured and brought them to hospital. Some of these people needed support that afternoon and evening to process the enormity of what they had just done. Social workers sat with these people on chairs in the Emergency Department car park. They listened to their story and provided reassurance that they had done the right thing. In subsequent days rescuers returned to the Hospital seeking a reunion with the unknown person they had rescued. Social workers were able to assist in this emotionally healing process for both rescuer and victim.

Within two hours of the earthquake, the Relatives' Centre was established in the annex of the main Hospital cafeteria by a team of social workers. Within the first hour of setting up the Relatives' Centre, the police arrived and stationed two officers there to work alongside Social Work in gathering information about those being sought. In the day-to-day work of the Emergency Department, social workers often liaise with the police. The development of this working relationship assisted in the collaborative work achieved between Social Work and the police in the Relatives' Centre.

In the Relatives' Centre there was initially very little information available about patients who were being treated in the Hospital as loss of electricity meant the Emergency Department had moved to a paper-based patient tracking system. It soon became apparent that many of the missing were those who worked or studied in the collapsed CTV and PGC buildings. At peak times the demands on the Social Work team in the Relatives' Centre were a challenge to manage. Social workers balanced attending to the practical needs of people with giving time to attend to the emotional support needs of family members. The Relatives' Centre was staffed for 24 hours in the first two days. In the first 36 hours 120 people were sought by relatives. There were multiple contacts for those people as different members of the same family moved across the city, the Police Liaison Centre at Papanui Police Station and the Hospital Relatives' Centre in the hope of receiving news of their loved one. There were also numerous calls to the Centre from embassies and employers. People such as interpreters and chaplains from the community arrived or rang to offer their services. Injured

tourists needing accommodation or transport were initially directed to the Relatives' Centre for assistance.

On the first evening a social worker marshalled help from a group of trainee interns to carry mattresses from wards to give families who wanted to stay at the Relatives' Centre a place to rest. Another social worker secured food and drinks for the Relatives' Centre from the hospital coffee shop. The next day, free hot meals at the staff cafeteria were secured for relatives. A television arrived on the Wednesday so relatives could watch the coverage while they waited. It was quickly realised that more than one phone line in the Relatives' Centre was needed. On Wednesday the Maori Health Workers brought additional phones which were invaluable in dealing with all the calls to the Centre.

From the day after the earthquake, Social Work Services operated with a whole Department focus rather than in separate teams. In the first week there were daily staff meetings and work hours were flexible with additional time off for staff. Social workers showed great support for each other and great willingness to be flexible and work where the need was in the Hospital. They coped with all the inconvenience that comes with no running water or working toilets in the Department, getting through the police cordon at the beginning and end of the day, having to assimilate a lot of new information about changed processes and closed or new support services, and providing empathy and care for patients in the midst of a state of civil emergency which affected them personally too.

Some social workers had no power or water at home and some had damaged homes. Yet they came to work because they know that social work is an essential service at the Hospital. Offers of help from social workers in other DHBs were gratefully accepted in order to manage the additional demands on the service and allow staff time off to attend to their homes and family needs. A welfare system was set up in the Department. Those with drinking water and power helped those without. Staff greatly appreciated the emails, care packages and phone calls of support from health social work colleagues around the country.

The Christchurch Hospital social workers demonstrated outstanding professionalism and dedication on the 22nd of February and in subsequent weeks. In the midst of heroic efforts by medical and nursing staff to save lives, social workers were able to contribute their professional skills and experience to spare families agonising hours of uncertainty about the safety of their loved one, assist family members to reunite quickly at the hospital, provide care and support for traumatised relatives and rescuers, and support the multi-disciplinary team's clinical care of patients. The years of planning and preparation involved in the development of the Social Work Emergency Response Team meant that the Christchurch Hospital Social Work Department was able to respond in a coordinated way and make a significant contribution to the multidisciplinary treatment and care of patients and family members at Christchurch Hospital in the immediate aftermath of the Christchurch earthquake of February 22nd 2011.

References

- CDHB. (2010). *Christchurch Hospital Campus Emergency Procedures*, Vol B.
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