Domestic Health Response Plan for Chemical, Biological, Radiological or Nuclear Incidents of National Significance

Health CBRN Plan

November 2018

Certificate of Amendment

The Department of Health (Health) will review the Domestic Health Response Plan for Chemical, Biological, Radiological or Nuclear Incidents of National Significance (Health CBRN Plan) as appropriate. Recommendations for amendments or suggestions for improvement may be made at any time to:

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Information on the current version can be obtained from the Department of Health Website http://www.health.gov.au.

Amendment No	Issue Date	Amended By	Date

Authority

The Health Chemical, Biological, Radiological or Nuclear Incidents of National Significance Plan (Health CBRN Plan) was developed by the Department of Health, in collaboration with the National Health Emergency Management Standing Committee (NHEMS) of the Australian Heath Protection Principal Committee (AHPPC). The Health CBRN Plan was endorsed by the AHPPC on 1 November 2018.

The Health CBRN Plan has been developed under the auspices of the *National Health Emergency Response Arrangements* (NatHealth Arrangements 2009).

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Chief Medical Officer
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Contents

1 Context

1.1 Overview

Under the Australian Constitution, the primary responsibility for managing the impact of a chemical, biological, radiological and nuclear (CBRN) incident within their jurisdiction lies with the affected state or territory government. This includes prevention, preparedness, response and recovery.

When national coordination is needed to manage a CBRN emergency, this is achieved through cooperation and collaboration. This plan, the Domestic Health Response Plan for Chemical, Biological, Radiological, or Nuclear Incidents of National Significance (Health CBRN Plan), sets out the agreed mechanisms through which coordination of a national health response to a CBRN incident of national significance (CBRNINS) will occur.

1.2 Aim

This document aims to promote more effective planning, better preparedness, and a more rapid, integrated and consistent health response to a CBRNINS.

Increased preparedness and coordinated support will also help to minimise the impact of a CBRNINS on the health system of the affected jurisdiction(s), support scaling up of the jurisdictional response, when needed, and ensure individuals affected by the event have access to optimal medical care.

1.3 In scope

This plan is confined to domestic CBRNINS and focused on the activities of the health sector. However, as CBRNINSs are likely to involve a number of agencies, it also seeks to place health sector activities within the context of an overall response.

For the purposes of this plan, **a CBRN incident is defined as an incident which involves the threatened or deliberate release** of a chemical, biological or radiological agent or activation of a nuclear device, which is intended to cause harm to people, animals/plants, property or the environment. The intent to harm may relate to a political, ideological, criminal or revenge motivations.

This plan is primarily aimed at a threatened or deliberate release. However, as the aspects related to the management of health issues remain the same, these arrangements can also be used as a model for accidental incidents, though some roles and responsibilities will

change. Similarly, though focused on domestic incidents, aspects of this plan may be applied to inform the Australian health response to an international incident.

In some cases it may initially be unclear whether an incident is deliberate or not. This plan may be activated on the suspicion that an act is deliberate or may be deliberate.

A CBRN incident of national significance (CBRNINS) is a CBRN incident with one or more of the characteristics below. The incident

- requires coordination of inter-jurisdictional assistance;
- requires assistance from the Australian Government;
- involves multiple jurisdictions;
- is of a scale and complexity likely to require development of a consistent national approach;
- threatens Australian Government personnel, assets, resources or interests;
- requires a nationally coordinated approach to public messaging; or
- elicits a community expectation of national leadership.

The scale will be a factor in determining whether a CBRN incident has national significance. A relatively small CBRN incident may have the potential to overwhelm local/regional response resources. This may be due to the location of the event (for example in regional or remote areas), the nature of the agent, the level of media interest, community concern or the current capacity of the health system. It is acknowledged that Australia's health system frequently functions at or near capacity.

The Australian Health Protection Principal Committee (AHPPC) will determine, in consultation with the relevant state, territory or Australian Government agencies, when a CBRN incident has transitioned into a CBRNINS.

1.4   Out of scope

The following are outside the scope of this plan:

- CBRN incidents which can be managed at a jurisdictional level;
- deployment, command, control or coordination of the affected jurisdiction's own resources;
- rescue, medical care or coordination of resources at the incident site;
- forensic investigation or crime prevention activities related to the incident;
- notification processes involving jurisdictional police, emergency services or support agencies;

- movement of resources, personnel and equipment provided under this plan after arrival at a jurisdictional reception centre;
- rehabilitation of the incident site and community recovery activities; and
- management overseas of CBRN incidents (domestic implications may be managed under this plan).

1.5 Activation authority

The Chief Medical Officer (CMO), as Chair of the AHPPC (or nominated delegate), has the authority to activate the Health CBRN Plan.

1.6 Target audience

The Health CBRN Plan is intended for use by Australian, state and territory government health agencies involved in managing or supporting a response to a CBRNINS. This includes health authorities, ambulance services, the Department of Health, the Australian Radiological Protection and Nuclear Safety Agency (ARPANSA) and the Australian Nuclear Science and Technology Organisation (ANSTO). This plan may also be a useful guide for health pathology and laboratory activities during a CBRNINS for other agencies involved in the overall response.

1.7 Background

CBRNINS in this Plan are considered to be deliberate acts perpetrated to cause harm through criminal or terrorist activities. They may be subdivided according to their use of chemical, biological, radiological or nuclear materials.

Responding to incidents motivated by malicious intent have some unique security and criminal investigation ramifications. These include:

- the need for law enforcement/fire services to secure the scene may mean some delay in access for health services;
- the need for health services to be sensitive to investigative needs, especially preservation of evidence, and to work with investigators*; and
- restrictions on the sharing of information.

*Further information regarding this is available in the Protocols for evidentiary recovery by health professionals.

It is important to note that in many instances, it will be unclear as to whether the incident is deliberate or accidental. Until that determination can be made, it is necessary to treat the incident as if it was a deliberate act, and the application of this plan may be appropriate.

Regardless of the details of the incident, the types of activities undertaken under this plan are likely to be the same:

- national coordination of health resources, including support for surge capacity;
- provision of health advice;
- provision of health expertise;
- sharing of information; or
- development of nationally consistent public health messaging.

AHPPC will be the principal authority in coordination of all of these activities.

The specifics of the incident will determine:

- what resources are required;
- who will provide advice;
- what expertise is needed and from where it can be sourced;
- the parties sharing and requiring information;
- the security level of the information;
- the level of public concern; and
- the key messages and who will provide them.

The health impact will be determined by the agent, concentration of the agent, the route of exposure, the rate of exposure and the transmissibility/potential for spread of the agent or contamination of others. Potential routes of exposure include:

- inhalation;
- ingestion (further information available in Annex 2);
- irradiation;
- dermal exposure through intact or non-intact skin; and
- injection (if the skin is penetrated or punctured by contaminated objects.)

The method of dispersing the agent will determine the level of contamination to the environment and to people, and the route of exposure.

For all CBRNINS, the mental health requirements of casualties, people who have been exposed and responders should be considered. There may also be an impact on those not directly affected, including the community in general, due to the deliberate nature of the

incident. The 'worried well' are also likely to be a significant factor in the response, placing potentially considerable pressure on first responders and the health system.

Table 9 in Annex 3 outlines some of the key aspects specific to different types of agent.

2 Governance

A CBRNINS in this plan involves the deliberate or potentially deliberate release of a chemical, biological or radiological agent or activation of a nuclear device in order to cause harm to people. Management of a CBRNINS requires a multi-agency response, involving a combination of crisis and consequence management activities, implemented by a number of different agencies.

2.1   CBRN incidents

Operational Responsibility: If a CBRN incident occurs, the primary operational responsibility, either for a criminal or a terrorist incident, will lie with state and territory governments and their agencies. Command and control of the response will be determined by the jurisdictions' legislative arrangements and is usually the responsibility of the police agency.

Health sector response: The health sector activities related to the incident at a jurisdictional level will be managed by jurisdictional health agencies.

2.2   CBRN incidents of national significance

Operational Responsibility: For most CBRNINS, the jurisdictional police force will be the lead agency.

When national resources, coordination or communications are required, Australian Government agencies will augment jurisdictional arrangements. The Australian Government response will be coordinated through the Australian Government Crisis Committee (AGCC). Coordination between the Australian Government and States and Territories will be conducted through the National Crisis Committee (NCC).

For terrorist situations, responsibility for the first response belongs to the affected State or Territory Government. However, if the incident is likely to impact Australian Government interests or have national implications, and require broad policy and strategic coordination, the affected jurisdiction and the Australian Government may agree the incident constitutes a National Terrorist Situation (NTS).

In a NTS the Australian Government may augment the jurisdictional response by providing leadership in areas such as:

- strategic issues;
- policy settings beyond the authority or scope of the affected jurisdiction (e.g. aviation security settings at designated airports);

- public information;
- Australian Government agency support and/or;
- communication (e.g. international engagement/liaison.)

A detailed list of State, Territory and Australian Government responsibilities for counter-terrorism policy and related security response, as outlined in the National Counter-Terrorism Plan (NCTP), is available at Annex 5.

The Australian Government Crisis Management Framework (AGCMF) outlines the arrangements enabling the Australian Government's 'all hazards' crisis management approach, along a continuum of prevention, preparedness, response and recovery. In a terrorist incident which requires a whole-of-government response, the Australian Government response will be led by the Department of Home Affairs (Home Affairs). If health aspects are prominent, Health may act as co-lead.

Health sector response: Use of national health resources, coordination, communication or other circumstances outlined in Section 1 of this plan, will by definition make the incident a CBRNINS and arrangements in this plan may be activated.

When AHPPC determines, or is advised, that a CBRN incident is a CBRNINS and requires a national health response, Health will assume the role for coordination of the national health response. AHPPC will coordinate planning and implementation of the national health response, provision of high level advice to the health workforce and public messaging.

The CMO or their nominated delegate, will lead coordination of the national health response through AHPPC. The CMO may be considered the National Health Controller and will take responsibility for implementing the decisions agreed at AHPPC meetings, including coordination of resources, until their arrival at the jurisdiction's reception centre. The jurisdictional health department will maintain responsibility for coordinating state or territory health planning and operations and the interface between the jurisdictional health response and the national response.

2.3   Agency responsibilities

Within this governance framework, agencies will have discrete responsibilities. Clarity in this area, both between the states and territories concerned, and between the states and territories and the Australian Government, will support implementation of an effective response.

Table 1 below sets out key responsibilities of health sector agencies. Table 2 outlines key responsibilities of other agencies which will have a significant role in overall management of

the incident. Key communications responsibilities are summarised in Table 8 in the Communications section of this plan.

Table 1: Health sector responsibilities

Agency/Committee	Responsibilities in a CBRNINS
State/territory Health Department (affected jurisdiction)	Coordinate state or territory government planning and operational activity: • manage the health response to the incident; • maintain essential health services to the community; • manage pre-deployed National Medical Stockpile (NMS) items, including transport and dissemination; • ensure the security of health facilities staff and assets; • identify gaps and vulnerabilities in the jurisdictional health response and the impact of these gaps on health services; • liaise with the Australian Government through AHPPC and Health National Incident Room (NIR); • provide and seek expert advice to and from the Australian Government if required; • request additional NMS items if required; • integrate support from other jurisdictional agencies and the Australian Government into the health response; • ensure health responders are mindful of and compliant with forensic investigation and crime prevention activity requirements; • anticipate and plan for future needs in the management of the incident. Provide this advice to other participating agencies; • maintain the capacity in hospitals and other health facilities to manage mass casualty medical care; • manage psychosocial health issues.

Agency/Committee	Responsibilities in a CBRNINS
Ambulance Service	• Provide onsite medical support for incident responders; • coordinate transport to the sites of incidents for medical teams brought in from outside the jurisdiction to assist with the CBRNINS; • manage on site medical teams if required; • maintain essential ambulance services to the community.
State/territory health authority (non-affected jurisdiction)	• Identify and make available medical staff, specialists and resources for use by the affected jurisdiction; • assist the Department of Health with coordination of nationally available health resources; • receive and provide medical treatment to casualties brought into the jurisdiction; • provide expert advice to the Australian Government if required; • maintain essential health services to the community.
Australian Government Department of Health	• Maintain the National Incident Room (NIR) to act as the contact point for national health coordination; • assist the affected jurisdiction by establishing a national coordination and communication capability; • support coordination of national health resources through AHPPC.
Australian Government Department of Health (cont.)	• Coordinate the provision of Australian Government health, scientific and technical resources. • liaise with other Australian Government agencies; • liaise with the international health community; • maintain the National Medical Stockpile (NMS).

Agency/Committee	Responsibilities in a CBRNINS
Australian Health Protection Principal Committee (AHPPC)	Plan, prepare and coordinate the national health response: • oversight the development of plans and arrangements to manage a CBRNINS; • provide national leadership in the development of consistent management approaches across jurisdictions; • coordinate the provision of health resources from and to jurisdictions; • plan resource use to meet the developing needs of the incident; • provide nationally coordinated health communication consistent with Section 4 of this plan.
Communicable Diseases Network Australia (CDNA)	• Provide advice to AHPPC concerning biological agents; • share and evaluate communicable disease surveillance; • provide advice on emerging issues related to communicable diseases.
Environmental Health Committee (enHealth)	• Provide environmental health expertise and support for AHPPC's emergency management role; • facilitate provision of advice concerning site decontamination; • share information and practical resources related to environmental health.
National Health Emergency Management Standing Committee (NHEMS)	• Provide advice on the health-related aspects of operational response to AHPPC.

Agency/Committee	Responsibilities in a CBRNINS
Public Health Laboratory Network (PHLN)	• Provide a mechanism for early warning and advice on the detection of new, emerging and rare infectious diseases; • provide nationwide access to a comprehensive range of pathology and laboratory services for the control of communicable diseases; • provide strategic advice to AHPPC; • ensure optimal use of existing pathology laboratory resources.
National Critical Care and Trauma Response Centre (NCCTRC) (Royal Darwin Hospital)	• Provide additional medical support through AUSMAT system, when requested; • act as a stabilisation hub for a CBRNINS in Northern Australia or overseas.
Australian Biosecurity Laboratory Network (ABLN)	• Develop and maintain nationally-consistent guidelines for the detection, characterisation and surveillance of biological threat agents; • provide advice to AHPPC on the detection, identification and response to biological agents; • advise on funding and resources needed to address laboratory capacity and capability related to biological threat agents.
Australian Biosecurity Laboratory Network (ABLN) (cont.)	• Monitor emerging biosecurity risks (at the request of AHPPC); • serve as a first point of contact for all jurisdictional and national issues relating to laboratory diagnosis or surveillance of biological threat agents; • serve as a link to relevant key national, jurisdictional and international law enforcement agencies and laboratories.

Agency/Committee	Responsibilities in a CBRNINS
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	• Provide specialist technical and health safety advice on radiation and nuclear matters, and liaise with other Australian Government and international radiation agencies; • provide radiation emergency response, consisting of technical capabilities such as modelling and mapping, and deployable response teams to enhance State/Territory capacity; • provide specialist selected radiation laboratory services.
Food Standards Australia New Zealand (FSANZ)	• Provide advice to AHPPC concerning potential for and management of contaminated food products; • coordinate food recall/s.
Australian Red Cross Blood Service (ARCBS)	• Coordinate distribution of blood and blood products to an affected jurisdiction. • manage continuity of supply of blood and blood products to jurisdictions for other purposes.
Australian Red Cross and other Non-Government Organisations.	• Provide recovery services. • manage financial appeals. • through the Register. Find. Reunite. system provide basic details on the whereabouts of people affected by an emergency to their family, friends and loved ones and to approved authorities supporting the emergency response and recovery.
Poisons Information Centres	• Provide high quality, up-to-date and evidence-based information regarding the risk assessment, management and treatment of human poisoning to the general public and health care professionals.

Table 2: Non-health sector agency responsibilities

Agency/Committee	Responsibilities in a CBRNINS
Police	Undertake primary operational responsibility for the incident; • provide intelligence and technical advice to first responders and other government agencies; • conduct incident investigation; • conduct disaster victim identification; • forensic laboratories provide rapid preliminary identification of chemical releases involving non-CWA agents including toxic industrial chemicals, and other toxic and noxious chemicals.
Emergency Management Australia (EMA), Department of Home Affairs	• Accept and coordinate tasking from AHPPC to support the health response; • coordinate the Australian Government response to national security threats or incidents; • plan and coordinate the provision of Australian Government non-financial assistance to jurisdictions under the Australian Government Disaster Response Plan (COMDISPLAN); • coordinate the movement of national health assets to areas of need if jurisdictional/ commercial transport is unavailable; • contribute to coordination of Australian Government social and community recovery arrangements.
Australian Nuclear Science and Technology Organisation (ANSTO)	• Provide training and equipment calibration; • provide specialist advice on radiation and nuclear threats/incidents; • liaise with other Australian Government and international radiation agencies; • deploy response teams to enhance State/Territory capacity; • provide specialist radiation laboratory services.

Agency/Committee	Responsibilities in a CBRNINS
Australian Defence Force (ADF) (including Special Operations Engineering Regiment (SOER)	• Provide ADF representation to the AHPPC; • provide logistical support. (Assistance may be provided through activation of COMDISPLAN).
Chemical Warfare Agent Laboratory Network (CWALN)	• Provide the capacity to analyse low risk samples suspected of containing chemical contamination in order to confirm or exclude the presence and extent of contamination. (Positive results will be regarded as preliminary and will need to be confirmed by DSTG.) • provide advice as to appropriate sampling and analysis options for a chemical release.
Defence Science and Technology Group (DSTG)	• In support of Defence and national security, provide scientific advice, technical and laboratory support. • as a lead agency in the CWALN, provide definitive analysis of samples containing chemical warfare agents.
State and Territory Departments of Agriculture	• Monitor for biosecurity implications for human health.
Department of Agriculture and Water Resources (DAWR)	• Implement biosecurity measures at international borders.
State Recovery Agency (Human/Community Services Department or equivalent)	• At the jurisdictional level, coordinate the provision of recovery services by Australian Government agencies; • contribute to the coordination or support of community relief and recovery activities provided by Australian Government agencies.
Australian Government Disaster Recovery Committee (AGDRC)	• Coordinate whole of government (WoG) recovery operations.

Agency/Committee	Responsibilities in a CBRNINS
Commonwealth Scientific and Industrial Research Organisation (CSIRO)	• Provide access to the resources of the Australian Animal Health Laboratory (AAHL).

3   Using this plan

3.1   Relationships with other plans

The Australian Government Crisis Management Framework (AGCMF) sets out the responsibilities of ministers and officials managing domestic and international crises that require Australian Government assistance or coordination. The roles and responsibilities outlined in the CBRN Plan are consistent with the AGCMF.

The highest level health sector emergency plan is the *National Health Emergency Response Arrangements 2009* (NatHealth Arrangements), which broadly sets out how the Australian Government and State and Territory Governments will work together to manage health emergencies. The NatHealth Arrangements sets out four plans, which have been developed to manage health emergencies of different types. The Health CBRN Plan is one of these.

Diagram 1 National Health Emergency Response Arrangements Planning diagram
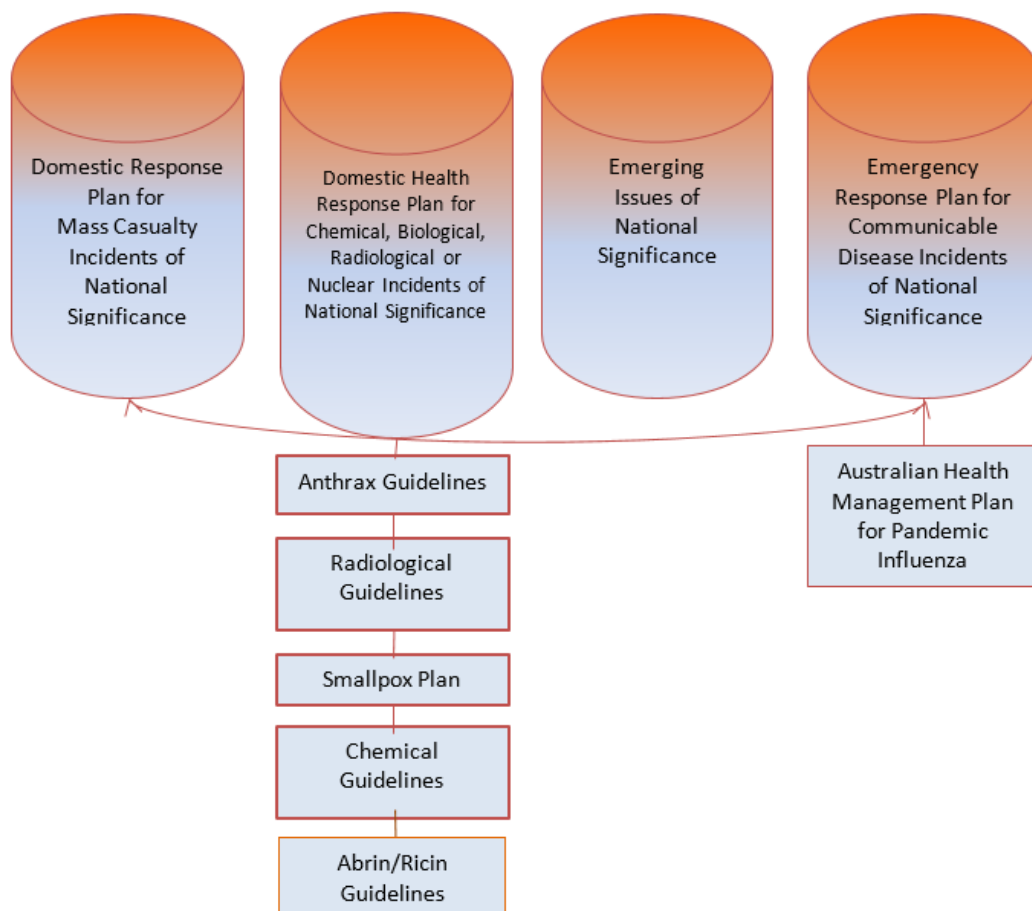
Under the four plans outlined in the NatHealth Arrangements, hazard specific plans, such as the Smallpox or Anthrax plan, may provide more technical detail.

The Health CBRN Plan will not operate completely independently. State and Territory Governments will have jurisdictional plans in place for the management of health emergencies and CBRN incidents specifically. Intra and interstate arrangements such as health system surge and shift arrangements may be called upon, as may mutual aid arrangements with neighbouring jurisdictions. These plans may be put into practise prior to designation of a CBRN incident as one of national significance, or the nature of the incident may mean they are enacted concurrently. The purpose of the Health CBRN Plan is to provide additional health system support and coordination to augment these jurisdictional arrangements.

The Health CBRN Plan may operate independently of other national plans. For example, a criminal act might result in a request for inter-jurisdictional health sector assistance. This might be coordinated under this plan. The activities undertaken would be coordinated with the jurisdictional response, but may not operate in conjunction with a broader national plan.

It is likely, however, that the CBRN Plan will operate concurrently with other national level plans. The most likely of these are COMDISPLAN and the National Counter-Terrorism Plan (NCTP).

COMDISPLAN outlines the coordination arrangements for the provision of Australian Government non-financial assistance in the event of a disaster or emergency within Australia or its offshore territories.

The authority to request Australian Government non-financial assistance under COMDISPLAN is vested in one nominated official in each jurisdiction. In their absence, the officer performing their role holds this delegation.

The National Counter Terrorism Plan (NCTP) is an agreement between the Australian Government and states and territories, outlining the responsibilities, authorities and mechanisms to prevent or manage acts of terrorism and their consequences within Australia or its offshore territories. It was established by the Australia- New Zealand National Counter-Terrorism Committee (ANZCTC). In the event of a CBRN related terrorist attack, coordination arrangements set out in this plan will operate within the broader framework outlined in the NCTP. The National Counter-Terrorism Handbook (NCTH) provides operational information on the implementation of the NCTP, particularly in relation to identified roles and functions of Health and the AHPPC, and to the maintenance of information security and critical infrastructure protection.

A CBRN incident may include a range of injuries, including severe burn injuries. The national management of severe burn injuries requires specific considerations for effective response

and optimal care. The coordination of mass burn casualty incidents may require the activation of AUSTRAUMA Plan.
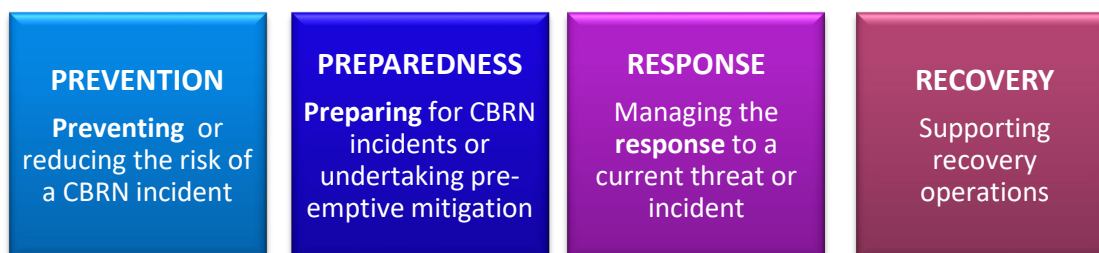
Where a nationally coordinated response transferring patients inter-state is required under the AUSTRAUMAPLAN, this will leverage off existing State and Territory "business as usual" mechanisms.

The Department of Agriculture coordinates AUSVETPLAN, the national plan for dealing with exotic animal disease emergencies. Health has no operational responsibilities under this plan, but may provide assistance to the States and Territories under COMDISPLAN in support of AUSVETPLAN operations.

3.2   Authority to request assistance

A request for assistance by a state or territory under this plan must come from either the jurisdictional Chief Health Officer or their nominated delegate.

3.3   Stages

PREVENTION	PREPAREDNESS	RESPONSE	RECOVERY
Preventing or reducing the risk of a CBRN incident	**Preparing** for CBRN incidents or undertaking pre-emptive mitigation	Managing the **response** to a current threat or incident	Supporting recovery operations

To assist planning, management of CBRNINS will be a staged process. Australian Governments follow the comprehensive approach to emergency management and look at emergencies as part of an ongoing cycle of activities in the four areas of:

- Prevention;
- Preparedness;
- Response; and
- Recovery.

Management of CBRNINS under this plan will comply with this approach. The need for coordination of activities at a national level is most likely to be relevant during the response stage.

To facilitate the more detailed planning required, response activities are divided into three stages:

- Standby;
- Action;
- Standdown.

The Health NIR will advise relevant Australian Government and state and territory health authorities of changes in Health CBRN Plan stages.

3.3.1　Prevention

Under the Australian Constitution, prevention of a CBRNINS is largely a state and territory responsibility. Jurisdictions have plans in place to manage CBRN incidents and health emergencies and maintain appropriate resources to do this.

At the Australian Government level, to limit opportunities for acts of bioterrorism or biocrime using harmful biological agents, Health manages the Security Sensitive Biological Agents (SSBA) Regulatory Scheme under the *National Health Security Act 2007*, and the *National Health Security Regulations 2008*. This scheme includes standards for the handling and transport of samples from affected animals or persons. The scheme serves to limit access to biological agents of security concern.

ARPANSA also maintains the *Code of Practice for Security of Radioactive Sources,* which aims to decrease the likelihood of unauthorised access to radioactive sources by persons with malicious intent. It is implemented through specific regulation by state/territory radiation regulatory authorities.

Australia is also bound by international conventions such as the Chemical Weapons Convention. Control of scheduled chemicals is administered through the Australian Safeguards and Non-proliferation Office (ASNO).

3.3.2　Preparedness

A range of preparedness, response and recovery activities may be enacted under this plan. Tables 3–7 provide a summary of priority activities in each stage.

It is possible that an affected jurisdiction, which has managed a CBRN incident without external support for the acute response, may require health support during the recovery phase. This may be accessible through the Health CBRN Plan.

Table 3

Preparedness Ongoing	
State/territory health authority	• Establish a jurisdictional health Emergency Operations Centre (EOC) or equivalent; • Develop and maintain plans to manage the health response to CBRN incidents; • Collaborate through key committees, such as CDNA and PHLN, to develop and maintain national plans to manage the health response to communicable diseases; • Consult with Australian Government representatives • to refine the national Health CBRN plan; • Develop and implement CBRN response training programs for health-care workers and emergency workers who would be called upon to respond to an incident; • Establish and maintain hospital decontamination and protective equipment resources and procedures; • Establish a mechanism to rapidly identify capacity for surge in the event of a CBRN incident; • Establish and maintain laboratory capacity to detect and identify biological threat agents, as agreed by PHLN, or have agreed arrangements with other jurisdictions with appropriate laboratory capacity; • Maintain a list of health facilities/resources and their CBRN response capabilities; • Manage pre-deployed NMS items and jurisdictional stockpile items; • Develop and review health specific jurisdictional counter-terrorism plans (or health aspects of broader counter-terrorism plans) in consultation with police. • Develop and maintain plans and logistical support for rapid distribution of antibiotics, vaccines, antidotes, decorporation agents and Personal Protective Equipment (PPE) as required.

Preparedness Ongoing	
Ambulance service	• Establish and maintain plans/ SOPs to support engagement in CBRNINS; • Develop and implement CBRN response training programs.
Australian Government Department of Health	• Consult with state and territory representatives and develop the national Health CBRN Plan: • Develop and maintain arrangements to coordinate a CBRNINS; • Encourage national consistency and interoperability of key national level CBRN incident capabilities; • As part of the NMS, establish and maintain stocks of determined antidotes, antibiotics, vaccines and treatments and pre-deploy them to each state and territory; • Develop and maintain plans and logistical support for rapid deployment of additional NMS items as required. • Develop and maintain awareness of availability of items which may be used in a CBRN response, such as antibiotics, vaccines, antidotes, decorporation agents and PPE; • Connect the health sector to the security intelligence framework by ensuring there is appropriate health representation on relevant committees, engaging in national exercises and monitoring WoG intelligence information; • Connect the health sector to the security intelligence framework by ensuring that appropriate health personnel have relevant security clearances; • Ensure availability of capacity/capability to detect biological agents of public health/security concern.

Preparedness Ongoing	
Australian Health Protection Principal Committee (AHPPC)	• Provide advice to the Australian Health Ministers' Advisory Council (AHMAC) on Australia's preparedness for health emergencies and approaches to addressing any gaps in capability.
Public Health Laboratory Network (PHLN)	• Develop guidance on testing methodologies, containment methods, transport and packaging for agents of security concern.
Australian (Counter) Bioterrorism Laboratory Network (ABLN)	• Develop and maintain nationally-consistent guidelines for the detection, characterisation and surveillance of biological threat agents; • Advise on funding and resources needed to address capacity and capability related to biological threat agents. • Provide laboratory capacity.
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	• Convene the Radiation Health Committee; • Maintain the Australian Radiation Incident Register. • Maintain and staff the Radiation Emergency Coordination Centre 24/7; • Act as national contact point for to the IAEA Incident and Trafficking Database.
Chemical Warfare Agent Laboratory Network (CWALN)	• Convene yearly meeting to discuss current & emerging chemical threats • Act as expert panel on chemical threats and their mitigation • Perform analysis of CWAs and other toxic chemicals in states and territories

3.3.3 Response

Table 4

Standby Trigger: Notification of a major incident/threat or the likelihood of a request for assistance (noting that during standby for the CBRN plan it is likely the affected jurisdiction will already be actively responding to the incident)	
State/territory health (affected jurisdiction)	- Manage health aspects of the incident; - Activate the state Health/CBRN plan; - Liaise with other jurisdictional agencies; - Prepare communications materials, including ministerial briefing; - Monitor health system capacity; - Request items from the NMS if required; - Provide a report on the situation at AHPPC teleconference; - Activate health emergency operations centre; - Report radiological incidents to ARPANSA.
Ambulance service	- Establish ambulance EOC; - Manage pre-hospital response.
State/territory health (non-affected jurisdiction)	- Consider availability of resources, including staff and equipment; - Participate in AHPPC teleconferences to provide resource information and coordinate cross-jurisdictional assistance.

Standby Trigger: Notification of a major incident/threat or the likelihood of a request for assistance (noting that during standby for the CBRN plan it is likely the affected jurisdiction will already be actively responding to the incident)	
Australian Government Department of Health	• Liaise with the affected jurisdiction; • Place NIR workforce on standby; • Alert AHPPC members to the potential need to respond; • Convene an AHPPC teleconference to provide briefing on the situation, consider potential needs and determine resource availability; • Activate CBRN Plan and/or AUSTRAUMAPLAN, on advice from AHPPC; • Liaise with other Australian Government agencies; • Develop and distribute SitReps and ministerial briefing and disseminate to other agencies as appropriate; • Commence operational planning; • Assess the adequacy of NMS stocks, and obtain additional supplies if necessary; • On approval of the CMO, deploy additional supplies of the stockpile as required to strategic locations as identified by state/territory health authorities; • If a vaccine is available, assess the adequacy of vaccine stocks, and obtain additional supplies if necessary; • Review and update the summary information on case detection, diagnostic testing, clinical management, and infection control; • Notify relevant reference laboratories.
AHPPC	• Advise on activation of the Health CBRN plan; • Identify jurisdictional capacity.

Standby Trigger: Notification of a major incident/threat or the likelihood of a request for assistance (noting that during standby for the CBRN plan it is likely the affected jurisdiction will already be actively responding to the incident)	
CDNA	• For biological incidents, convene teleconferences to share and evaluate the latest developments in communicable disease surveillance; • Provide technical, public health and policy advice to AHPPC concerning communicable disease management.
PHLN	• Consider levels and locations of existing laboratory testing capacity to advise AHPPC; • Confirm appropriateness of current laboratory testing guidelines.
NHEMS	• Convene teleconferences to discuss issues; • Provide advice on the health-related aspects of operational response to AHPPC.
ABLN, PHLN, CWALN and ANSTO	• Notify clinical laboratories.
Clinical and reference laboratories	• Review ability to respond.
NCCTRC	• Provide advice regarding AUSMAT availability and capabilities; • Prepare to deploy AUSMAT teams if required.
ARPANSA	• Report radiological incidents to International Atomic Energy Agency (IAEA); • Consider availability of resources, including staff and equipment for radiological incidents; • Participate in AHPPC teleconferences to provide technical advice and resource information; • Notify clinical laboratories.

Table 5

Action	
Trigger: Request for assistance; incidents in multiple jurisdictions; a high level of public concern/media involvement requiring national public messaging.	
State/territory health authority (affected jurisdiction)	- Coordinate jurisdictional planning and operational health activities; - Manage clinical care of casualties; - Integrate health activities into the broader jurisdictional response; - Enact public health power, as required to carry out the role, including testing and quarantine powers; - Identify and define the need for Australian Government assistance and provide request to Health NIR (the State Emergency Controller will make any requests for assistance from the broader Australian Government through EMA; - Request items from NMS if required (this goes to Health, not through AHPPC or EMA); - Establish jurisdictional reception area(s) to receive national and international assistance; - Manage receipt, deployment and ongoing welfare of incoming health resources; - Provide regular situation updates to the NIR/ AHPPC; - Manage jurisdictional briefing requirements, such as MO.
State/territory health authority (affected jurisdiction) (cont.)	- Manage communication with public/ media related to jurisdictional health matters; - Manage surge capacity in health care system; - Consider the use of forensic officers to coordinate/ manage evidence collection in health facilities; - Distribute FAQ sheets for the public concerning signs, symptoms, and treatment and preventative measures as required; - Notify the local police and Department of Health of new cases where criminal activity is suspected

Action	
Trigger: Request for assistance; incidents in multiple jurisdictions; a high level of public concern/media involvement requiring national public messaging.	
Ambulance Service	• Provide initial triage, on site pre hospital treatment and transportation of CBRN casualties within the jurisdiction; • Support on scene integration of additional health services, if required.
State/territory health (non-affected jurisdiction)	• Deploy staff and equipment to affected jurisdiction if required; • Maintain own jurisdictional health services in the context of a national emergency.
Australian Government Department of Health	• Convene AHPPC teleconferences to provide situational updates, coordinate inter-jurisdictional health resources and determine key public messages; • Implement AHPPC decisions; • Advise stakeholders of move to Action stage of Health CBRN plan (and AUSTRAUMA PLAN if appropriate). • Deploy additional NMS items if required; • Manage communication, through the NHERM, with public/media related to national health matters; • Maintain situational awareness and produce SitReps for distribution to health sector and WoG counterparts; • Coordinate input to WoG SitReps if required; • Liaise with other Australian Government agencies regarding use/ deployment/ integration of assets; • Collate national data; • Analyse data and advise on national or unusual trends; • Participate in WoG committees; • Provide briefing as required, including to Minister's Office; • Communicate the national status of an event to the media and general public; • Communicate with the international community through the World Health Organization (WHO);

Action
Trigger: Request for assistance; incidents in multiple jurisdictions; a high level of public concern/media involvement requiring national public messaging.

	- Report to the WHO under the International Health Regulations (IHR), if required; - Arrange international assistance if required (with DFAT/Home Affairs); - Connect the health sector to the security intelligence framework by ensuring there is appropriate health representation on relevant committees - In a national terrorist situation, work closely with the National Security and Crisis Media Section of Home Affairs which, under current National Security Public Information Guidelines, will disseminate communications materials.
Australian Health Protection Principal Committee (AHPPC)	- Coordinate health sector resources across the Australian Government and jurisdictions such as: - hospital bed capacity; - health workforce capacity; - health equipment and supplies. - Develop a consistent national approach to - surge and shift arrangements; - specialist, critical care management and operating suite availability. - Provide advice on - decontamination and use of personal protective equipment; - specific treatments e.g. antibiotics and antidotes; - mental health support. - Provide high level strategic advice to WoG committees on the coordination of national health response to a CBRNINS. - Plan for an ongoing demand for medical services late in the response and into the recovery stage

Action	
Trigger: Request for assistance; incidents in multiple jurisdictions; a high level of public concern/media involvement requiring national public messaging.	
Environmental Health Standing Committee (enHealth)	• Provide national coordination of expert personnel, as required, to manage responses to environmental inputs, such as site contamination.
National Health Emergency Management Standing Committee (NHEMS)	• Provide advice on the health aspects of operational response to AHPPC.
Communicable Disease Network Australia (CDNA)	• Convene teleconferences to provide specialist assistance and coordinate public health actions; • Provide technical, public health and policy advice to AHPPC.
PHLN	• Undertake laboratory testing for the detection of agents of security concern; • Support smaller jurisdictional laboratories as needed; • Share information regarding the situation and issues relevant to laboratory testing for the incident.
ABLN	• Deploy/use/advise appropriately protected emergency service personnel to collect samples and transport them in a safe manner consistent with relevant regulations and maintaining chain of custody. • Non-PHLN members (e.g. DSTG) should remain alert to assistance which may be required by state and territory PHLN laboratories.
Chemical Warfare Agent Laboratory Network (CWALN)	• Deploy/use/advise appropriately protected emergency service personnel to collect samples and transport them in a safe manner consistent with relevant regulations and maintaining chain of custody.
NCCTRC	• Deploy AUSMAT teams if required.

Action	
Trigger: Request for assistance; incidents in multiple jurisdictions; a high level of public concern/media involvement requiring national public messaging.	
ARPANSA	• Provide specialised radiation response teams; • Conduct radiological source location activities: search and mapping; • Conduct radiological surveys across ionising spectrum; • Identify and characterise radiological/nuclear material; • Conduct source recovery; • Provide atmospheric dispersion modelling; • Provide laboratory support: • Radiochemistry lab for sample preparation; • HPGe Gamma-spectrometers; • Liquid Scintillation counters; • Alpha-spectrometers.

Table 6

Standdown	
Trigger: All consequence management actions requiring national coordination have been completed	
AHPPC	• Authorise the stand down of the coordinated national health response when all consequence management actions requiring national coordination have been completed (acknowledging recovery efforts will be occurring and potentially ongoing) and there is no likelihood of any additional immediate tasking; • Debrief health authorities regarding actions under Health CBRN Plan (disseminate post activation report and recommendations).
State/territory health authority	• Continue management of jurisdictional response activities, according to jurisdictional assessment; • Facilitate support to ongoing governmental coronial and criminal investigations.

Standdown	
Trigger: All consequence management actions requiring national coordination have been completed	
Australian Government Department of Health	• Communicate change of stage to stakeholders; • Transition Health assets and arrangements to business as usual.

3.3.4 Recovery

Table 7

Recovery	
Trigger: Commences with Action stage	
Recovery following a CBRN incident is a shared national and jurisdictional responsibility, with the bulk of activities being delivered by jurisdictions.	
State/territory health authority	• Identify resources deployed or consumed in the response (on replenishment of cache); • Repatriate casualties to home jurisdictions; • Provide health support for site decontamination; • Undertake operational debriefing and development of post activation report and recommendations; • input into broader government debriefing processes; • deliver mental health services.
Australian Government Department of Health	• Coordinate support for ongoing health recovery processes as needed; • coordinate repatriation of deployed medical teams and their equipment (EMA if deployed under COMDISPLAN); • Identify resources deployed or consumed in the response (on replenishment of cache); • Provide health support for site decontamination; • Undertake operational debriefing and development of post activation report and recommendations; • Deliver mental health services.

Recovery	
Trigger: Commences with Action stage	
Recovery following a CBRN incident is a shared national and jurisdictional responsibility, with the bulk of activities being delivered by jurisdictions.	
AHPPC	• Coordinate support for ongoing health recovery processes as needed; • Debrief health authorities on use of Health CBRN Plan; • Disseminate post activation report and recommendations and seek comment; • Make changes to plans and arrangements as required.

3.3.5 Resilience

A number of mechanisms and activities currently operate to support the resilience of our health system. These include:

National Incident Room (NIR)

Health maintains a NIR. This is composed of:

- the human resources to implement activities to support national coordination of the response to an emergency, including communications; and
- a physical incident room (emergency operations centre) and equipment designed to support information sharing, management of multiple teams on one incident, external liaison officers and media management.

A Watch Officer/Duty Officer system operates 24 hours to ensure an available point of contact at all times. The NIR operates 24 hours when required.

National Critical Care and Trauma Response Centre (NCCTRC)

The NCCTRC is available to support national priorities in the event of a major incident, particularly in the areas of burns and surgical capacity. Health funds the Northern Territory Department of Health and Families to maintain the NCCTRC at Royal Darwin Hospital in a state of readiness to respond to a major regional incident and emergencies.

Australian Medical Assistance Teams (AUSMAT)

The NCCTRC is also tasked to develop and maintain a group of health emergency responders known as Australian Medical Assistance Teams (AUSMAT). These jurisdictional based civilian teams can be deployed at short notice to health emergencies in both Australia and the region in response to requests to the Australian Government for disaster and medical assistance. In addition to training of AUSMAT personnel, the NCCTRC also maintains the national register of health emergency response skills and availability.

Emergency management training

State, territory and Australian government agencies regularly engage in emergency management training and exercising for a range of disaster scenarios.

National Medical Stockpile (NMS)

The NMS is a strategic reserve of drugs, vaccines, antidotes and protective equipment. It is intended for use in the national response to a public health emergency which could arise from natural causes or terrorist activities. The items held have been stockpiled to increase Australia's level of self-sufficiency during a time of high global and domestic demand and service delivery pressures.

3.4   Plan administration

Plan testing

Health will coordinate testing of the Health CBRN Plan via:

- inclusion in national exercises such as the ANZCTC capability development program; and
- inclusion in AHPPC exercises and drills.
- Health CBRN Plan exercises will have the following aims:
- to educate participating agencies and stakeholders about the Health CBRN Plan processes, their roles and the roles of other agencies; and
- to refine and improve Health CBRN Plan processes.

Plan review

Health will coordinate periodic reviews and evaluation of the Health CBRN Plan through the AHPPC. A major review will be conducted every five years. It will also be reviewed, if required, following activation of the plan or learnings from capability audits, exercise outcomes, and operations.

3.5   Legislation and international obligations

A list of legislation and international obligations which support the activities in this plan is available at Annex 4.

4 Communications

Communications will be an important component of managing a CBRNINS, particularly as the deliberate nature of a CBRNINS is likely to cause considerable public concern.

Like other aspects of the response, communications related to health activities or issues are likely to be only one part of the government communications message. As such they must be carefully coordinated and consistent with WoG communications.

While responsibility for health communications regarding a CBRN incident lies with the jurisdiction, once this transitions into a CBRNINS, Health will take on coordinating information sharing, developing consistent public messaging and issuing national health statements. Jurisdictional health agencies will continue to manage internal jurisdictional information sharing and public messaging related to activities, arrangements and services within their jurisdiction, the specifics of the incident and individual cases.

In a CBRNINS communications activities will fall into two categories:

- information sharing between stakeholders; and
- public information.

4.1 Key principles

The following key principles will be applied to all communications activities undertaken under this plan:

- openness and transparency (where possible within security constraints);
- accurate risk communication, including where there is uncertainty;
- communications as a two-way process;
- use of existing communication channels and protocols, where possible;
- consistent, clear messages;
- regular, timely provision of tailored information;
- early release of public messages;
- timely response to queries;
- sensitive management of personal or confidential information;
- use of social media where appropriate;
- use of specific communication methods to facilitate communication with vulnerable populations;
- flexible selection of methods appropriate to the situation at the time; and
- use of a wide range of communications methods to reach a broad audience.

4.2 Information sharing between health stakeholders

Objectives

In a CBRNINS, the objectives of information sharing between stakeholders will be to:

- ensure stakeholders are aware of the information needed to effectively plan for and respond to a CBRNINS;
- ensure stakeholders receive regular, timely, accurate and up to date information;
- support implementation of health response activities;
- build a common understanding of the CBRNINS;
- support best practice and share effective strategies;
- support good coordination and integration across agencies and activities; and
- input feedback on effectiveness and emerging issues back into the planning process.

Communications between health stakeholders during a CBRNINS will be focused on understanding the details of the incident, the needs of the situation, on mobilising and on coordinating health resources. AHPPC will be the key committee for discussing emerging issues, resource needs and availability and developing key health messages. AHPPC will be supported with technical advice from CDNA, PHLN, NHEMS, NHEMRN, CWALN, ABLN and technical agencies, such as ARPANSA, as appropriate. These committees will also be used to disseminate information to their members.

Technical agencies and committees may be called upon to develop advice regarding best practice management of health aspects of the incidents, such as appropriate PPE, clinical treatment of CBRN related injuries or site decontamination. They will be tasked through AHPPC and these activities will be coordinated by Health.

Upon activation of this plan, the NIR will provide timely Situation Reports (SitReps) to relevant Australian Government agencies, state and territory AHPPC members participating in Health CBRN Plan operations and for the information of others as appropriate.

Health's National Incident Room (NIR) will act as the primary point of contact for government agencies regarding the national health response. Communications to the Health NIR can be directed as follows:

National Incident Room

t: (+61) 2 6289 3030 (24 hours)
e: health.ops@health.gov.au

Telephone requests and instructions provided to the NIR are to be confirmed by e-mail as soon as practicable.

4.2.1 WoG coordination of information sharing

In circumstances in which a WoG response is required, Health will coordinate health sector input and forward this to the Department of Home Affairs Crisis Coordination Centre (CCC), which will prepare and distribute initial notification to stakeholders and produce national SitReps as the incident progresses. These will be a WoG product and resource.

During a WoG response, the CMO, as chair of AHPPC, will act as the link between AHPPC and WoG committees. The CMO will provide these committees with updates on health activities and feedback to AHPPC members' information regarding the broader response. These committees and the national SitRep will be primary methods of information sharing with non-health sector agencies and across governments.

4.3 Public information

Objectives

In a CBRNINS, the objectives of national public information activities will be to:

- ensure the timely distribution of accurate information to the Australian and overseas media, relevant agencies and organisations, and the Australian public;
- build public awareness of
- the actions and behaviours they can adopt to manage their own exposure to risk and that of their families; and
- available public health and support services.
- address misinformation and mixed messages circulating within the media or community and build realistic expectations of the response and associated services;
- establish a nationally consistent approach to public messaging between Australian, state and territory government health agencies; and
- ensure that public confidence is maintained in government systems to respond to the incident.

Maintaining public confidence in the government's management of a CBRNINS will be an important aspect of the response. Strong, prompt national public messaging will be crucial to addressing public anxiety.

National health public messaging will be coordinated with the activities of the government of the affected jurisdiction and can make an important contribution to freeing up jurisdictional health resources for other purposes.

Health, in consultation with AHPPC, will be responsible for national media liaison and coordinating national media statements on the health aspects of the response to a CBRNINS. Coordination and consistency across jurisdictions and the Australian Government will be established through the National Health Emergency Media Response Network (NHEMRN). Health will nominate a Media Liaison Officer (MLO) supported by the NIR who will work in conjunction with AHPPC, the CCC and NHEMRN to manage health public information releases.

4.3.1 WoG coordination of public information

National health public information will often be provided as part of WoG messaging. The jurisdictional police will primarily manage public information regarding a criminal event. Where there is a WoG response, AFP will coordinate public messaging, in consultation with the Home Affairs National Security and Crisis Media Section. Jurisdictional police will continue to manage media and public information in relation to the jurisdictional response. The Health MLO will work closely with AFP and the CCC to integrate health information into WoG materials and ensure health information is consistent with the overall approach.

If a CBRNINS is declared terrorism, Home Affairs National Security and Crisis Media Section (NSCMS) will have the lead role in coordinating Australian Government public information and media activity in relation to a heightened counter-terrorism level of alert or terrorist incident or act. This may include co-location of MLOs within the relevant State or Territory media unit where appropriate. NSCMS is not responsible for clearing agency/jurisdictional information, but will ensure information is shared and disseminated through existing channels. For CBRNINS that are terrorism related, additional guidance on public messaging is provided in the National Security Public Information Guidelines.

If issued separately from WoG materials, health public messaging should be confined to health aspects of the response and avoid discussion of the cause or criminality of the event. It should avoid describing an act or threat as terrorism unless this term is confirmed by the lead agency. If health communications are issued independently from WoG material during a WoG response these should be coordinated with the lead agency for the incident.

4.3.2   Spokespeople

State and territory premiers and first ministers or their designated spokespeople (often Police Commissioners) will act as the primary spokespeople for state and territory governments, commenting on the jurisdictional situation or response in either a criminal or a terrorist incident.

In a national security incident, the Prime Minister, the Minister Assisting the Prime Minister on Counter-Terrorism and the Minister for Home Affairs will be the primary spokespeople for the Australian Government. The Prime Minister or delegate may make national public announcements concerning matters that are the responsibility of the Australian Government or where a message of national leadership is needed.

Public health warnings or statements in relation to public health issues, powers in force and arrangements will usually be issued by the CMO and/or Chief Health Officer of the affected state or territory.

4.3.3   Communication channels and vulnerable groups

A range of communication channels will be used to ensure coverage across the population. Public information should consider targeting groups particularly vulnerable to this type of incident and those with different language or cultural needs.

Monitoring of social and other media will be undertaken to identify areas of public concern and reactions to response strategies. Information gathered will be fed back into response planning.

National health public information sources may include:

- media conferences and other identified media opportunities;
- the Department of Health website;
- the Public Health Information Line;
- the Department of Health social media and other select social media channels;
- fact sheets available on the Health website; and
- spokespeople.

4.3.4 Key strategies

A key strategy in building public messaging will be the following formula:

- This is what we know.
- This is what we don't know.
- This is what we are doing.
- This is what you can do.

In order to provide information as soon as possible, it may be necessary to provide incomplete information, acknowledging the uncertainty inherent in the beginning of any incident and update this when more clarity is achieved. The time of issue of future updates should be given if possible.

Though striving for promptness, care should be taken to ensure materials are fully cleared to ensure they do not compromise investigations or national security matters.

4.4 Information security

As information related to a CBRNINS may involve an ongoing criminal investigation, terrorist incident/threat or arrangements and resources related to national security, there may be restrictions on the sharing of certain information.

4.5 Key communication responsibilities

Table 8 below provides a summary of key communications responsibilities during a CBRNINS:

Table 8

Organisation	Communication responsibilities
State and territory health agencies	• Coordinate information sharing between jurisdictional health stakeholders; • Provide regular information about the incident, health sector needs and the jurisdictional response to Health: • Manage public information regarding jurisdictional arrangements for identification, diagnosis or treatment of cases; available health support services, such as mental health services and the scale/number of cases in the jurisdiction; • Manage disease surveillance systems to detect cases of target diseases and input this information to the Australian Government; • Liaise with other jurisdictional response agencies and ministerial offices.
Australian Government Department of Health	• Coordinate information sharing between jurisdictions and the Australian Government; • Manage national disease surveillance systems, analyse information to detect trends and cross jurisdictional patterns; • Coordinate national public health messaging and media; • Engage with stakeholders to achieve consistency of national messaging; • Coordinate health input into WoG communications materials; • Develop and disseminate technical advice when needed; • Liaise with Australian Government health ministerial offices; • Meet international reporting obligations under the IHR (the IHR requires notification to WHO of the release of chemical, biological or radiological agents with the potential to cause widespread injury, illness or death.)

Organisation	Communication responsibilities
AHPPC	• Provide advice on national health public messaging; • Provide input into the development of WoG public messaging.
NHEMRN	• Liaise with affected jurisdiction to ensure consistent public messaging; • Coordinate a national government health approach to interaction with the media during a CBRNINS.
ABLN	• Provide high level advice to stakeholders regarding incidents which involve the use of biological agents of security concern; • Provide input into public information regarding the effects of biological agents of security concern.
ARPANSA	• Provide high level advice to stakeholders regarding radiological incidents; • Provide input into public information regarding radiological effects of CBRNINS; • Notify the IAEA of radiological incidents and receive requests for assistance.
State or Territory Police	• Manage public information and media liaison regarding operational activities.
Home Affairs National Security and Crisis Media Section (Home Affairs Media)	• Assist with the coordination and sharing of public information relating to prevention and disruption efforts where appropriate; • Coordinate national security public information and media responses at an Australian Government level, where a coordinated WoG approach is required; • Act as a central hub for sharing public information with States and Territories and Australian Government agencies during a national security incident.

Organisation	Communication responsibilities
DFAT	• Coordinate distribution of Home Affairs Media WoG information to Australian posts overseas.
DSTG/CWALN	• Provide high level advice to stakeholders regarding chemical incidents; • Provide input into public information regarding radiological effects of chemical weapons agents; • Notify the Organisation for the Prohibition of Chemical Weapons of chemical incidents.
All Australian Government agencies	• Provide input into WoG communications materials regarding activities within their sector; • Share information within own agencies and liaise with ministerial offices.

Annexes

Annex 1: Glossary and definitions

Term	Definition
Australian (Counter) Bioterrorism Laboratory Network (ABLN)	The ABLN brings together laboratory experts from public health and law enforcement sectors to strengthen national capacity and enhance coordination of detection, identification and response to biological agents of security concern. The ABLN has representatives from key public health laboratories in Victoria, Queensland, Western Australia and New South Wales (NSW). Also represented are the AFP Forensic Operations, NSW Police Force Forensic Counter-terrorism Laboratory, AAHL, DSTO, Technical and Forensic Intelligence, AFP.
Affected jurisdiction	A state or territory where a CBRN incident has occurred (or is expected to occur).
All hazards	Dealing with all types of emergencies using common principles underpinning the emergency arrangements, as many risks can cause similar problems and similar measures, such as warning, evacuation, medical services and community recovery, will be required.
Australian Government Crisis Coordination Centre (CCC)	A dedicated facility provided by EMA that will coordinate the non-Health specific consequence management arrangements of the disaster. Tasking recommended by Health and the AHPPC will be actioned by the CCC. The CCC will liaise through the state and territory emergency operations centres.
Australian Government Crisis Committee (AGCC)	The primary forum for coordinating the Australian Government response to 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.

Term	Definition
Australian Health Protection Principal Committee (AHPPC)	The peak national health emergency management committee, with the authority to plan, prepare and coordinate the national Health response to significant incidents.
Australia New Zealand Counter Terrorism Committee (ANZCTC)	The ANZCTC is a non-operational body established by the Inter-Governmental Agreement on Australia's National Counter-Terrorism Arrangements. The ANZCTC functions as a high level body and is comprised of representatives from the Australian Government, Australian state and territory governments and the New Zealand Government. The objectives of the ANZCTC are to contribute to the security of Australia and New Zealand through: • maintaining the National Counter-Terrorism Plan and associated documentation; • providing expert strategic and policy advice to heads of government and other relevant ministers; • coordinating an effective nation-wide counter-terrorism capability; • maintaining effective arrangements for the sharing of relevant intelligence and information between all relevant agencies and jurisdictions; • providing advice in relation to the administration of the special fund to maintain and develop the nation-wide capability, administered by the Australian Government on the basis of advice from the ANZCTC.
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	Part of the Department of Health portfolio responsible for protecting the health and safety of people and the environment from the harmful effects of ionising and non-ionising radiation through the provision of expertise, advice, regulation, leading the development of standards and guidelines, national & international liaison, and research. ARPANSA is also the WHO Collaborating Centre for Radiation Protection, and jointly with Peter MacCallum Cancer Centre is a member of the WHO REMPAN.

Term	Definition
Australian Safeguards and Non-proliferation Office (ASNO)	A division within the DFAT, ASNO is the statutory authority for the security and safeguards of nuclear and chemical weapon materials within Australia. ASNO ensures that Australia meets its international obligations with respect to the: • Chemical Weapons Convention • Biological and Toxins Weapons Convention • Comprehensive Test Ban Treaty • Nuclear Non-proliferation Treaty • Convention on the Protection of Nuclear Material • Responsibilities extend only to uranium, thorium and plutonium.
Biological agent	A micro-organism which causes disease in man, plants, or animals or causes the deterioration of material.
Casualties	The human impact of a disaster or emergency presented in the form of numbers of people killed, injured, sick, missing or homeless.
CBRN	Chemical, Biological, Radiological or Nuclear
CBRN incident	In the context of this plan, a CBRN incident is one which involves the deliberate, or threatened release of a chemical, biological, radiological agent or a nuclear device with potential or actual harm to people or property.
Chemical hazards	Hazards involving chemicals or processes which may realise their potential through agencies such as fire, explosion, toxic or corrosive effects.
Chemical Weapons Convention	International convention to prohibit the development, production, acquisition, stockpiling, retention, transfer or use of chemical weapons by State Parties. It defines three classes of controlled substances, based on the quantities of the substance produced commercially for legitimate purposes. The convention is administered by the Organisation for the Prohibition of Chemical Weapons.

Term	Definition
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.
Communicable Disease Network of Australia (CDNA)	A standing-committee of AHPPC responsible for national public health coordination of communicable disease surveillance, prevention and control. CDNA provides policy advice on the control of communicable disease and liaises with other regional communicable disease agencies and programs.
Consequence management	Measures taken to alleviate suffering, damage, loss and hardship, 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. The NatHealth Arrangements do not relate to the concept of control of the Australian health sector, nor is it intended to direct or replace incident management arrangements by individual jurisdictions or health authorities.
Coordination	Coordination is the act of managing inter-dependencies 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.

Term	Definition
Crisis management	Deliberate and immediate management for WoG 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.
Chemical Warfare Agent Laboratory Network (CWALN)	A network of forensic and other laboratories sponsored by the National Institute of Forensic Services and DSTG. CWALN use nationally agreed protocols for preliminary confirmation of the presence of chemical warfare agent in environmental samples associated with sites contaminated in a terrorist incident. Definitive analysis is provided at DSTG.
Chemical Weapons Convention (CWC)	The Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and their Destruction.
Defence Science and Technology Group (DSTG)	DSTG provides scientific and technical support to Defence and national security operations. DSTG has scientific expertise and laboratory capabilities in CBRN, including modelling. DSTG is a lead agency in the CWALN, providing definitive analysis of samples containing chemical warfare agents.
Emergency	An event, actual or imminent, which endangers or threatens to endanger, life, property or the environment, and which requires a significant or coordinated response.
Emergency Operations Centre	A site established to collocate agencies working together to respond to an emergency. There is usually one in overall control with response sectors, such as health, establishing subordinate operations centres to coordinate their activities.
Environmental Health Committee (enHealth)	A standing-committee of the AHPPC that provides nationally agreed Health policy advice, coordinates research, information and practical resources on environmental Health matters.
Hazard	A potential or existing condition that may cause harm to people or damage to property or the environment.

Term	Definition
HAZMAT	Hazardous materials
International Atomic Energy Agency (IAEA)	IAEA is the global focal point for preparedness, event reporting, and response to nuclear and radiological incidents. They have established a global Response Assistance Network (RANET) of teams qualified to respond rapidly to nuclear and radiological emergencies.
International Health Regulations (IHRs)	An international legal instrument binding on 194 countries across the globe, including all the Member States of the WHO. The aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide. The IHRs require countries to report certain disease outbreaks and public health events to the WHO.
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.
Logistics	The range of operational activities concerned with supply, handling, transportation, and distribution of materials. Also applicable to the transportation and support of people.
National Crisis Committee (NCC)	The primary forum for coordinating a WoG 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 Australian, State and Territory governments.

Term	Definition
National Health Emergency Management Subcommittee (NHEMS)	A standing-committee of AHPPC that addresses the operational aspects of disaster medicine and health emergency management in an all hazards context. The CBRN Technical Panel, a sub-group of NHEMS, can provide advice on the medical aspects of a CBRN response.
National Health Emergency Response Arrangements (NatHealth Arrangements)	The principle response document of the AHPPC that outlines the strategic authorities, responsibilities, arrangements and the mechanisms that enable a coordinated national health sector response to emergencies of national consequence.
National Incident Room (NIR)	An operational response capability located within Health. The NIR acts a conduit for national coordination of response and recovery operations within Health and between state and territory health authorities, other Australian Government operations centres and the international Health community.
Non-Government Organisation (NGO)	Non-profit making organisation operating at local, national or international levels, with no statutory ties with national government.
Nuclear Safety Committee (NSC)	Established under the ARPANS Act 1998 to advise on nuclear safety and the safety and security of controlled facilities, including the reactor at ANSTO.
Preparedness	Arrangements to ensure that, should an emergency occur, all those resources and services which are needed to cope with the effects can be efficiently mobilised and deployed. In relation to an emergency, includes arrangements or plans to deal with an emergency or the effects of an emergency. This may include establishing the plans, training, exercises, and resources necessary to achieve readiness for all hazards.
Prevention	Measures to eliminate or reduce the incidence or severity of emergencies by preventing events from occurring or, where this is not possible, by putting in place arrangements to mitigate their effects.

Term	Definition
Public Health Laboratory Network (PHLN)	A standing-committee of AHPPC. A collaborative group of laboratories which have expertise and provide services in public health microbiology, including veterinary microbiology with a human health impact. PHLN develops nationally consistent guidelines for the laboratory based detection and monitoring of notifiable infectious diseases.
Radiation Emergency Medical Preparedness Assistance Network (REMPAN)	WHO network of collaborating centres for practical assistance and advice to countries in case of overexposure to radiation or for radiation related public health advice. ARPANSA and Peter MacCallum Cancer Centre (PMCC), Melbourne together are one of 13 WHO Collaborating Centres. The role of PMCC is to provide medical advice for Australian REMPAN activities. Expert radiation medicine advice is obtainable in all states from local radiation oncology centres.
Radiation Health and Safety Advisory Council	Advises the ARPANSA Chief Executive Officer (CEO) on radiation protection and nuclear safety emerging issues, community concerns, recommendations, policies, codes and standards.
Radiation Health Committee (RHC)	Provides advice on radiation policy, including draft standards, to the ARPANSA CEO and the Radiation Health and Safety Committee.
Recovery	In relation to an emergency, the coordinated process of supporting affected communities in reconstruction of the physical infrastructure and restoration of emotional, social, economic and physical wellbeing.
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.
Risk	A concept used to describe the likelihood of harmful consequences arising from the interaction of hazards, communities and the environment.

Term	Definition
Risk assessment	The process used to determine risk management priorities by evaluating and comparing the level of risk against predetermined standards, target risk levels or other criteria.
Risk management	The systematic application of management policies, procedures and practices to the tasks of identifying, analysing, evaluating, treating and monitoring risk.
Security Sensitive Biological Agent (SSBA) Regulatory Scheme	The SSBA Regulatory Scheme is administered by Health. The Scheme aims to limit opportunities for acts of bioterrorism or biocrime to occur using harmful biological agents. It also provides standards for the handling and transport of samples from affected animals or persons. The Scheme builds on Australia's obligations under the Biological and Toxins Weapons Convention and UN Security Council Resolution 1540.
Standing operating procedures	Internal response procedures that document operational and administrative procedures to be followed during activation of emergency plans.
Supporting jurisdiction	A state or territory able to provide support to an affected jurisdiction.
Terrorist act	An act, or a threat to commit an act, that is done with the intention to coerce or influence the public or any government, by intimidation to advance a political, religious or ideological cause and the act: • causes death, serious harm or endangers a person • causes serious damage to property • causes a serious risk to the health or safety of the public, or • seriously interferes with, disrupts or destroys critical infrastructure such as a telecommunications or electricity network.
Whole of Government (WoG)	Including state, territory and Australian government agencies.

Annex 2: Foodborne release

If ingestion of a CBR agent occurs through the contamination of food products, the CMO, as chair of AHPPC will consult with the Chief Executive Officer of Food Standards Australia New Zealand (FSANZ). All states/territories should then make urgent inquiries as to the incidence and aetiology of recent cases of gastrointestinal disturbance presenting to emergency departments of hospitals in their jurisdictions.

Consideration should be given to the home jurisdiction (under the Home Jurisdiction Rule) implementing a national food recall of the contaminated food, using the usual FSANZ procedures. The recall should be given the widest possible publicity by FSANZ, and through media releases and interviews/media conferences coordinated by the NHEMRN. The WHO will also be advised promptly by the Australian Government.

If the implicated food has been exported to foreign countries, the operational response to the recall will be coordinated through the Department of Agriculture. The countries involved should be advised of the recall as a matter of urgency, through DFAT, on advice from FSANZ.

If the implicated food has been otherwise exported (e.g. in meals provided to passengers on international airlines or cargo or cruise ships) the Australian Government will urgently advise WHO and the countries served by those airlines and vessels of the food recall, together with relevant epidemiological information, such as the dates on which the food may have been consumed.

Annex 3: Key aspects of different types of agents and materials

Table 9

Chemical	
	Chemical agents may range from industrial and commercial chemicals to chemical warfare agents. Chemical agents are easier to acquire and/or fabricate and can produce an acute impact. Chemical agents are likely to fall into one of the following categories: Pesticides (including but not limited to organophosphates) Toxic metals and metallic salt Highly toxic pharmaceutics – e.g. Fentanyl Toxic Industrial Chemicals (TICs) Bulk industrial chemicals including gases e.g. chlorine, ammonia Chemical Warfare Agents (as per CWC)
Health impact	Chemicals may be toxic, flammable or corrosive and could affect a range of body systems, particularly the lungs, nervous system and skin. The impact may range from incapacitating to lethal. The onset of symptoms may range from immediate to long term, depending on the material.
Dispersal method	May be dispersed through an explosive, mechanical or aerosol device, or left for air currents to carry if the form lends itself to that method of dispersal.
Key documents	Advice for Emergency Departments on the management of acute exposures to chemical agents of health concern is available in the sub-plan Australian Clinical Guidelines: For Acute Exposures to Chemical Agents of Concern. National Code of Practice for Chemicals of Security Concern

Biological	
	Biological agents for the purposes of this plan include toxins of natural origin or pathogens that cause disease in humans. These include dangerous bacteria, viruses, fungi and biological toxins. Several biological agents/diseases could be adapted and used as terrorist weapons, including anthrax, tularaemia, plague, ricin and botulinum toxin.
Health impact	Management of biological organisms which cause harm to humans, and the treatment of those affected is the essence of much of our health system. The difference in a CBRNINS will be their deliberate use. Many of the systems used to detect, assess and contain the natural spread of organisms will be the same; however intelligence regarding the intent of the perpetrators may also be important to identify source, route of transmission and changes to the organism itself. Existing surveillance systems may need to be adapted to look for specific patterns, symptoms or exposures in order to identify affected individuals, such as large groups of unexplained cases or unexpected, unusual or unseasonal incidents of disease. Post an initial release, if appropriate, surveillance could be targeted to particular syndromes. Enhanced surveillance arrangements may be triggered by or based on intelligence received from security agencies. There will be a delay before individuals show symptoms related to exposure to most biological agents. This may lead to considerable spread of the organism before identification and containment. Investigations to trace the source of foodborne illnesses may take weeks or months. This may involve epidemiological studies, such as case control studies or cohort studies, along with environmental testing and traceback of contaminated foods. There are many different agencies involved in these investigations.
Dispersal method	Deliberate dispersal of a biological agent could involve the release of the agent, or the intentional infection of one or more persons. Deliberate release may produce different epidemiologic patterns to natural outbreaks. Well planned aerosolised release of an agent may produce large numbers of cases with clustered onsets, even in the absence of person-to-person transmission. Establishing epidemiologic

Biological	
	association amongst these cases could be problematic, depending on the site and extent of biological agent dispersion. Unlike other incidents there may be no defined incident site. If introduced through infected persons, the origin of the biological agent (index case) and the extent of the outbreak could probably be tracked using standard epidemiologic and laboratory methods.
Key documents	Laboratory case definitions of diseases caused by relevant biological agents Emergency Response Plan for Communicable Disease Incidents of National Significance (CD Plan) Series of National Guidelines (clinical and public health management) Guidelines for Epidemiological Investigation of multi-jurisdictional outbreaks that are potentially foodborne Guidelines for Smallpox Outbreak Preparedness, Response and Management Anthrax: Public health response plan for Australia

Radiological	
	Radioactive materials are materials that spontaneously emit ionising radiation as a result of the naturally occurring process of radioactive decay.
Health impact	Radiological incidents may have both short term and long term health effects. Short term: Exposure to high levels of radiation may cause cells to die or lose their ability to replicate. Organs containing these cells then cease to function correctly. This may cause nausea, vomiting and diarrhoea, reddening of the skin and bone marrow failure. Radiation burns take days to weeks to appear. Long term: Long term affects are believed to be caused when damaged cells survive in modified form and may over time develop into cancer. Consequences can vary greatly, depending on the material, route of exposure, dose, but can potentially be very serious, in some cases fatal. Long term monitoring may be required. If ingested or inhaled radioactive iodine can concentrate in the thyroid gland and cause early or latent effects such as thyroid cancer.
Dispersal method	Exposure to radioactive materials may be through a sealed source or involve the dispersal of radioactive material. This may involve a radiological dispersal device, whereby harmful radioactive materials are dispersed by, for example, explosive, aerosol or other means. Dispersal with explosives is colloquially referred to as a '"dirty bomb". Importantly, this does not involve a nuclear explosion. Malicious uses of radioactive material can also be simply placing the radioactive material in areas where people are exposed without knowing. However, depending on the strength of the source, exposure may need to be for a lengthy period before symptoms occur. Another possible use is as a poison, where the radioactive material is introduced into a person, such as in the Litvinenko case. Sealed sources may cause external (or dermal) exposure. Dispersed radioactive material also has the potential for intake of radioactive material through inhalation, ingestion or wounds (injection).

	Deliberate acts to irradiate persons could include:
	• contamination of food or water supplies with radioactive materials;
	• the use of conventional explosives or other mechanisms to disperse radioactive materials, such as a radiation dispersal device;
	• contamination of a site or the environment with radioactive materials;
	• sabotage of a nuclear facility aimed at causing an uncontrolled release of radioactive materials.
Key documents	Australian Clinical Guidelines for Radiological Emergencies
	ARPANSA Radiation Protection Series No.7: Intervention in Emergency Situations Involving Radiation Exposure
	ARPANSA also maintains a Code of Practice for Security of Radioactive Sources.
	National Counter Terrorism Suspicious Substances/Packages Assessment Guidelines – September 2011.

Nuclear	
	Nuclear material is a special case of radioactive material. It is any 'special fissionable material' or 'source material' as defined by the IAEA. The former refers to Plutonium-239 and enriched Uranium and the latter to any other Uranium (e.g. depleted Uranium); Thorium; or materials or compounds incorporating Uranium or Thorium. Such materials are used in the nuclear power industry and nuclear weapons. A nuclear incident is generally considered to be one in which nuclear fission (i.e. splitting of atoms) or fusion has occurred, usually combined with a highly destructive explosion e.g. detonation of a nuclear weapon. Incidents involving less destructive radioactive explosions, such as dirty bombs, or leaking or exposed radiological materials, are generally considered as radiological incidents.
Dispersal method	While a nuclear incident is generally considered to be the detonation of a nuclear weapon where there is catastrophic physical damage, the deliberate release of stored nuclear waste would also be classified as a nuclear incident because of the material concerned
Key documents	See Radiological section above

Annex 4: Legislation and international obligations

International Health Regulations 2005 (IHR)

As a signatory to the IHR, Australia is expected to establish systems to effectively manage public health threats and strengthen and maintain the capacity to detect, report and respond to public health events. The aim of these preparations is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

Under the IHR each country has a designated National Focal Point which can be used to share information about significant public health issues and provides the central point of coordination with WHO on all matters related to the IHR.

National Health Security Act 2007

Australia implements the requirements of the IHR through the *National Health Security Act 2007* and the *National Health Security Regulations 2008*. These support the sharing of public health information between the Australian and State and Territory Governments, establishes the SSBA Scheme and ties Australia into a global system of reporting and notification of incidents.

National Health Security Regulations 2008

The National Health Security Agreement provides the mechanisms to enable cooperation at all levels of Australian government to achieve enhanced surveillance and information exchange to support this objective. Health is the nationally competent authority under the IHR.

Biosecurity Act 2016

The *Biosecurity Act 2015* commenced on 16 June 2016 and fully replaced the *Quarantine Act 1908* in managing human biosecurity risks at Australia's international borders. This Act provides a modern, flexible framework to manage biosecurity risks posed by international movements of people, goods and conveyances. Most jurisdictions have supporting public health legislation.

Australian counter-terrorism laws

The key legislation relating to counter-terrorism powers includes the:

- Constitution (section 51 – Powers of the Parliament)
- *Criminal Code Act 1995* (Cth)

- *Crimes Act 1914* (Cth)
- *Australian Security Intelligence Organisation Act 1979* (Cth)
- *Defence Act 1903* (Cth)

Each state and territory has enacted its own legislation regarding counter-terrorism powers within that jurisdiction.

Information on Australia's counter-terrorism laws can be found at www.nationalsecurity.gov.au.

International Radiation Conventions

Australia is signatory to the international *Convention on the early notification of a nuclear accident* and *Convention on assistance in a nuclear or radiological emergency*. ARPANSA is the national competent authority to notify IAEA of events in Australia, and receive requests for assistance. The ARPANSA *Code of Practice for Security of Radioactive Sources* is consistent with the objectives of the IAEA. The Code is implemented through specific regulation by State/Territory radiation regulatory authorities.

Biological and Toxin Weapons Convention

The SSBA Regulatory Scheme contributes to fulfilment of Australia's obligations under the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction and UN Security Council Resolution 1540.

Chemical Weapons Convention

The Convention on the prohibition of the development, production, stockpiling and use of chemical weapons and their destruction is an international treaty that bans the development, production, possession or use of chemical weapons and requires the destruction of existing weapons. Australia signed the Convention in January 1993 and ratified in May 1994. Australia is an active player in ensuring that the treaty is effective in promoting international security.

Nuclear non-proliferation

Australia has international obligations under the *Comprehensive Nuclear Test Ban Treaty*, the *Nuclear Non-Proliferation Treaty*, the *Convention on the Physical Protection of Nuclear Material*, and various bilateral safeguards agreements with a number of countries.

The Australian Safeguards and Non-proliferation Office (ASNO)

ASNO ensures Australia meets its international obligations in relation to nuclear and chemical weapons, and supports Australian obligations in relation to biological weapons.

Annex 5: National Counter-Terrorism Plan roles and responsibilities

The National Counter-Terrorism Plan outlines the following responsibilities for State, Territory and Commonwealth Government agencies, across the Prevention, Preparedness, Response and Recovery continuum.

State and territory governments

State and territory government responsibilities include:

- maintain counter-terrorism related policies, legislation and plans within their jurisdictions with a view to national consistency and interoperability;
- contribute to national counter-terrorism related policies, legislation and plans, including the National Counter-Terrorism Handbook;
- develop and maintain core counter-terrorism capabilities, as described in the NCTP;
- train and exercise counter-terrorism plans and capabilities to maintain readiness, assess and review capability and identify improvements;
- support and coordinate critical infrastructure resilience in their jurisdictions;
- support local government and the private sector, including owners and operators of crowded places, to protect their sites;
- develop, implement and maintain emergency management plans to respond appropriately to CBR incidents;
- develop, implement and maintain emergency management plans to support responses to nuclear incidents prior to the provision of Commonwealth and other specialist assistance when required;
- support health measures that are relevant to counter-terrorism preparedness;
- develop and deliver Counter Violent Extremism (CVE) activities to prevent, divert or rehabilitate individuals from violent extremism and address the social impacts of violent extremism within their jurisdictions;
- determine prevention strategies and operational responses through the Joint Counter-Terrorism Taskforce arrangements;
- support the provision of protection to selected Australian high office holders, diplomats, foreign dignitaries and high profile visitors with the Commonwealth;
- have primary responsibility for the first response to a terrorist act in their jurisdiction;
- in the event of a terrorist act, consult and seek agreements with the Commonwealth on the need to declare a National Terrorist Situation;
- lead recovery efforts in their jurisdictions; and

- maintain recovery coordination capabilities, as described in the NCTP.

Commonwealth government

Commonwealth government responsibilities include:

- maintain national counter-terrorism related policies, legislation and plans;
- determine and promulgate the national terrorism threat level and public narrative, in consultation with the States and Territories;
- regulate aviation, maritime transport and offshore oil and gas sectors, administer relevant legislation and work with industry to ensure they meet their regulatory obligations and achieve security outcomes;
- work with State and Territory governments to develop a consistent and coordinated approach to securing the surface transport sector;
- support national coordination of critical infrastructure resilience;
- support national preparedness and response to CBRN incidents;
- support national health measures that are relevant to counter-terrorism preparedness;
- maintain Defence capabilities to assist with domestic terrorist incidents on request from State and Territories;
- train and exercise counter-terrorism plans and capabilities to maintain readiness, assess and review capability and identify improvements;
- provide Defence capabilities and effects including across the PPRR spectrum including intelligence, training, exercising, international engagement and capacity building;
- provide oversight and coordination of nationally significant CVE projects to prevent, divert or rehabilitate individuals from violent extremism and efforts to address the social impacts of violent extremism, including support for best practice in CVE across all levels of government and lead on Australia's terrorist propaganda program;
- determine Commonwealth Government prevention strategies and operational responses to threats and preventative counter-terrorism investigations through the Joint Counter-Terrorism Taskforces;
- lead the coordination and dissemination of relevant intelligence obtained by/from the Australian Intelligence Community (AIC) and the AFP to State and Territory partner agencies in order to combat terrorist threats;
- coordinate the national response to maritime terrorist incidents;

- coordinate the provision of protection to selected Australian high office holders, diplomats, foreign dignitaries and high profile visitors with State and Territory jurisdictions;

- provide Commonwealth Government coordination of cyber security including in relation to cyber security policy and incident response;

- in a National Terrorist Situation, undertake activities to support collaboration and coordination in close consultation with affected States and Territories;

- support national coordination of public information in relation to terrorism;

- support the States and Territories in their first response to a terrorist act incident within their jurisdictions;

- provide financial and other support for recovery; and

- maintain counter-terrorism capabilities within the Commonwealth agencies listed in the NCTP.