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Australian Government
Department of Health

Australia's Domestic Health Response Plan for All-Hazards Incidents of National Significance

AUSHEALTHRESPLAN

Australian
Health
Protection
Principal
Committee

version 4.0
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Certificate of Amendment

This version amends and renames AUSTRAMPLAN to reflect an all hazards approach. The Australian Government Department of Health (Health) will review the Domestic Health Response Plan for All Hazards Incidents of National Significance (AUSHEALTHRESPLAN) as appropriate. Recommendations for amendments or suggestions for improvement may be made at any time to:

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Amendment No.	Issue Date	Amended By	Date
1	2011-11	Health, OHPRD, HEMB	2011-11
2	2018-07	Health, OHPRD, HEMB	2018-07
3	2018-10	Health, OHPRD, HEMB	2018-10
4	2021-11	Health, OHPRD, HEMB	2021-11

Authority

Australia's Domestic Health Response Plan for All-Hazards Incidents of National Significance (AUSHEALTHRESPLAN) was reviewed by the National Health Emergency Management Standing Committee (NHEMS) of the Australian Health Protection Principal Committee (AHPPC) in October 2021. AUSHEALTHRESPLAN was endorsed by the AHPPC in November 2021.

Section 1: INTRODUCTION

- 1.1 AUSHEALTHRESPLAN is the domestic health response plan for All-Hazards Incidents of National Significance (AHINS). The plan provides for an agreed framework and mechanisms for the effective national health coordination and response arrangements for AHINS with a particular focus on patient management and transfer, health workforce availability, and the provision of resources.
- 1.2 AUSHEALTHRESPLAN acknowledges that the primary responsibility for managing the impacts of a Major Incident (MI) with the potential for or resulting in significant health impacts including casualties and severe illness within their respective jurisdictions lies with the state and territory governments. Each jurisdiction has a mandate under state or territory emergency legislation for the prevention and, if they occur, management of emergencies and disasters including MIs.
- 1.3 AUSHEALTHRESPLAN does not negate or override normal jurisdictional command and control arrangements.
- 1.4 For the purpose of this plan, an AHINS is defined as a MI which results in a significant number of casualties (with significant or critical trauma injury) or cases (of communicable disease) requiring a health sector response. The absolute number of casualties or cases may vary and, due to combinations of geography and severity an AHINS, by definition, may have the potential to overwhelm local/regional/jurisdiction response resources.
- 1.5 An AHINS is a MI that requires consideration of national level health policy, strategy and public messaging or inter-jurisdictional assistance, where such assistance is not covered by existing arrangements. By their nature AHINS require national coordination with a focus on patient management and transfer, health workforce availability and the provision of resources.
- 1.6 An MI may transition into an AHINS when a jurisdiction's response capacity is predicted to be overwhelmed (either immediately or exhausted over time) or the MI has inherent complex political management implications above and beyond the routine jurisdictional clinical and operational management/response.
- 1.7 The AHPPC is the peak national health decision making body with the authority to plan, prepare and coordinate the national health response to significant incidents.
- 1.8 The national focal point for health coordination of an AHINS is Health's National Incident Centre (NIC).

Section 2: AIM AND OBJECTIVE

- 2.1 The aim of AUSHEALTHRESPLAN is to provide an agreed framework for the coordination and response arrangements for national health sector operations with a focus on patient management and transfer, health workforce availability, and the provision of resources in response to AHINS.
- 2.2 The objective of a response to an AHINS is to minimise the impact on the individuals affected, and the health sector of the affected jurisdictions.

Section 3: SCOPE

- 3.1 AUSHEALTHRESPLAN describes the domestic health response national coordination arrangements required within Australia due to the potential for, or in the event of, an AHINS.
- 3.2 It is acknowledged that Australia's health sector frequently functions at or near capacity with routine all-hazards cases. AHINS may occur even in the event of relatively small numbers of cases, depending on the type of hazard, particularly in regional and remote areas.
- 3.3 AUSHEALTHRESPLAN is not a plan for routine incidents which fall within the capacity of an individual jurisdiction.
- 3.4 All jurisdictions have surge plans to address health sector system capacity and capability requirements in circumstances of dynamic demand and resourcing.
- 3.5 AUSHEALTHRESPLAN can be activated in conjunction with other national level plans (see Section 4 Linkages to National Plans).

Section 4: LINKAGES TO NATIONAL PLANS

- 4.1 AUSHEALTHRESPLAN operates under the auspices of the *National Health Emergency Response Arrangements 2011* (the NatHealth Arrangements).
- 4.2 The Australian Government Disaster Response Plan (COMDISPLAN) provides the framework for addressing state and territory requests for Australian Government non-financial assistance arising from any type of emergency. COMDISPLAN is normally activated when Australian Government assistance is requested or likely to be requested.
- 4.3 AUSHEALTHRESPLAN can operate independently of COMDISPLAN. However, if COMDISPLAN is activated, AUSHEALTHRESPLAN acknowledges that the formal COMDISPLAN pathways and requests for national health sector assistance must follow the prescribed arrangements for COMDISPLAN in requests being directed from the nominated State Controller to EMA and EMA tasking to the relevant agency.

Section 5: ACTIVATION

5.1 Activation Authority

- 5.1.1 The Chair of the AHPPC (or nominated Health delegate) has the authority to activate AUSHEALTHRESPLAN on advice from AHPPC.

5.2 Triggers

- 5.2.1 The key triggers for activation of AUSHEALTHRESPLAN may include:
- Jurisdiction strategies to re-balance or mitigate the effect of increased demand across a health system either overall or at sub-speciality level (e.g. Intensive Care Unit (ICU)) are insufficient or are unlikely to be fully effective.
 - A domestic AHINS occurs where national coordination of health aspects is required.
 - A domestic MI occurs in a single jurisdiction and the affected jurisdiction requests assistance from the Australian Government in managing the health aspects of the MI.
 - An international MI occurs resulting in the activation of OSMASSCASPLAN.
 - Any other circumstances deemed necessary by the AHPPC.

5.3 Execution

- 5.3.1 Health, in consultation with AHPPC, may issue preliminary AUSHEALTHRESPLAN response activity messages.
- 5.3.2 Once AUSHEALTHRESPLAN is activated, the AHPPC can co-opt relevant clinicians or subject matter experts as required.
- 5.3.3 The NIC will advise relevant Australian Government and state and territory health services of the appropriate AUSHEALTHRESPLAN response activity. The NIC will provide agencies with Situation Reports (SitReps) for events that require activation and/or escalation of the plan.

Section 6: AUSHEALTHRESPLAN RESPONSE ACTIVITIES

6.1 Stages

- 6.1.1 The AUSHEALTHRESPLAN has three (3) stages: STANDBY, ACTION and STAND DOWN (**Table 1**).
- 6.1.2 The Australian Government Chief Medical Officer (CMO) (or nominated Health delegate), as Chair of AHPPC, has the authority to escalate and deescalate the AUSHEALTHRESPLAN through its stages, based on advice from the AHPPC.
- 6.1.3 The key actions for each stage are identified in the table below. The NIC will advise on changes to stages.

Table 1. AUSHEALTHRESPLAN Stages

Stage	Key Actions	Trigger
STANDBY	<ul style="list-style-type: none"> • Situational awareness and information flow maintained by the NIC through communication between affected and non-affected jurisdictions. • An emergency AHPPC teleconference may be convened at the CMO's request. • Jurisdictions identify available resources for the response. 	<ul style="list-style-type: none"> • Affected jurisdiction alerts the NIC of a potential or confirmed MI.
ACTIVE	<ul style="list-style-type: none"> • AHPPC convened to determine response. The CMO, on advice from AHPPC, will activate AUSHEALTHRESPLAN. • Response coordination undertaken as outlined in Section 8. • The deployment of Australian Government and/or jurisdictional assets to support the AHINS response as required. • Situational awareness and information flow maintained by the NIC through communication between affected and non-affected jurisdictions. 	<ul style="list-style-type: none"> • Request for assistance received from affected jurisdiction or tasking received from Australian Government.
STAND DOWN	<ul style="list-style-type: none"> • The CMO, on advice from AHPPC, will authorise the stand down of AUSHEALTHRESPLAN. • Facilitate ongoing health recovery processes that need national coordination. • Recovery and repatriation of deployed health teams and their equipment. • Ongoing monitoring as necessary to ensure repatriation of casualties or cases to home jurisdictions. • AHPPC to conduct an After Action Review with all relevant parties. 	<ul style="list-style-type: none"> • National coordination is no longer required.

Section 7: COORDINATION, COMMAND AND CONTROL

7.1 National Coordination Model

- 7.1.1 The AUSHEALTHRESPLAN National Coordination Model provides the coordination and connection between the Australian Government, AHPPC, NHEMS, State and Territory Health Emergency Operation Centres (EOCs) and State Coordination Centres (SCCs) or their equivalent.
- 7.1.2 Under AUSHEALTHRESPLAN, a nationally coordinated response will leverage off existing state and territory “business as usual” mechanisms to enable an emergency response.
- 7.1.3 AHPPC provides strategic decision making in planning a potential nationally coordinated health response. AHPPC does not have a command role under AUSHEALTHRESPLAN.
- 7.1.4 Health has the relationship with the state and territory health authorities through the AHPPC and standing committees including NHEMS. Health is the conduit and liaison with the CMO and state and territory Chief Health Officers (CHOs).
- 7.1.5 EMA is a member of NHEMS and the AHPPC and has the relationship with the state and territory SCC. EMA has authority for tasking jurisdictional capabilities through the SCCs. EMA is the conduit and liaison with SCCs.
- 7.1.6 AHPPC members may engage with respective NHEMS members or other appropriate experts, to gain advice on what assistance can be provided in the event of a nationally coordinated health response.

7.2 Jurisdiction command and control

- 7.2.1 The triage, management and movement of casualties or cases within and across jurisdictional borders is a clinical decision made and facilitated by the responsible jurisdictions’ health emergency management agencies, in consultation with the receiving jurisdiction’s health emergency management agencies, as per jurisdictional emergency response plans.
- 7.2.2 The affected jurisdiction’s Health EOC will be the single source of truth for health-related information (e.g. transfer of patients interstate).
- 7.2.3 Bilateral agreements between states and territories may not necessarily be pre-arrangements or written agreements. Under the NatHealth Arrangements there is an understanding between all parties that a jurisdiction may call upon another for assistance. There is no expectation or requirement that bilateral agreements are brokered or need to be exhausted before seeking support through national coordination (i.e. AUSHEALTHRESPLAN).
- 7.2.4 As with all incidents, the affected jurisdiction:
- controls the incident and the overall direction of jurisdictional response activities in an emergency, operating horizontally across agencies
 - coordinates the communication of information between all agencies; and
 - commands emergency response agencies in the response to an emergency, within their legislation and their emergency response arrangements with state and territory Health EOCs working in conjunction with SCCs.

National Coordination Model

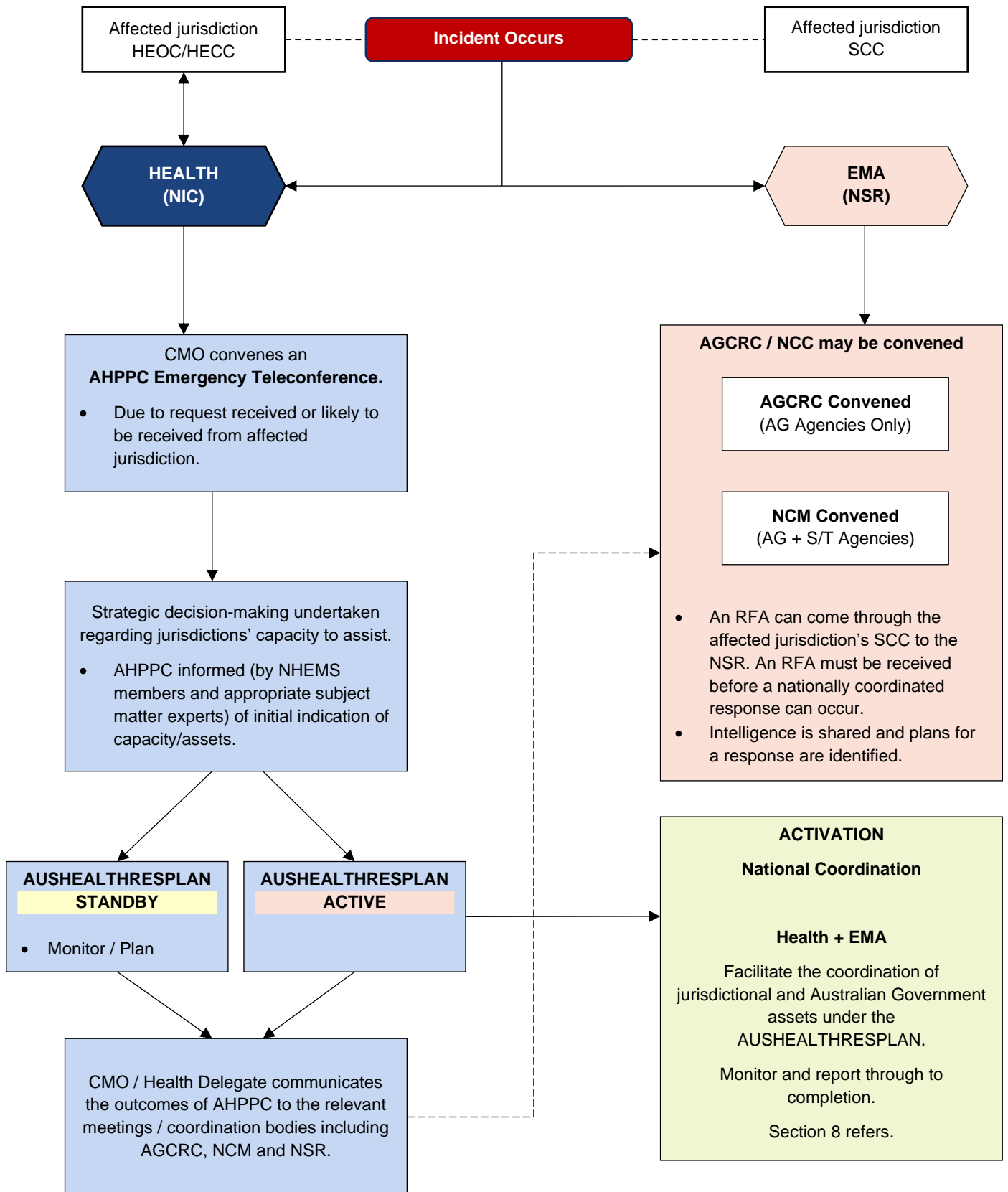


Figure 1. AUSHEALTHRESPLAN National Coordination Model

Section 8: RESPONSE COORDINATION

8.1 Mobilisation

- 8.1.1 This section provides further detail as reflected in the Activation of the National Coordination Model at **Figure 1**.
- 8.1.2 Following an AHINS national coordination of mobilisation services may be required to transfer patients, personnel and resources to other jurisdictions.
- 8.1.3 National coordination occurs after an AHPPC decision to activate the AUSHEALTHRESPLAN, Health will request EMA to coordinate the mobilisation in liaison with affected jurisdictions.
- 8.1.4 The scope of these arrangements will be subject to the affected jurisdictions need and will usually apply to the initial movement of patients, personnel and resources. Secondary movement may also be incorporated if the affected jurisdiction indicates a need for ongoing assistance.
- 8.1.5 This process does not replace the affected jurisdictions immediate response which will likely draw on bilateral relations with other jurisdictions. These arrangements are intended to be applied for AHINS when a gap has been identified by the affected jurisdiction.
- 8.1.6 A Health Liaison Officer (LO) may be deployed to form part of the Crisis Coordination Team (CCT) in EMA. The Health LO will act as the conduit between the Australian Government National Situation Room (NSR) and the NIC.
- 8.1.7 The CCT will facilitate an operational teleconference (Section 8.2), between jurisdictions with relevant participants, which will be co-chaired by EMA and Health. This teleconference is to facilitate national logistics coordination and does not replace or duplicate jurisdictional processes for triage, management and movement of casualties and cases. EMA will involve an experienced state or territory based aeromedical retrieval expert in the initial, and where necessary subsequent, operational teleconference to help guide aspects of this process.
- 8.1.8 As detailed in section 8.2.1, EMA will issue tasking for the deployment of assets and resources to assist the affected jurisdiction. The affected jurisdiction will coordinate mobilisation utilising the assets assigned as part of EMA tasking. For the purposes of this plan, tasking has the same meaning as it does in COMDISPLAN.
- 8.1.9 Appropriate representation from the jurisdictions will be determined by the jurisdiction's NHEMS member. It is the responsibility of NHEMS members to maintain contact lists for all jurisdictional health emergency response capabilities.
- 8.1.10 Representation from the affected and assisting jurisdictions may include:
- Health EOC/ECC
 - SCC as required
 - NHEMS member and other relevant jurisdictional contacts (e.g. retrieval transport coordinators, clinical specialists such as communicable diseases, burns and paediatricians, ambulance etc.).

8.2 Operational Teleconference

8.2.1 The outcomes of the initial operational teleconference should include:

- facilitating the development of a transport management plan, which includes:
 - identification of assets available to undertake the transfer or mobilisation tasks including normal aeromedical (including aircraft with or without crew), defence or other assets, as well as hospital bed capacity and ongoing transport to facilities
 - communication of timeframes for arrival of resources
 - arrangements for recording all movements
 - tasking by EMA
- ensuring effective information flow between affected and assisting jurisdictions, including allocation of capabilities to tasks.
- once a jurisdiction is tasked by EMA; the assisting jurisdiction will work with the affected jurisdiction to complete the transfer or mobilisation which will be coordinated by the affected jurisdiction.

8.2.2 There will be a need to conduct follow-up teleconferences to:

- provide status updates on:
 - availability or changes to additional aeromedical assets
 - changes to patient numbers to be moved
- seek solutions to issues or gaps identified
- communicate regularly to ensure shared understanding and consistent reporting with transfer or mobilisation transport coordinators.

8.2.3 Assisting jurisdictions will advise the affected jurisdiction of patient arrivals or changes to patient destinations.

8.2.4 The affected jurisdiction will advise the NSR upon completion of patient transfers to close off tasking.¹

8.3 Surge Capacity

8.3.1 The deployment of Australian Government and/or jurisdictional assets, including movement of health personnel, to support the AHINS response can be coordinated under COMDISPLAN.

8.4 Communications

8.4.1 This section relates to communication coordination at the national level under the AUSHEALTHRESPLAN. It describes principles for communication across a broad range of stakeholders involved in, and affected, by an AHINS. These include:

- communicating to the public
- reporting to government agencies and Ministers

¹ Jurisdictional assets are assumed to return to home jurisdictions unless otherwise pre-planned and agreed.

- communicating with jurisdictions before, during and after an emergency.

8.4.2 *Public Information*

- 8.4.2.1 Public information about national health measures will be coordinated through the CMO via the NIC.
- 8.4.2.2 Public information within the jurisdictions will be coordinated through their designated emergency management agency.

8.4.3 *Media Coordination*

- 8.4.3.1 Health, in consultation with the AHPPC, will be responsible for coordinating national media statements on the health aspects of the response to an AHINS.
- 8.4.3.2 Health will nominate a Media Liaison Officer (MLO), supported by the NIC, who will work in conjunction with the AHPPC to manage the release of public information.

8.5 Financial Considerations

- 8.5.1 All agencies in all jurisdictions involved in AUSHEALTHRESPLAN operations are expected, in the first instance, to cover any costs incurred. Details of expenditure should be recorded at all stages of AUSHEALTHRESPLAN operations by all agencies in each jurisdiction.
- 8.5.2 Requests for Assistance and Tasking Requests authorised under COMDISPLAN will have task specific financial arrangements detailed.
- 8.5.3 Internal agency authorisations for expenditure of funds and deployment of resources in response to AUSHEALTHRESPLAN activation are the responsibility of that agency and should be included in their agency plans.

Section 9: REVIEW

- 9.1 A process of exercising and review will be followed to ensure that this plan continues to match current needs and resources. This will be managed through the NHEMS work plan. The CMO, after appropriate consultation, may approve amendment to AUSHEALTHRESPLAN as needed to address administrative changes. Fundamental changes to the plan will be referred to the AHPPC for endorsement.

GLOSSARY AND DEFINITIONS

Term	Definition
Affected jurisdiction	A state or territory where an all-hazards incident has occurred (or is expected to occur).
Agency	A government or non-government agency.
All Hazards Incident of National Significance (AHINS)	<p>For the purpose of this plan an All Hazards Incident of National Significance (AHINS) is a Major Incident (MI) that requires consideration of national level policy, strategy and public messaging or inter-jurisdictional assistance, where such assistance is not covered by existing arrangements.</p> <p>A MI may transition into an AHINS when a jurisdictions response resources are or are potentially overwhelmed (either immediately or over time) or the MI has inherent complex political management implications such as the involvement of a large number of foreign nationals or complex logistical implications due to the geography of the incident location.</p>
Assisting jurisdiction	A state or territory able to provide support to an affected jurisdiction.
Australian Government Crisis and Recovery Committee (AGCRC)	The primary forum for coordinating the Australian Government response to, and recovery from, a major incident including consolidating information and coordinating information exchange, advising ministers and coordinating implementation of ministerial decisions and coordinating with states and territories to implement additional measures if needed.
Australian Government National Situation Room (NSR)	A dedicated facility provided by EMA, Department of Home Affairs that will coordinate the non-health specific consequence management arrangements of the incident. Tasking recommended by Health and the AHPPC will be actioned by the NSR. The NSR will liaise through the state and territory State Coordination Centres (SCCs).
Australian Health Protection Principal Committee (AHPPC)	Established in 2006 as the peak national health emergency management committee, with the authority to plan, prepare and coordinate the national health response to significant incidents.
Command	Refers to the direction of members and resources of an agency/organisation in the performance of the agency/organisation's roles and tasks. Authority to command is established by legislation or by agreement within the agency/organisation. Command relates to agencies/organisations only and operates vertically within the agency/organisation.

Term	Definition
Consequence Management	Measures taken to protect public health and safety. Restore essential government services and provide emergency relief to governments, businesses and individuals affected.
Control	Refers to the overall direction of the activities, agencies or individuals concerned. Control operates horizontally across all agencies/organisations, functions, and individuals. Situations or incidents are controlled.
Coordination	Coordination is the act of managing interdependencies between activities. In emergency management, coordination involves the bringing together of many organisations to pursue a common goal and to share resources, information, expertise, and decision making.
Crisis Coordination Team (CCT)	An internal team established within the NSR to undertake EMA's operational roles under the Australian Government Crisis Management Framework.
Crisis Management	Deliberate and immediate management for whole of Government consideration of policy, decision making and coordination for the prevention and/or resolution of situations/incidents, in order to maintain national security and confidence in Government. (Source: National Counter-Terrorism Plan).
Hazard	A potential or existing condition that may cause harm to people or damage to property or the environment. (Source: <i>Emergency Management Australia Glossary</i>)
Health Emergency Management Branch (HEMB)	Health Emergency Management Branch is responsible for prevention, preparedness and response activities related to national health emergencies and risks. These national health emergencies and risks include mass casualty events, communicable disease outbreaks, terrorism, and natural disasters. The branch also provides strategic advice to the Australian Health Protection Principal Committee (AHPPC).
Incident	A localised event, either accidental or deliberate, which may result in death or injury, or damage to property, which requires a normal response from an agency or agencies.
Liaison Officer (LO)	A person nominated or appointed by an organisation or functional area, to represent that organisation or functional area at a control centre, emergency operations centre, coordination centre or site control point. A liaison officer maintains communications with and conveys directions/requests to their organisation or functional area, and provides advice on the status, capabilities, actions and requirements of their organisation or functional area.

Term	Definition
Logistics	The range of operational activities concerned with supply, handling, transportation, and distribution of materials. Also applicable to the transportation and support of people.
Major Incident (MI)	An incident which results in a significant number of casualties or cases in a local, regional, or jurisdictional context. The absolute number of casualties may vary and due to combinations of geography and severity, an MI by definition, has the potential to overwhelm local/regional response resources.
Mobilisation	The act of marshalling and organising and making ready for use or action.
National Crisis Committee (NCC)	The primary forum for coordinating whole-of-government response to an incident of national significance including consolidation of information and coordination of information exchange, advice to ministers and coordination of ministerial decisions across the Federal, State and Territory governments.
National Health Emergency Response Arrangements (NatHealth Arrangements)	The principal document that outlines the, arrangements and the mechanisms through which the Australian government and states and territories cooperate to promote a nationally coordinated health sector response to incidents of national significance.
National Health Emergency Management Standing Committee (NHEMS)	NHEMS is a sub-committee of the Australian Health Protection Principal Committee (AHPPC), to address the operational aspects of disaster medicine and health emergency management in an all hazards context with a focus on Prevention, Preparedness, Response and Recovery.
National Health Emergency Response Arrangements	NHEMS is a sub-committee of the Australian Health Protection Principal Committee (AHPPC), to address the operational aspects of disaster medicine and health emergency management in an all hazards context with a focus on Prevention, Preparedness, Response and Recovery.
National Incident Centre (NIC)	An operational response capability located within Health. The NIC acts a conduit for response and recovery operations within Health and between state and territory health authorities, other Australian Government operations centres and the international health community.

Term	Definition
Preparedness	In relation to an emergency, includes arrangements or plans to deal with an emergency or the effects of an emergency. (Source: Emergency Management Australia Glossary) This may include establishing the plans, training, exercises, and resources necessary to achieve readiness for all hazards, including a MCI from trauma.
Prevention	Including disaster risk reduction, in relation to an emergency, includes the identification of hazards, the assessment of threats to life and property and the taking of measures to prevent potential loss to life or property.
Recovery	<p>In relation to an emergency, includes the process of returning an affected community to its proper level of functioning after an emergency. (Source: <i>Emergency Management Australia Glossary</i>)</p> <p>In this document, refers to all types of emergency actions dedicated to the continued protection of the public or promoting the resumption of normal activities in the affected area.</p>
Response	In relation to an emergency, includes the process of combating an emergency and of providing immediate relief for persons affected by an emergency. Executing the plan and resources identified to perform those duties and services to preserve and protect life and property.
State/Territory Health Emergency Operations / Coordination Centre (HEOC/HECC)	A dedicated (health) control facility from which a state/territory response will be coordinated.
Triage	The process by which casualties are sorted and prioritised according to their need for first-aid, resuscitation and emergency transport.

ABBREVIATIONS AND ACRONYMS

Abbreviation	Definition
AG	Australian Government
AHINS	All Hazards Incident of National Significance
AHPPC	Australian Health Protection Principal Committee
CCT	Crisis Coordination Team
CHO	Chief Health Officer (or equivalent) of a state or territory
CMO	Australian Government Chief Medical Officer
COMDISPLAN	Australian Government Disaster Response Plan
EMA	Emergency Management Australia (Department of Home Affairs)
HEOC	State / Territory Health Emergency Operations Centre
Home Affairs	Department of Home Affairs
Health	Australian Government Department of Health
NHEMS	National Health Emergency Management Standing Committee
NIC	National Incident Centre
NSR	National Situation Room
OSMASSCASPLAN	Australian Government Response Plan for Overseas Mass Casualty Incidents.
RFA	Request for Assistance