

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

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

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

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

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

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