

## CRIMINAL AND TERRORISM INCIDENT ANNEX to AUSTRUMAPLAN

### 1 INTRODUCTION

- 1.1 The *Criminal and Terrorism Incident Annex* is Annex C of AUSTRUMAPLAN (the *Domestic Response Plan for Mass Casualty Incidents of National Consequence*) and as such should be read in conjunction with that plan, as well as Annex A, the *Severe Burn Injury Annex*.
- 1.2 AUSTRUMAPLAN acknowledges that the primary responsibility for managing the impacts of Mass Casualty Incidents (MCI) within their respective state and territory lies with the state and territory governments. AUSTRUMAPLAN will operate when a Mass Casualty Incident of National Consequence (MCINC) occurs. A MCINC is defined as a MCI that requires consideration of national level policy, strategy and public messaging or inter-state and/or territory assistance<sup>1</sup>.
- 1.3 AUSTRUMAPLAN acknowledges that major trauma injuries may occur as a result of a criminal act or terrorism incident, and that the national management of casualties as a result of such an incident, requires specific considerations for an effective response, to provide optimal care and ensure cooperation between all agencies involved.
- 1.4 A ‘terrorist act’ is defined under Australian law as an act or threat, intended to advance a political, ideological or religious cause by coercing or intimidating an Australian or foreign government, or the public, by causing serious harm to people or property, creating a serious risk to the health and safety of the public, or seriously disrupting trade, critical infrastructure or electronic systems<sup>2</sup>. A ‘terrorism incident’ is a combination of circumstances or conditions which may lead to or result from a terrorist act, and which require preventative and/or responsive action.
- 1.5 The Crimes Act addresses the list of offences which are contrary to Australian Commonwealth or individual state criminal law. The law codifies behaviours and actions that cause harm to or endanger lives or property. An incident in these circumstances is defined as a criminal or terrorist act or event which is planned or has occurred and which involves the use or suspected use of a chemical, biological or radiological device or substance.

### 2 AIM

- 2.1 The aim of the *Criminal and Terrorism Incident Annex* is to detail the differences in the national preparedness, response and recovery arrangements when AUSTRUMAPLAN is activated in response to a criminal act or terrorism incident. The objective of this Annex is to achieve the best possible outcomes for the individuals and communities affected and minimise the impact of a criminal or terrorism incident on the health system.

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<sup>1</sup> *Domestic Response Plan for Mass Casualty Incidents of National Consequence* endorsed by the AHPPC on 4 November 2010, clause 1.3.

<sup>2</sup> *Criminal Code Act 1995 (Cwlth)*

### 3 SCOPE

- 3.1 The *Criminal and Terrorism Incident Annex* of AUSTRUMAPLAN is implemented when the national coordination of a MCINC, as defined in AUSTRUMAPLAN, is required as a result of a known or suspected deliberate criminal act or terrorism incident occurring within Australia.
- 3.2 This Annex is intended to be activated in conjunction with AUSTRUMAPLAN.
- 3.3 Prevention of criminal act and terrorism incidents is not within the scope of this Annex.

### 4 GOVERNANCE ARRANGEMENTS

#### 4.1 National Governance Arrangements

- 4.1.1 The Inter-Governmental Agreement (IGA) on Australia's National Counter-Terrorism Arrangements establishes a framework to enhance the national counter-terrorist capability through a cooperative partnership between all jurisdictions. The National Counter-Terrorism Handbook is the guideline which details the broad coordination arrangement for the preparedness, prevention, response and recovery phases of an incident<sup>3</sup>. It is a tool for a broad range of stakeholders, from local officials to executive decision makers.

#### 4.2 Australian Health Protection Principal Committee (AHPPC) Governance Arrangements

- 4.2.1 AHPPC governance arrangements for a criminal or terrorism incident will be in accordance with the *National Health Emergency Response Arrangements 2009* (NatHealth Arrangements) clause 4<sup>4</sup>, with focus on health consequence management. However, due to security implications, there may be restrictions in place which will impact on the information available and the actions that can be taken by AHPPC.

#### 4.3 State Governance Arrangements

- 4.3.1 Each state and territory will act in accordance with their state or territory counter terrorism plans and criminal codes.
- 4.3.2 State and territory governments and their agencies have primary operational responsibility for dealing with a criminal or terrorism incident or act in their jurisdiction. Where an incident or act is suspected to be criminal and/or terrorism-related, police agencies exercise overall command and control of the response. Australian Government agencies will support the state and territory authorities when requested, including certain forms of physical and financial assistance.

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<sup>3</sup> **National Counter-Terrorism Handbook** endorsed by the National Counter Terrorism Committee in June 2010

<sup>4</sup> *National Health Emergency Response Arrangements 2009 Clause 4.*

## 5 INFORMATION SHARING

- 5.1 Security classifications and a lack of secure networks within the state and territory health services will result in limited information sharing, including timely and detailed information, on these events. It is recommended that jurisdictional health services ensure an enhanced liaison with intelligence and police services in the preparedness phase of emergency management.

## 6 ACTIVATION OF PLAN

### 6.1 Activation Authority

- 6.1.1 Authority to activate and stand down the *Criminal and Terrorism Incident Annex* of AUSTRAMAPLAN rests with the Chair of the AHPPC (or nominated delegate).

### 6.2 Triggers

- 6.2.1 The key triggers for potential use of the *Criminal and Terrorism Incident Annex* under the AUSTRAMAPLAN may include:
- a significant domestic MCI occurring as a result of a known or suspected criminal act or terrorism incident;
  - an affected state or territory notifying that assistance in managing the health aspects of the MCI, as a result of a criminal act or terrorism incident, may be required; an increase in the terrorism threat level or the National Terrorism Public Alert Level<sup>5</sup>
  - the declaration of a National Terrorist Situation;
  - the activation of the *National Response Plan for Mass Casualty Incidents Involving Australians Overseas* (OSMASSCASSPLAN); and/or
  - other circumstances as deemed necessary by the AHPPC.

- 6.2.2 Other Annexes of AUSTRAMAPLAN may be activated as required.

### 6.3 Execution

- 6.3.1 As detailed under section 4.3 of AUSTRAMAPLAN.

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<sup>5</sup> **National Counter-Terrorism Handbook** 2010 Chapter 3, Section 3.1

## 6.4 Linkages to National Level Plans

6.4.1 The *Criminal and Terrorism Incident Annex*, as Annex C of AUSTRUMAPLAN, operates under the auspices of the NatHealth Arrangements 2009. Linkages are outlined in 6.4 of AUSTRUMAPLAN.

6.4.2 This Annex will also link to other response plans under the NatHealth Arrangements and in particular the *Health Chemical, Biological, Radiological, Nuclear Incidents of National Consequence (CBRNINC) Plan*.

## 7 PREPAREDNESS

7.1 As with preparedness for MCIs outlined at clause 7.2 of AUSTRUMAPLAN, the majority of preparedness activities for MCIs, as a result of a criminal act or terrorism incident, lie with the respective state and/or territory. These activities should include preparedness training specific to first response to a criminal act or terrorism incident.

Additional activities specific to the *Criminal and Terrorism Incident Annex* include:

- The development of interoperable state/territory counter-terrorism plans, including coordination and health preparedness, response and recovery arrangements.
- The development and collation of state/territory health asset and facility registers, including bed numbers and surge capacity.
- The development and maintenance of deployable state/territory and Australian Government assets.
- Increasing the familiarisation of health staff with likely investigative requirements, forensic and evidentiary procedures.
- The review and development of arrangements to protect health personnel and infrastructure.
- Connecting the health sector to the security intelligence framework by ensuring that appropriate health personnel have relevant security clearances, and that there is appropriate health representation on relevant committees.
- Liaison with appropriate agencies to ensure planned access for patient transport and emergency care in the event of restriction of normal access including airspace.
- The conduct of regular exercises with a health focus, under the National Counter Terrorism framework.
- The conduct of regular training on the health aspects of criminal acts and terrorism incidents.

## 8 RESPONSE

### 8.1 Criminal and Terrorism Incident Annex Readiness Phases and Activation

8.1.1. AUSTRUMAPLAN Section 5 outlines the actions of the readiness and activation phases. Actions to complement those in AUSTRUMAPLAN relating specifically to criminal acts and terrorism incidents are as follows:

#### STANDBY PHASE

\* As per AUSTRUMAPLAN and:

- National Incident Room (NIR) alerts of a potential or confirmed Mass Casualty Incident (MCI) as a result of a potential criminal act or terrorism incident.
- States and territories to provide advice on their readiness for such an incident.

#### RESPONSE PHASE

\* As per AUSTRUMAPLAN and

- Consider available relevant intelligence when determining the distribution of resources and enhanced security requirements.
- Outline expected impact on business continuity.
- Upon request identify and prepare health teams and medical resources able to deploy in response to Attorney-General's Department Emergency Management Australia (EMA) tasking and identify available jurisdictional capacity.
- Consider the use of Forensic Officers to coordinate/manage evidence collection in health facilities.
- Identify and implement likely forensic and psycho-social requirements to affected jurisdictions.
- Chair of the AHPPC will activate this Annex.

#### STANDDOWN PHASE

\* As per AUSTRUMAPLAN and:

- Chair of AHPPC will stand down this Annex.
- Facilitate ongoing health recovery processes to reconstruct the psycho-social and health components of the community and health workforce.
- Facilitate support to ongoing governmental coronial and criminal investigations .

**9 MEDIA COORDINATION**

- 9.1 In the event that a National Terrorist Situation is declared, the media management arrangements that apply to National Terrorist Situations override the media management arrangements outlined in Section 8 of AUSTRUMAPLAN<sup>6</sup>.
- 9.2 In the event of a criminal incident, the Department of Health and Ageing (DoHA) will be responsible for coordinating national media statements on the health aspects of a nationally coordinated response.

**10 RECOVERY**

- 10.1 Recovery following MCI is covered in AUSTRUMAPLAN. It is possible that an affected state or territory, which has managed an MCI as a result of a criminal act or terrorism incident without external support for the acute response, may require health support during the recovery phase. This may be accessible through AUSTRUMAPLAN.
- 10.2 Recovery in terms of AUSTRUMAPLAN is outlined in clause 7.3.1.

**11 ROLES AND RESPONSIBILITIES BY AGENCY**

**11.1 Australian Government**

Appendix 1 of AUSTRUMAPLAN summarises the potential roles and responsibilities of committees, agencies and other bodies during each stage of the plan’s activation. The following tables provide responsibilities of committees specific to AUSTRUMAPLAN activation in response to a criminal act or terrorism incident.

<b>Committees/Agencies</b>	<b>Role</b>
Australian Health Protection Principal Committee (AHPPC)	<ul style="list-style-type: none"> <li>• As per AUSTRUMAPLAN</li> <li>• Provide high level strategic and clinical advice on health and medical requirements and capabilities and on coordination of national health response to a MCI as a result of a criminal act or terrorism incident.</li> <li>• Coordinate response to national public health issues following a criminal act or terrorism incident.</li> </ul>
Environmental Health Standing Committee (enHealth)	<ul style="list-style-type: none"> <li>• Provide national coordination of expert personnel, as required, to manage responses to environmental inputs, such as site contamination.</li> </ul>

<sup>6</sup> **National Counter-Terrorism Handbook** 2010, Part 2, National Security Public Information Guidelines

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National Mental Health Disaster Response Committee	<ul style="list-style-type: none"> <li>• Provide advice and national coordination of a mental health response following a criminal act or terrorist, as part of the recovery process.</li> </ul>
Australian Defence Force (ADF)	<ul style="list-style-type: none"> <li>• Contribute to the security of the immediate neighbourhood.</li> <li>• Support wider national interests, including specialist or general health support assets or services if required.</li> </ul>
Australian Federal Police (AFP)	<ul style="list-style-type: none"> <li>• Provide intelligence and technical advice to first responders.</li> <li>• Support incident investigation and evidence acquisition.</li> <li>• AFP will provide support and assistance as required in accordance with the NCT Handbook and existing inter-governmental protocols.</li> </ul>
Attorney-General’s Department Emergency Management Australia (EMA)	<ul style="list-style-type: none"> <li>• Through the Australian Government Crisis Coordination Centre, provide advice and coordination of Australian Government assistance to jurisdictions in response to an incident.</li> <li>• Facilitate as required, Australian Government Crisis Committee meetings in the coordination of Australian Government response activities.</li> <li>• Attorney-General’s Department Strategic Communication under the Crisis management framework will undertake the lead media role during a perceived terrorist event.</li> </ul>
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	<ul style="list-style-type: none"> <li>• Provide advice and service to support national coordination functions following a criminal or terrorism incident involving radioactive material.</li> </ul>
The Department of the Prime Minister and Cabinet (PM&C)	<ul style="list-style-type: none"> <li>• As in all contingency situations, provide comprehensive and coherent whole of government advice to the Prime Minister and Cabinet through the National Security Adviser (NSA).</li> <li>• Facilitate whole of government coordination by chairing the Australian Government Crisis Committee and National Crisis Committee.</li> <li>• Administer the Parliament House Briefing Room (PHBR), which is a secure facility to support ministerial situational awareness and decision making.</li> </ul>

**11.2 State and Territory Agencies**

<b>Agency</b>	<b>Role</b>
State and territory Health Departments	<ul style="list-style-type: none"> <li>• Provide advice to health facilities on security.</li> <li>• Develop and review health specific jurisdictional terrorism specific plans in consultation with police.</li> <li>• Advise on clinical management of casualties obtained as a result of a criminal act or terrorism incident, particularly a CBR event.</li> </ul>
Ambulance Services	<ul style="list-style-type: none"> <li>• Provide initial triage and treatment of patients in a heightened security environment and to those affected by CBR agents.</li> </ul>
State and territory Police	<ul style="list-style-type: none"> <li>• State and territory police agencies have primary operational responsibility for response to terrorist or criminal incidents/acts in their jurisdiction.</li> <li>• Investigate terrorist and criminal incidents.</li> <li>• Conduct disaster victim identification processes.</li> </ul>

**11.3 Other Non Government Organisations and Support Agencies**

<b>Agency</b>	<b>Role</b>
Australian Red Cross	<ul style="list-style-type: none"> <li>• Assist government agencies in providing the public with information regarding those killed or missing following a terrorist attack, through the National Registration and Inquiry System.</li> </ul>

**12 PLAN TESTING**

12.1 The *Criminal and Terrorism Incident Annex* should be tested every two years either via inclusion in a national exercise such as the ANZCTC capability development program; and/or inclusion in AHPPC exercises and drills.

**13 PLAN REVIEW**

13.1 The *Criminal and Terrorism Incident Annex* must be reviewed every five years based on exercise outcomes, review of operations, and events that require the plan to be implemented and following each major review of the National Counter Terrorism Plan.

**Appendix A – CLINICAL ASPECTS OF A CRIMINAL ACT OR TERRORISM  
INCIDENT**

**Appendix B – BIBLIOGRAPHY (INC URLS) – INPUT FROM WRITING PARTY  
MEMBERS**

**Appendix C – ACRONYMS**

## CLINICAL ASPECTS OF A CRIMINAL ACT OR TERRORISM INCIDENT

Key points to consider in dealing with suspected Criminal Acts or Terrorism Incidents

**Response:**

1. Security and related issues pre-hospital may include:
  - Access to the site may be severely limited. Health responders must be in a position to negotiate the earliest possible access to those requiring medical aid. The ideal scenario is to move the patients to a position of safety to allow unimpeded care.
  - Key risks and considerations include:
    - The possibility of secondary devices and active targeting of first responders.
    - “Dirty Bombs” with CBRN contaminants may be deliberately used.
    - Multiple targets may be attacked simultaneously to derail or overwhelm normal responses.
    - The possibility of victims and perpetrators intermingling following the incident, and within the healthcare system.
  - Jurisdictional police retain control of the scene, but Australian Federal Police (AFP) and Australian Defence Force (ADF) personnel may also become involved.
2. Security issues at health facilities may include:
  - Decreased access:
    - For staff, relatives and patients with illness unrelated to the event.
    - Security cordons may impede access and require high levels of identification for staff responding to the event.
  - Media and political pressure
    - May potentially distract medical staff and administrators from other roles.
  - Business continuity may be impacted
    - In particular related to care for unrelated presentations to acute care areas of the hospital, operating theatre cases, maternity services etc
    - Unusable clinical areas due to security concerns or contamination.
    - Requests to cohort patients may impact on the ability to maximise the use of clinical areas, and normal staff routine and functions.
  - Patient effects and evidential chain requirements may impact on staff time in clinical areas.
    - Police may ask for increased access to patients, care in collection of all clothing, debris and evidence from the patients' surface and from any debris removed in surgery.

## CLINICAL ASPECTS OF A CRIMINAL ACT OR TERRORISM INCIDENT

- Unknown/unidentified patients:
  - Pre-prepared patient identification packs with robust methods of number and letter/word identification to minimise risks of mistaken identity, pathology and blood tracking etc.
- 3. Clinical presentations may include:
  - Blast injuries (primary-quaternary)
    - Direct impact with “impulse or over-pressure wave” and shearing forces causing either lethal or severe injury in typical patterns e.g. pulmonary haemorrhage, cardiac contusion and Gastrointestinal perforation.
    - Impact by debris from a bomb (shrapnel) and surrounding materials.
    - Injuries caused by the blast wind throwing victims against other objects causing fractures, head injuries etc
    - A miscellaneous term referring to any other type of injury related to the explosion, examples will include burns, crush injuries, suffocation and mental health problems.
  - Burns from secondary fires.
  - CBRN contaminated/affected by “dirty bombs” or similar.
  - Patients may present with hearing impairment or loss, requiring use of pictures or writing materials to elicit a history and allow examination. This will lengthen the time taken to care for each patient.

### Recovery:

- Very high likelihood of coronial investigation and legal cases requires meticulous record keeping of both patient details and of staff and managerial actions/timelines.
- Psychological impact on staff, including those not directly involved in patient care is likely to be higher than other forms of mass casualty response. This requires careful management, with good voluntary access to counselling as required.

**Appendix B**  
**BIBLIOGRAPHY**

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ACRONYMS

ADF	Australian Defence Force
AFP	Australian Federal Police
AHPPC	Australian Health Protection Principal Committee
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
AUSTRUMAPLAN	<i>Domestic Response Plan for Mass Casualty Incidents of National Consequence</i>
CBRINC Plan	<i>Health Chemical, Biological, Radiological, Nuclear Incidents of National Consequence Plan</i>
CBRN	Chemical, Biological, Radiological and Nuclear
DoHA	Department of Health and Ageing
EMA	Attorney-General's Department Emergency Management Australia
enHealth	Environmental Health Committee
IGA	The Inter-Governmental Agreement
MCI	Mass Casualty Incident
MCINC	Mass Casualty Incident of National Consequence
NatHealth Arrangements	<i>National Health Emergency Response Arrangements</i>
NCT	National Counter Terrorism
ANZCTC	Australia New Zealand Counter Terrorism Committee
NIR	DoHA National Incident Room
OSMASSCASSPLAN	National Response Plan for Mass Casualty Incidents Involving Australians Overseas
PM&C	The Department of the Prime Minister and Cabinet