USA SEMINAR proves fruitful

Manager of Risk Reduction Planning Nabeel Rylands and Deputy Director at the Department of Local Government Richard Haridien attended the International Disaster Management Seminar hosted by the US Forest Service.

The seminar was held in Washington DC and California between the 6th - 22nd August 2014. Delegates were provided with an overview on disaster management in the US and were given field site visits and engaged in discussions which provided opportunities for personal and professional development and exposure to professionals from all over the world.

The program used case studies from major responses to understand and discuss disaster management systems and facilities. Participants explored innovative approaches to disaster management, including those that involved alliances and partnerships between government agencies, NGOs, the private sector and community groups. The program looked at disaster management systems at all levels of government, from the policy to the tactical level, and included a visit to an active disaster response in Northern California. Nabeel and Richard undoubtedly learnt a lot from this experience through the exchange of ideas, systems and practices that not only honed their skills, but will allow them to impart knowledge to colleagues in South Africa.

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DST Roll-out:
The Disaster Management Decision Support Tool (DST) is a web-based tool containing all data relevant to disaster management. The roll out of DST to all municipalities was nominated as one of the 100 Day Deliverables by MEC Bredell. The DST was rolled out to all municipalities during the month of September 2014.

CAPE TOWN INTERNATIONAL AIRPORT COMPANY OF SOUTH AFRICA

The Cape Town International Airport Company of South Africa held its bi-annual exercise on the 14th of August 2014. The exercise simulated a "crash land" of an International Aircraft carrying 144 international passengers and 6 crew members at 21h00 pm.

The full-scale exercise, phase 3 incident, included the assistance from external role-players namely; the City of Cape Town: Fire Brigade Services, City of Cape Town: Disaster Risk Management, Department of Health: Emergency Medical Services, Western Cape Disaster Management Centre, Traffic Services, South Africa Defence Force, Forensic Pathology, National Department of Disaster Management Centre, Department of Economic Affairs and Tourism, amongst several others.

The objective of the exercise was to test the "night" operation, communication flow and unified command. The exercise kicked off at 21h00 and thoroughly tested the energy levels of stakeholders till 01h00 the next morning.

Good communication to stakeholders, access to information and excellent stakeholder involvement and commitment were some of the successes of the exercise. For the Western Cape Disaster Management Centre success included the after-hours participation of the Department of Economic Affairs and Tourism and the National Disaster Management Centre after hours.

The Cape Town International Airport Company of South Africa commitment to ensure the safety of passengers and the public is truly commendable.

Ten Masters Students in social work studies traveled to South Africa to be exposed to community development challenges and issues from a South African perspective. One of the inevitable challenges faced by communities worldwide is exposure to disaster.

Among the highlights of the two-week course was a visit to Western Cape Disaster Management Center. According to Ferreira who has worked in various disaster management capacities worldwide, the Western Cape Disaster Management Center has a very high standard when it comes to their daily operations, education outreach and the overall level of expertise housed in the Center. One of the many highlights for the students was a community visit to Stellenbosch and the insightful lectures by Western Cape Disaster Management and Western Cape Social Development specialists. According to student Chris Russell, the visit has converted him to study Disaster Management which has opened up a whole new world for him personally.

This visit is also the first step in solidifying the working relationship between Tulane School of Social Work and Western Cape Disaster Management. Tulane School of Social Work wishes to thank Mr. Schalk Carstens, Mr. Collin Deiner, Western Cape Disaster Management and Western Cape Social Development personnel for providing the students and faculty with a very enriching educational experience.
EMERGENCY NUMBERS

Police (SAPS) 10111
- If calling from a mobile phone 112
Ambulance/Fire 10177
Search and Rescue 021 845 9900
SATSA Tourism Safety Initiative (TSAI) 24/7
NSRI Sea Rescue 021 449 3500
Tourism Safety and Support 082 354 2200

ACCOMMODATION

It is recommended that you:
- Never leave your luggage unattended.
- Share valuables in your hotel’s safety deposit box.
- Keep your room locked at all times.
- Hand in the room keys or cards whenever you leave your hotel.

IN THE STREET

- Obtain a map and plan your route before you set out on an excursion.
- Check your hotel or nearest Visitor Information Centre for a reliable taxi service.
- When crossing the street, use pedestrian crossings where possible and be aware of oncoming motorists at all times. Look right, look left and look right again before crossing.
- Please don’t give money to street children. If you wish to assist them in a meaningful way, contact any Visitor Information Centre to obtain a list of organisations which would be most grateful for the assistance.

ON THE ROAD

- Familiarise yourself with local rules of the road. Namibians, South Africa is a left-hand drive country.
- Plan your route and fuel consumption in advance. Note that certain bank credit cards (such as Dinners Club) are not accepted to pay for fuel.
- Have telephone numbers of your destination on hand in case you get lost.
- When in the car doors locked at all times, the car windows wound up and any valuables locked in the boot.
- Never pick up strangers or ask them for directions. Rather go to the nearest business or petrol station if you get lost.
- Pay special attention to speed limits, road signs and traffic markings.

AT THE BEACH

- Always swim in areas supervised by a lifeguard.
- Never swim alone.
- Don’t dive into unfamiliar waters — what may seem deep could be very shallow. ‘Try first’ is safer.
- Protect your skin from overexposure. In UVa and UVb rays by wearing waterproof sunscreen with a high protection factor of 30+. Avoid the sun during the hottest times of the day (1200 – 1600).
- Drink plenty of water regularly to avoid dehydration even if you don’t feel thirsty. Your body needs water to keep cool and to replace lost fluids due to sweating.

MOUNTAIN TIPS

- Do not walk alone. Always ensure that you are in a group of at least four people.
- Take a mobile phone with you. If you get lost, call someone who will track your route and call you back when he gets you. If you cannot get a signal, start to shout. If you can’t see anyone, shout.
- Do not bring any unnecessary food and water. Always have food and water with you. If you become thirsty, drink slowly and don’t become dehydrated.
- Always leave the water, sunblock, hat, a snack.
- Make sure that your clothes are varied, weatherproof and comfortable.
- If you need to shout, shout in the words you used to shout in the desert. They are: ‘Mama!’

THE WESTERN CAPE GOVERNMENT PROVIDES TRAVEL TIPS FOR VISITORS

Follow these guidelines. We can make your stay in the Western Cape one to remember forever more.

WE WELCOME WE CARE

The Western Cape Government cares about making your time with us in our province as enjoyable as possible. Business or pleasure. We hope your visit is special so that you have with great memories and return many times in the future.

As in other countries, however, there are a few basic precautions all visitors should take to ensure their stay is as pleasant and as safe as possible.

ENJOYING SOUTH AFRICA

South Africa and the Western Cape boast a diversity of cultures, communities, sites and attractions. Most areas can be visited safely by tourists, provided they take basic, common-sense precautions.

However, some areas should be visited in groups, or with recommended tour operators. Their details can be found through the extensive Visitor Information Network in place throughout the region.

MONEY AND TRAVEL DOCUMENTS

- Travel with certified copies of your valuable documents and keep the originals in a safe place (like a hotel safe, for example).
- Countersign no more than half of your traveller’s cheques.
- Separate your cash and credit cards, and don’t carry all your cash/traveller’s cheques with you during the day.
- Rather store half of them in your hotel room safe.
- Don’t allow strangers to assist you with ATM transactions. If your card gets stuck, immediately call that ATM’s hotline number.

MEDICAL SERVICES

- Take out medical insurance with your agent when you buy an ticket.
- If you take prescription medication, carry your doctor’s certificate with you to avoid problems with Customs.
- If you have prescription spectacles, carry a copy of the prescription with in order to replace them if they are lost or broken.
- Medical facilities in Western Cape cities and large towns are world-class.
- In the rural areas, hospitals and clinics deal mostly with primary and secondary health needs.

IN CASE OF AN URGENT INCIDENT

Although incidents of crime against visitors are rare in South Africa, you should still be aware of the basic emergency procedures to follow.

- Call 10111 (Police) or 10177 (Fire) if you need assistance.

HAVE YOUR SAY

We welcome any feedback regarding the Tourism Safety and Support Programme.

For more information:
- The Department of Economic Development and Tourism
- NBS Waldorf Building
- 10th Floor
- 60 St. George’s Mall
- Cape Town
- Cape Town Representative
- Mongesi (Bunyonyi)
- Phone: 062 354 2801
- Email: Mongesi@bunyonyi.com

VISITOR INFORMATION CENTRES

Cape Town 021 487 6480
Cape Winelands 031 889 3500
Cape Overberg 028 425 1817
Cape Garden Route 044 803 1500
Cape Karoo 023 449 1000
Cape West Coast 022 433 8506
Weatherline 062 231 1600
Office of the Consumer Protection
- Tourist Guide Register 031 481 8734
- National Tourism Information 083 125 2345

Photograph by Sippini.
What is Ebola?
• Ebola virus disease (EVD) is a severe and often fatal disease in humans and non-human primates (monkeys, gorillas and chimpanzees).

How is it transmitted?
• The Ebola virus is not spread in the air, so simply being in the same room as an infected person or animal is not a risk for infection.
• Ebola virus is not spread in the air, so simply being in the same room as an infected person or animal is not a risk for infection.
• If a person has the early symptoms of Ebola and there is reason to believe that Ebola virus disease should be considered, the patient should be isolated and public health officials notified. A blood sample can be tested to confirm infection.

The outbreak in West Africa
• The current outbreak of Ebola in West Africa was first reported in March 2014, and involves four countries: Guinea, Liberia, Sierra Leone and Nigeria.

The risk to travellers to West Africa
• The risk of a traveller contracting EVD is very low in the absence of direct contact with the blood or body fluids of an infected person or animal.

The risk to people in South Africa?
• The risk of Ebola virus disease being imported into South Africa is considered to be low.

Current situation in the Western Cape and South Africa
• Currently, there have been no reported cases of EVD in the Western Cape or South Africa associated with the outbreak.
• Even though the Western Cape is unlikely to have such cases, the Western Cape Government Health has put various measures in place to ensure readiness to manage an imported case of EVD.

EBOLA - WHAT YOU NEED TO KNOW

All the important role-players (Communicable Disease Control, and Port Health Services, Emergency Medical Services etc.) are working together to ensure the detection, reporting and management of a suspected EVD case.

Tygerberg Hospital is the dedicated referral centre in the province to manage and treat a suspected EVD case. The facility has specialists and trained staff able to manage such cases.

Our South African Port Health authorities are on high alert for 8 persons with EVD-compatible symptoms who have travelled from West Africa.

What are the signs & symptoms of someone affected with Ebola?
• Symptoms may appear from 2 – 21 days after exposure to the Ebola virus (on average 8 – 10 days).

• The onset of symptoms is sudden - with fever, headache, joint and muscle pain, and intense weakness.

• Access healthcare by vomiting, diarrhoea, abdominal pain, and sometimes a rash. Some patients may experience bleeding inside and outside the body.

How is Ebola virus disease diagnosed?
• If a person has the early symptoms of Ebola and there is reason to believe that Ebola virus disease should be considered, the patient should be isolated and public health officials notified. A blood sample can be tested to confirm infection.

• A specialised laboratory at the National Institute for Communicable Diseases (NICD) in Johannesburg is able to test for Ebola virus disease.

• EVD can only be diagnosed once a person develops signs and symptoms of the disease.

How can healthcare workers protect themselves from infection with Ebola virus?
• Healthcare workers should be able to recognize a suspected case of EVD and be ready to apply additional infection control precautions and barrier nursing techniques. This includes wearing personal protective clothing (e.g. gloves, theatre moulded masks – if not available N95 masks, gowns and goggles), and use of infection control measures (ensuring complete equipment sterilisation and routine use of disinfectant). Infected patients must be isolated from other patients and cared for by staff that are trained in the appropriate infection control measures.

• The aim of these techniques is to avoid contact with the blood and secretions of an infected patient.

What if you have travelled to the affected areas and developed early signs of Ebola virus disease?
• Access healthcare immediately and inform the healthcare worker of your travel history and the level of contact with suspected or confirmed EVD cases.

• You will be isolated and assessed by a healthcare worker (doctor) in consultation with the Infectious Disease Specialist to find out if EVD should be considered.

• If your symptoms are compatible with EVD, a blood sample will be collected to confirm the infection.

Brought to you by:
Western Cape Government Health
The Disaster Risk Management Centre (DRMC) bids a fond farewell to one of its longstanding colleagues and friends, Disaster Management official and Area Manager: Service Delivery, Mrs Elizabeth Adonis.

Elizabeth first joined the Divisional Council of Stellenbosch on 1st January 1976 and went through all the restructurings that followed. She concludes her duties in disaster management with the City of Cape Town at the end of December 2014.

A lady up for the challenge

In my tenure as a Disaster Management Official I faced many challenges, being a lady at that time working in a predominantly man’s world. It was hard in the beginning, as I had to keep up with the “big brothers”. I also had to change my high heels to safety shoes and Wellington boots especially during the winter months. I had to learn to pull water and First Aid trailers behind my service vehicle, which I was a long- base isuzu bakkie. I also had to gear myself up to be ready to be called out at any time of the night to attend to disaster-related incidents man-alone, many a time returning home just before dawn. I think my greatest challenge however, was managing a group of adult men. Some were very good and kind whilst others were just out to give you a hard time wherever the opportunity arose luckily they were in the minority.

Going beyond the call of duty

Being a Disaster Management official and Area Manager: Service Delivery was never easy. You always try to please the communities that you serve but at the same time you also need to consider the well-being of the staff that report to you.

This job requires you to make difficult decisions and choices which many times affect your family life. On several occasions there were incidents and emergencies that I had to attend to. This often happened during times where I planned to spend the day with family members or to go away on a trip or to just celebrate a special occasion like a birthday party or anniversary, and I would need to leave because duty calls.

Highlights of my career

In my career I’ve experienced and attended to many incidents serious and less serious but one that I will always remember is the Eersterivier flooding in 1992. During this incident my Supervisor, the late Mr. Ferdie Mostert and I, together with the City Law Enforcement and SAPS had to rescue an illegal liquor trader from the roof of his house. This incident is memorable as the victim refused to be rescued whilst the water level inside the house rose rapidly.

Elizabeth’s future plans

I’m really looking forward to starting a new phase of my life being a senior citizen and a student at the same time and believe that God willing I may make my dream a reality! My future plan is to embark on a new career path in fashion design with the applicable courses in January, 2014. At this point in time the reality of going on retirement, has not really struck I will however miss my colleagues a lot but it is good to know they will only be a phone-call away.

A proposed cooperation agreement that was under discussion includes several stakeholders namely Western Cape Disaster Management Centre, Department of Social Services, the City of Cape Town Disaster Risk Management Centre, as well as the University of the Western Cape. To broaden the scope of cooperation, Provincial Emergency Medical Services and Search and Rescue will be included at a later stage.

The Tulane University, with a delegation of two lecturers and 10 Masters Students, visited the Western Cape during the last week of August 2014 and indicated that they would like to have discussions on future cooperation. A planning team was called together to arrange the programme for the visit.

The representatives from the following institutions/departments formed part of the exercise:

Department of Social Development (DSD);
South African Red Cross Society (SARCS);
South African Social Security Agency (SASSA);
Department of Health/Emergency Management Services (EMS);
Cape Winelands Disaster Management Centre (CWDMC);
City of Cape Town Disaster Risk Management Centre (CoCTDRM);
Stellenbosch Disaster Management Centre (SDMC); and
Aurecon external service provider for disaster management.

Day 1 – Visit to WCDMC, Aurecon & SANCCOB:

Mr Colin Deiner (Head of WCDM) welcomed the students and Mr SW Carstens provided an overview of the Western Cape Disaster Management framework and policies, as well as how Disaster Management is implemented in the Western Cape.

Mr G Pillay of CoCTDRM played a video that provided an overview of the Metro’s practices, followed by a Q&A session with the students.

Mr N Rylands (WCDMC) provided a comprehensive risk profile of the Western Cape Province using Scientific and Community Risk
Assessment Methodologies. Mr N Van Rensburg of EMS provided the Disaster Medicine and Search & Rescue operation capabilities.

Mr NG Kwela (WCDMC) presented on one of the awareness campaigns that highlights mitigation strategies of fire & floods. This session was followed by Q&As.

The students visited Aurecon Head Office in Century City where Dr J Minnie as the Deputy President of DMISA presented on emerging practices in the private sector in resilience management.

The students also visited SANCOCB Seabird Rescue Centre, where they were informed about the great work the non-governmental institution is doing by assisting the disaster management agencies in rehabilitating sea birds.

Day 2 – visit to Khayamandi informal settlement, Stellenbosch and WCDMC:

The Fire Chief and Head of Stellenbosch Disaster Management Centre welcomed the students to his municipality and provided a brief overview of the roles and responsibilities in terms of disaster management and the importance of risk assessment (scientific and community based risk assessments). Ms P Zweig of Stellenbosch University gave a detailed presentation of community based risk assessment.

Students were given a brief presentation by Mr W Ndamase about the current situation of Khayamandi informal settlement situated in Stellenbosch, this followed with a walk through the settlement.

Upon return to WCDMC, the Department of Social Services Mr C Sauls presented the process of Social Relief and the roles of SASSA. Ms L Van Aarde of SARCS presented on the roles of SARCS and the different process that Red Cross Agency (RCA) practice in other countries, stating that each country has separate policies and the RCA follow the policies of the land/country.

Mr L Saunders of DSD presented on the importance of maintaining the sustainable livelihoods, and Ms S Kingsley of DSD presented on the roles and responsibilities in regard to expanded public works programmes.

The Tulane University thanked all stakeholders involved and stated that they will continue to formalise a more formal cooperation (working relationship) with the Department of Local Government – component Disaster Management and to establish visitations, as it was a fruitful exercise for their cause.

BIDDING FAREWELL TO Dr Alan Mac Mahon

Dr Mac Mahon is broadly recognized as the father of the Modern EMS in South Africa and has pioneered the establishment of many structures that was to become the precursor of the systems and services operating today.

These include the establishment of the volunteer Mobile Medical Squad in 1973 (that saw medical doctors responding to serious motor vehicle accidents), the opening of the first Ambulance Training College in South Africa in 1978, the METRO Rescue Service in 1979 and the first full-time advanced life support paramedics qualifying in 1982. Recently, Dr Mac Mahon was instrumental in the Western Cape’s preparedness for the 2010 FIFA World Cup and the establishment and development of the HealthNET service.

Western Cape Minister of Health, Theuns Botha, said he was very sad to hear of the passing of Dr Mac Mahon. “Wherever I move in EMS, everyone knew about Dr Mac Mahon and his achievements and initiatives, in particular for the HealthNet transport system. He placed our province as a leader in this regard. My sympathy and best wishes go to his family and those dear to him.”

Although Dr Mac Mahon has extensive experience as a leader within the broader health service, he is best known for his creativity, vision, and innovation in the Emergency Medical Services in South Africa. His energy and foresight resulted in the establishment of dedicated EMS Training centres, communication centres, vehicle design specifications, equipment specifications and the registration of the profession of Emergency Care with the then Medical and Dental Council.

The head of Western Cape Government Health Emergency Medical Services, Dr, Shaheem De Vries said: “Dr, Mac Mahon has been a willing and tireless servant of the Western Cape throughout his professional career and his death is a great loss to the WCGH EMS community. At this time our thoughts and prayers are with his family for whom we will always be tremendously grateful for sharing him with us. He will be sorely missed.”

Dr. Mac Mahon leaves behind his wife Jean, two daughters and two grandchildren.

The head of Disaster Management and Special Events, Dr. Wayne Smith said, “He was a mentor to many of the Emergency Medicine Doctors (past and present), a man of strong character and a clear mind who changed the way EMS developed in this country.

He has left the world a better place for his presence in it.”