
Chapter 8: Emergency Management (EM)

The emergency management chapter

Emergency management aims to reduce the level of risk to the community from the occurrence of emergencies, reduce the adverse effects of emergencies, and improve the level and perception of safety in the community. This chapter reports on selected activities of State and Territory government fire services and ambulance services (with the latter defined as pre-hospital care, treatment and transport services). The chapter does not report on the total range of State and Territory emergency services.

Indigenous data in the emergency management chapter

The emergency management chapter in the *Report on Government Services 2003* (ROGS) contains the following data item on Indigenous people:

- Access to emergency air medical services, 2001.

Some jurisdictions have particular arrangements for the provision of fire services and ambulance services to Indigenous communities. (For more information on fire services provided to Indigenous communities see ROGS 2002, p. 572 and for more information on ambulance services provided to Indigenous communities in Queensland, see ROGS 2002, p. 574).

Indigenous access to air medical services

The national Australian Bureau of Statistics (ABS) Community Housing and Infrastructure Needs Survey (CHINS) reported that 51 per cent of the 841 Aboriginal and Torres Strait Islander communities located 100 kilometres or more from the nearest hospital reported having access to emergency air medical services in 2001. Access to emergency air medical services was reported for 88 per cent of the 57 222 people living in communities located 100 kilometres or more from a hospital (ABS 2002b).

By comparison, the 1999 CHINS survey indicated that 53 per cent of the 895 Aboriginal and Torres Strait Islander communities located 100 kilometres or more from the nearest hospital reported having access to emergency air medical services in 1999. Access to emergency air medical services was reported for 86 per cent of

the 59 056 people living in communities located 100 kilometres or more from a hospital (ABS 2000a).

The CHINS data were collected from Indigenous housing organisations and Indigenous communities, and are provided on a 'reported population' basis (ABS 2000a, 2002b). That is, survey respondents estimate the number of Indigenous communities with and without access to air medical services, and their population numbers. Data are based on perceptions, and are not validated against actual service availability in these communities. Data are also affected by difficulties with the identification of Indigenous people. Indigenous identification is incomplete, so the data need to be interpreted with caution.