AUSTRAUMAPLAN

Domestic Response Plan for Mass Casualty Incidents of National Consequence

Australian Health Protection Principal Committee

Final November 2011

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SOS International
World Health Organization

CERTIFICATE OF AMENDMENT

The Department of Health and Ageing (DoHA) will review the *Domestic Response Plan for Mass Casualty Incidents of National Consequence* (AUSTRAUMAPLAN) 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 and Ageing Website http://www.health.gov.au and at the Department's health emergency website www.healthemergency.gov.au.

Amendment No	Issue Date	Amended By	Date
1	November 2011	HEMB	November 2011

GLOSSARY / DEFINITIONS

Affected jurisdiction	A state or territory where a mass casualty incident has occurred (or is expected to occur).
Agency	A government or non-government agency.
All Hazards	This approach concerns arrangements for managing the large range of possible effects of risks and emergencies, as a large range of risks can cause similar problems and similar measures, such as warning, evacuation, medical services and community recovery, will be required during and following emergencies.
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
Australian Health Protection Committee (AHPC)	Established in 2006 as the peak national health emergency management committee, with the authority to plan, prepare and coordinate the national health response to significant incidents.
Australian Medical Transport Coordination Group (AMTCG)	AMTCG provides a national coordinated medical transport response as part of Australia's casualty response system (including for approved foreign nationals). AMTCG is convened and chaired by the Attorney-General's Department Emergency management Australia (AGD EMA). Once convened, AGD EMA will coordinate all aero-Australian medical transportation of casualties with the support of the AMTCG.
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.
Consequence Management	Measures taken to protect public health and safety, restore essential government services and provide emergency relief to governments, businesses and individuals affected.
Control	Refers to the overall direction of the activities, agencies or individuals concerned. Control operates horizontally across all agencies / organisations, functions and individuals. Situations or incidents are controlled. The 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 interdependencies between activities. In emergency management, Coordination involves the bringing together of many organisations to pursue a common goal and to share resources, information, expertise and decision making.
Crisis Management	Deliberate and immediate management for whole-of-government consideration of policy, decision-making and coordination for the prevention and/or resolution of situations/incidents, in order to maintain national security and confidence in government. (Source: National Counter-Terrorism Plan).
Defence Aid to the Civilian Community (DACC)	The provision of Defence resources for the performance of emergency or non-emergency support within Australia and its territories that are primarily the responsibility of the civil community or other government organisations. There are three primary DACC categories. DACC Category 1 is assistance where immediate action is necessary to save human life, alleviate suffering, prevent extensive loss of animal life or prevent widespread loss of, or damage to, property in a localised emergency situation. DACC Category 2 is assistance where action is necessary to save human life or alleviate suffering during a more extensive or continuing disaster following initial Category 1 assistance. DACC Category 3 is assistance associated with recovery from an emergency or disaster, which is not directly related to the saving of life or property.
Hazard	A potential or existing condition that may cause harm to people or damage to property or the environment. (Source: Emergency Management Australia Glossary)
Incident	A localised event, either accidental or deliberate, which may result in death or injury, or damage to property, which requires a normal response from an agency or agencies.
Australian Government Crisis Coordination Centre (CCC)	A dedicated facility provided by AGD EMA that will coordinate the non-health specific consequence management arrangements of the disaster. Tasking recommended by DoHA and the AHPC will be actioned by the CCC. The CCC will liaise through the state and territory emergency operations centres.
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.
Major Trauma Injury (MTI)	Traumatic injury likely to require admission to an Australian Major Trauma Service. For simplicity, patients with less severe injuries resulting from an MCI may also be included when considering the availability of and need for resources.
Major Trauma Service (MTS)	A health service designated by the local jurisdiction as appropriate to receive patients with major trauma injuries.
Mass Casualty Incident (MCI)	An incident which results in a significant number of casualties. The absolute number of casualties may vary and due to combinations of geography and severity, an MCI by definition, has the potential to overwhelm local/regional response resources.
Mass Casualty Incident of National Consequence (MCINC)	An MCI that requires consideration of national level policy, strategy and public messaging or inter-jurisdictional assistance, where such assistance is not covered by existing arrangements. It is expected that the National Incident Room (NIR) will be notified of a MCINC so that an AHPC meeting can be convened as required. An MCI may transition into an MCINC when a jurisdiction's response resources are overwhelmed (either immediately or over time) or the MCI has inherent complex political management implications such as the involvement of a large number of foreign nationals or complex logistical implications due to the geography of the incident location.
Medical Assessment Element	A team which attends a Mass Casualty Incident as soon as possible to gather health and logistics intelligence and provides focused, timely and accurate communication back to jurisdictions.
National Crisis Committee (NCC)	The primary forum for coordinating whole-of-government response to an incident of national significance including consolidation of information and coordination of information exchange, advice to ministers and coordination of ministerial decisions across the Federal, State and Territory governments.
National Critical Care and Trauma Response Centre (NCCTRC)	Embedded within the Royal Darwin Hospital (RDH), the NCCTRC is a Commonwealth funded resource used to maintain RDH in a state of readiness to respond to major regional and overseas incidents involving mass casualties, particularly as a source of response teams or as a forward receiving hospital.

National Health Emergency Response Arrangements (NatHealth Arrangements)	The principle response document of the AHPC 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 DoHA. The NIR acts a conduit for response and recovery operations within DoHA and between state and territory health authorities, other Commonwealth operations centres and the international health community.
Non Government Organisation (NGO)	A voluntary organisation or any other private individual or body, other than a government agency.
Preparedness	In relation to an emergency, includes arrangements or plans to deal with an emergency or the effects of an emergency. (Source: Emergency Management Australia Glossary) This may include establishing the plans, training, exercises, and resources necessary to achieve readiness for all hazards, including a MCI from trauma.
Prevention	In relation to an emergency, includes the identification of hazards, the assessment of threats to life and property and the taking of measures to reduce potential loss to life or property.
Recovery	In relation to an emergency, includes the process of returning an affected community to its proper level of functioning after an emergency. (Source: Emergency Management Australia Glossary) In this document, refers to all types of emergency actions dedicated to the continued protection of the public or promoting the resumption of normal activities in the affected area.
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.
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.

Standing Operating Procedures	Internal response procedures that document operational and administrative procedures to be followed during activation of this plan.
State/territory Control Centre	A dedicated (health) control facility from which a state/territory response will be coordinated.
Supporting jurisdiction	A state or territory able to provide support to an affected jurisdiction.
Triage	The process by which casualties are sorted and prioritised according to their need for first-aid, resuscitation and emergency transport.

ABBREVIATIONS AND ACRONYMNS

ACEM	Australian College for Emergency Medicine
ADF	Australian Defence Force
AEMC*	Australian Emergency Management Committee
AFP	Australian Federal Police
AGD	Attorney-General's Department
AGD EMA	Attorney-General's Department Emergency Management Australia
AGDRC	Australian Government Disaster Recovery Committee
AHMAC	Australian Health Ministers Advisory Council
AHPC	Australian Health Protection Committee
AMRN	Australian Medical Retrieval Network
AMTCG	Australian Medical Transport Coordination Group
ANZBA	Australia and New Zealand Burn Association
ANZCA	Australian and New Zealand College of Anaesthetists
ARCBS	Australian Red Cross Blood Service
ASIO	Australian Security Intelligence Organisation
ATS	Australasian Trauma Society
AusAID	Australian Agency for International Development
AUSASSISTPLAN	Commonwealth Australian Government Overseas Response Disaster Assistance Plan
AUSMAT	Australian Medical Assistance Team
C4	Command, control, coordination and communication
CAA	Council of Ambulance Authorities
CCC	Australian Government Crisis Coordination Centre
CBRN	Chemical, Biological Radiological and Nuclear
CHO	State or territory Chief Health Officer
CICM	College of Intensive Care Medicine of Australian and New Zealand
CMO	Commonwealth- Chief Medical Officer
COMDISPLAN	Commonwealth Australian Government Disaster Response Plan
CUSTOMS	Australian Customs and Border Protection Command
DACC	Defence Aid to the Civil Community
DAFF	Department of Agriculture, Fisheries and Forestry

DFAT	Department of Foreign Affairs and Trade
DIAC	Department of Immigration and Citizenship
DoFD	Department of Finance and Deregulation
DoHA	Department of Health and Ageing
EOC/ECC	Emergency Operations/Coordination Centre
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
IDETF	Interdepartmental Emergency Task Force
IMF	Incident Management Facility
NBA	National Blood Authority
NCCTRC	National Critical Care and Trauma Response Centre
NCTC	National Counter-Terrorism Committee
NEMC	National Emergency Management Committee
NGO	Non Government Organisation
NIR	National Incident Room
OHP	Office of Health Protection
OSMASSCASPLAN	National Response Plan for Mass Casualty Incidents Involving Australians Overseas
PM&C	Department of Prime Minister and Cabinet
RACS	Royal Australian College of Surgeons
SEOC	State Emergency Operations Centre
SHECO	State Health Emergency Operations Centre
SITREP	Situation Report
USAR	Urban Search and Rescue
WHO	World Health Organization

*AEMC is no longer in operation. Please see NEMC.

AUTHORITY

The Domestic Response Plan for Mass Casualty Incidents of National Consequence (AUSTRAUMAPLAN) was developed by the National Health Emergency Management Subcommittee (previously the Health All Hazards Working Group) of the Australian Heath Protection Committee. AUSTRAUMAPLAN was endorsed by the Australian Health Protection Committee on 4 November 2010.

AUSTRAUMAPLAN has been developed under the auspices of the National Health Emergency Response Arrangements (NatHealth Arrangements 2009).

Section 1: INTRODUCTION

1.1. AUSTRAUMAPLAN is the domestic response plan for Mass Casualty Incidents of National Consequence (MCINC). The plan provides an agreed framework and mechanisms for the effective national coordination, response and recovery arrangements for MCINC resulting from trauma.

1.2. AUSTRAUMAPLAN acknowledges that the primary responsibility for managing the impacts of Mass Casualty Incidents (MCI) within their respective jurisdictions lies with the state and territory governments. Each jurisdiction has a mandate under state or territory emergency legislation for the prevention and, if they occur, management of emergencies and disasters including MCI.

1.3. For the purpose of this plan, an MCI is defined as an incident which results in a significant number of casualties with Major Trauma Injury (MTI). The absolute number of casualties may vary and, due to combinations of geography and severity an MCI, by definition, may have the potential to overwhelm local/regional response resources.

1.4. The principle premise underpinning AUSTRAUMAPLAN is that it will operate when a Mass Casualty Incident of National Concern (MCINC) occurs. An MCINC is defined as an MCI that requires consideration of national level policy, strategy and public messaging or inter-jurisdictional assistance, where such assistance is not covered by existing arrangements.

1.5. An MCI may transition into an MCINC when a jurisdiction's response resources are overwhelmed (either immediately or exhausted over time) or the MCI has inherent complex political management implications above and beyond the routine jurisdictional clinical and operational management/response. Examples include the involvement of large number of foreign nationals or complex logistical implications related to the geography of an MCI. The Australian Health Protection Committee (AHPC) will determine when an MCI has transitioned into a MCINC.

1.6. AUSTRAUMAPLAN acknowledges that MTI may include severe burn injuries. The national management of severe burn injuries requires specific considerations for effective response and optimal care. Consequently in 2002 the then Australian Health Ministers' Council (AHMC) (now known as the Standing Council on Health (SCH)), commissioned the National Burn Planning and Coordination Committee to develop a plan specific to the needs of severe burn injuries, the *National Response Plan for Mass Burn Casualty Incident*, better known as the AUSBURNPLAN (2004). AUSBURNPLAN has contributed to the improved national response and coordination for mass burn casualty incidents.

1.7. That national approach in developing AUSBURNPLAN was also used in developing AUSTRAUMAPLAN. The AHPC at its March 2009 meeting, noted that the AUSBURNPLAN would be incorporated into the AUSTRAUMAPLAN. Burn specific considerations previously covered by AUSBURNPLAN are now contained within the *Severe Burn Injury* annex, Annex A.

1.8. The following critical consultative mechanisms underpin this plan:

- the Australian Health Protection Committee (AHPC) is the peak national health emergency management committee with the authority to plan, prepare and coordinate the national health response to significant incidents; and
- the Australian Medical Transport Coordination Group (AMTCG), convened by the Attorney-General's Department Emergency Management Australia (AGD EMA), provides a nationally coordinated medical transport response.

1.9. The national focal point for health coordination of the MCINC is the DoHA National Incident Room (NIR). The NIR maintains lead agency status in the coordination of health assets, including hospital beds and personnel.

1.10. AGD EMA is the agency responsible for planning and coordinating Australian Government's physical assistance to jurisdictions under the auspices of the Australian Government Disaster Response Plan (COMDISPLAN). AGD EMA maintain lead agency status for all multi-agency Australian Government coordination, including provision of medical transport through the AMTCG.

Section 2: AIM

2.1 The aim of AUSTRAUMAPLAN is to provide an agreed framework for the coordination and response arrangements for national health sector operations in response to MCINC resulting from trauma.

2.2 The objective is to minimise the impact of a MCINC on the health system of the affected jurisdiction(s) and the individuals affected in the event of an incident. By coordinating the distribution of resources and/or casualties and the response to an incident, it increases the ability for casualties to be provided optimal specialist trauma care. This may include some situations that may not overwhelm or threaten to overwhelm a jurisdiction's health resources.

Section 3: SCOPE

3.1 AUSTRAUMAPLAN describes the domestic national coordination arrangements required within Australia in the event of an MCINC. The National Response Plan for Mass Casualty Incidents Involving Australians Overseas (OSMASSCASPLAN) details the primary response arrangements to overseas incidents involving Australian nationals and other approved persons.

3.2 It is acknowledged that Australia's trauma system frequently functions at or near capacity with routine trauma cases and a MCI may require activation of AUSTRAUMAPLAN even in the face of relatively small numbers of casualties, particularly in regional and remote areas.

3.3 AUSTRAUMAPLAN is not a plan to deal with routine incidents which fall within the capability of an individual jurisdiction (MCI). However, AUSTRAUMAPLAN may be used to facilitate national options planning in the event of an apparently significant MCI.

3.4 AUSTRAUMAPLAN can be activated in conjunction with other national level plans (see 6.4 Linkages to national level plans).

Section 4: ACTIVATION

4.1 Activation Authority

4.1.1 The Chair of the AHPC (or nominated delegate) has the authority to activate AUSTRAUMAPLAN.

4.2 Triggers

4.2.1 The key triggers for activation of AUSTRAUMAPLAN may include:

- the occurrence of a significant domestic MCI;
- notification by an affected jurisdiction that assistance in managing the health aspects of the MCI may be required;
- activation of OSMASCASSPLAN; and/or
- other circumstances as deemed necessary by the AHPC.

4.3 Execution

4.3.1 DoHA, in consultation with AHPC, may issue preliminary AUSTRAUMAPLAN Readiness Phase messages.

4.3.2 Once activated, the AHPC can coopt relevant clinicians or subject matter experts as required.

4.3.3 The DoHA NIR will advise relevant Australian Government and state and territory health services of the appropriate AUSTRAUMAPLAN readiness phase. The NIR will provide agencies with Situation Reports (SitReps) for events that require activation and/or escalation of the plan.

Section 5: AUSTRAUMAPLAN Readiness Phases and Activation

Response phase actions are detailed in Appendix 6.

STANDBY PHASE

- Alerts of a potential or confirmed Mass Casualty Incident
- NIR placed on Standby
- NIR will liaise with affected jurisdiction/s
- Notification to AHPC of the incident
- Jurisdictions to identify available resources for the response (Appendix 4)
- Situational awareness maintained by NIR through briefings from affected and non-affected jurisdictions (Appendix 3)
- Convene AHPC
- AHPC confirmation of jurisdictional capacity
- NIR to commence operational planning and continue to gather operational intelligence
- Develop a list of possible trigger points for escalation and activation of the AMTCG
- Advise AGD EMA if the AMTCG will need to be convened to coordinate aeromedical transport

RESPONSE PHASE

- Request for assistance received from affected jurisdiction/s or tasking received from Australian Government
- The potential deployment of Australian Government and/or jurisdictional assets required to support the MCI response
- Situational awareness is maintained by NIR through briefings from affected and non-affected jurisdictions (Appendix 3)
- The movement of patients from an affected jurisdiction and movement of resources into an affected jurisdiction may be required
- AGD EMA to coordinate transport for mass casualty through the AMTCG on advice from the NIR
- Detailed response actions are at Appendix 6

STANDDOWN PHASE

- The AHPC will authorise the stand down of the incident when all consequence management actions requiring national coordination have been completed (acknowledging recovery efforts will be occurring and potentially ongoing)
- No likelihood of any additional immediate tasking
- AHPC to debrief health responses to response phases of AUSTRAUMAPLAN (disseminate post activation report and recommendations)
- Facilitate ongoing health recovery processes

Section 6: RESPONSE COORDINATION

6.1 Aeromedical Transport Considerations

6.1.1 When aeromedical transport is required under this plan, this will be coordinated by AGD EMA through the AMTCG.

6.1.2 The AMTCG includes representation from AGD EMA, DoHA, ADF, states and territory aeromedical coordinators, CAA, DFAT and AusAID.

6.2 Communications

6.2.1 All telephone requests and instructions are to be confirmed by facsimile or e-mail to the NIR as soon as practicable.

6.2.2 Upon activation, the NIR will provide timely situation reports to relevant Australian Government agencies and state and territory AHPC members participating in AUSTRAUMAPLAN operations and for the information of others as appropriate.

6.2.3 In circumstances in which an AGCC or NCC is also convened, the activation of the NIR will be reported to the CCC. The CCC will provide situation reports to Australian Government agencies.

6.2.4 Subsequent SitReps will be promulgated to all relevant agencies providing current information on AUSTRAUMPLAN operations.

6.2.5 Communications to the DoHA NIR can be directed as follows:

National Incident Room t: (+61) 2 6289 3030

Department of Health and Ageing e: Health.Ops@Health.gov.au

6.3 Financial Considerations

6.3.1 All agencies in all jurisdictions involved in AUSTRAUMAPLAN operations are expected, in the first instance, to absorb any costs incurred. Details of expenditure should be recorded at all stages of AUSTRAUMAPLAN operations by all agencies in each jurisdiction.

6.3.2 Internal agency authorisations for expenditure of funds and deployment of resources in response to AUSTRAUMAPLAN activation are the responsibility of that agency and should be included in their agency plans.

6.4 Linkages to National Level Plans

6.4.1 AUSTRAUMAPLAN operates under the auspices of the National Health Emergency Response Arrangements (the NatHealth Arrangements) 2009.

6.4.2 The Australian Government Disaster Response Plan (COMDISPLAN) provides the framework for addressing state and territory requests for Commonwealth physical assistance arising from any type of emergency. COMDISPLAN is normally activated when Commonwealth assistance for emergency response or

short term recovery is requested or likely to be requested. If aeromedical (AME) transportation is required on advice from DoHA/AHPC and the AMTCG, AGD EMA will provide coordination (through AMTCG) for all AME transportation in close liaison with the NIR.

6.4.3 AUSTRAUMAPLAN can operate independently of COMDISPLAN. However, if COMDISPLAN is activated, AUSTRAUMAPLAN acknowledges that the formal COMDISPLAN pathways and requests for national health sector assistance must follow the prescribed arrangements for COMDISPLAN in requests being directed from the nominated State Controller to AGD EMA and AGD EMA tasking to DoHA/AHPC.

6.4.4 The National Counter-Terrorism Committee (NCTC) has established cooperative plans between the Australian Government and States and Territories to manage terrorist incidents or threats. The National Counter-Terrorism Plan (NCT-P) outlines responsibilities, authorities and the mechanisms to prevent, or if they occur, manage acts of terrorism and their consequences within Australia.

6.4.5 AUSTRAUMAPLAN can operate independently of NCT-P, if the MCINC is the result of a natural disaster where NCT-P arrangements do not apply. However, if the NCT-P is activated, AUSTRAUMAPLAN operations will comply with the mechanisms stipulated in the NCT-P and National Counter-Terrorism Handbook (NCT-H), particularly in relation to stated roles and functions of DoHA and the AHPC, and to the maintenance of information security and critical infrastructure protection.

Section 7: PREVENTION, PREPAREDNESS, RECOVERY and RESILIENCE

7.1 Prevention

7.1.1 Under the Australian Constitution, prevention is largely a state and territory responsibility. Prevention of MCINC is not within the scope of AUSTRAUMAPLAN.

7.2 Preparedness

7.2.1 The majority of MCI preparedness activities lie with the respective states and territories. These include:

- development of interoperable jurisdictional plans;
- collation of jurisdictional resource registers;
- regular exercises testing jurisdictional arrangements;
- delivery of jurisdictional education and training; and
- development and maintenance of deployable jurisdictional assets.

7.2.2 National elements of preparedness include the structure to facilitate AUSTRAUMAPLAN. These include:

- national level MCI plans mechanisms and arrangements;
- national MCI resource registers and stockpiles (including those in jurisdictions);
- regular exercises testing of national MCI arrangements; and
- encouraging national consistency and interoperability of key national level MCI capabilities.

7.3 Recovery

7.3.1 Recovery following MCIs is a shared national and jurisdictional responsibility, with the bulk of activities being delivered by jurisdictions. Recovery in terms of AUSTRAUMAPLAN includes:

- identification of resources deployed or consumed in the response (on replenishment of cache);
- recovery and repatriation of deployed medical teams and their equipment;
- repatriation of casualties to home jurisdictions;
- national and jurisdictional operational debriefing and development of post activation report and recommendations; and
- delivery of mental health services.

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

7.4 Resilience

7.4.1 Community resilience is not considered as part of AUSTRAUMAPLAN.

Section 8. MEDIA MANAGEMENT

8.1 Public Information

8.1.1 The Australian Government and the governments of the states and territories will coordinate release of public information (provided a National Terrorist Situation has not been declared) on the MCINC. Media releases will aim to reduce the potential for mixed messages and to ensure a common, national message to victims, their families and the general public. The common message will aim to ensure victims and their families receive consistent information about the responsibilities of all agencies involved and the nature of the response.

8.1.2 Public information about health measures will be coordinated through the Australian Government Chief Medical Officer via the NIR.

8.2 Media Coordination

8.2.2 DoHA, in consultation with the AHPC and AGD EMA, will be responsible for coordinating national media statements on the health aspects of the response to a MCINC.

8.2.3 DoHA will nominate a Media Liaison Officer (MLO) supported by the NIR who will work in conjunction with the AHPC and AGD EMA to manage public information releases.

8.2.4 DFAT and FaHCSIA are responsible for coordinating media statements on the Australian Government aspects of a response to an overseas MCI with DFAT responsible for the overseas aspects of the incident, and FaHCSIA for the domestic aspects.

8.2.5 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 this plan (refer to the *National Counter-Terrorism Plan and National Counter-Terrorism Handbook*).

Section 9. ADMINISTRATION and MAINTENANCE

9.1 Plan Testing

9.1.1 DoHA will coordinate testing of AUSTRAUMAPLAN via:

- inclusion in national exercises such as the National Counter-Terrorism Committee (NCTC) capability development program; and
- inclusion in AHPC exercises and drills.

9.1.2 DoHA will coordinate AUSTRAUMAPLAN exercises with the following aims:

- to educate participating agencies and stakeholders about AUSTRAUMAPLAN processes, their roles and the roles of other agencies; and
- to review AUSTRAUMAPLAN processes that can be improved or refined.

9.2 Plan Review

9.2.1 DoHA will coordinate periodic review and evaluation of AUSTRAUMAPLAN through the AHPC. A major review will be conducted every five years. It will also be reviewed if required following activation or learnings from exercise outcomes, and operations and activations of the plan.

Annex A: Severe Burn Injury Annex to AUSTRAUMAPLAN

The *Severe Burn Injury* annex (AUSBURNPLAN) was endorsed by the AHPC on 16 February 2011. This Annex supersedes the AUSBURNPLAN 2004.

Annex B: Paediatric Annex to AUSTRAUMAPLAN

To be developed and agreed

Annex C: Terrorism Annex to AUSTRAUMAPLAN

To be developed and agreed

Appendix 1 – Agencies Roles and Responsibilities

1. Australian Government

The following tables summarise potential roles and responsibilities of committees, agencies and other bodies during each stage of AUSTRAUMAPLAN activation.

Committees	Title	Role
Australian Health Protection Committee	AHPC	• National coordination of the health responses emergency operational activity • Provides high-level strategic and clinical advice on health and medical capabilities and on coordination of national health response to MCINC • Advises on requirements and response capabilities in regard to hospital beds, workforce, critical care management and operating suite availability, the secondary transport logistic requirements (Defence and Australian Medical Retrieval Network (AMRN)), mental health (mental health representative), assets and logistic infrastructure available from state and territories (jurisdictional representatives), as well as the maintenance of supplies and central logistics (DoHA) • Provides advice to the Australian Health Ministers Advisory Council (AHMAC) on Australia's preparedness for health emergencies and approaches to addressing any deficits
Australian Defence Force	ADF	• Provides ADF representation on the AHPC and AMTCG
Australian Medical Transport Coordination Group	AMTCG	• Provides a national coordinated medical transport response for the MCI
Australian Government Disaster Recovery Committee	AGDRC	• Provides advice on and coordination of implementation of tailored recovery assistance measures to assist Australian individuals, families and communities impacted by the MCINC. • Plans and preparation for management of the social and community impacts of future disasters or critical incidents. • Maintains linkages with relevant Australian Government, state and territory governments and non government organisations involved in domestic disaster recovery. • Provides advice to the Australian Government on lessons learnt in relation to operations, processes and assistance provided following onshore or offshore disasters

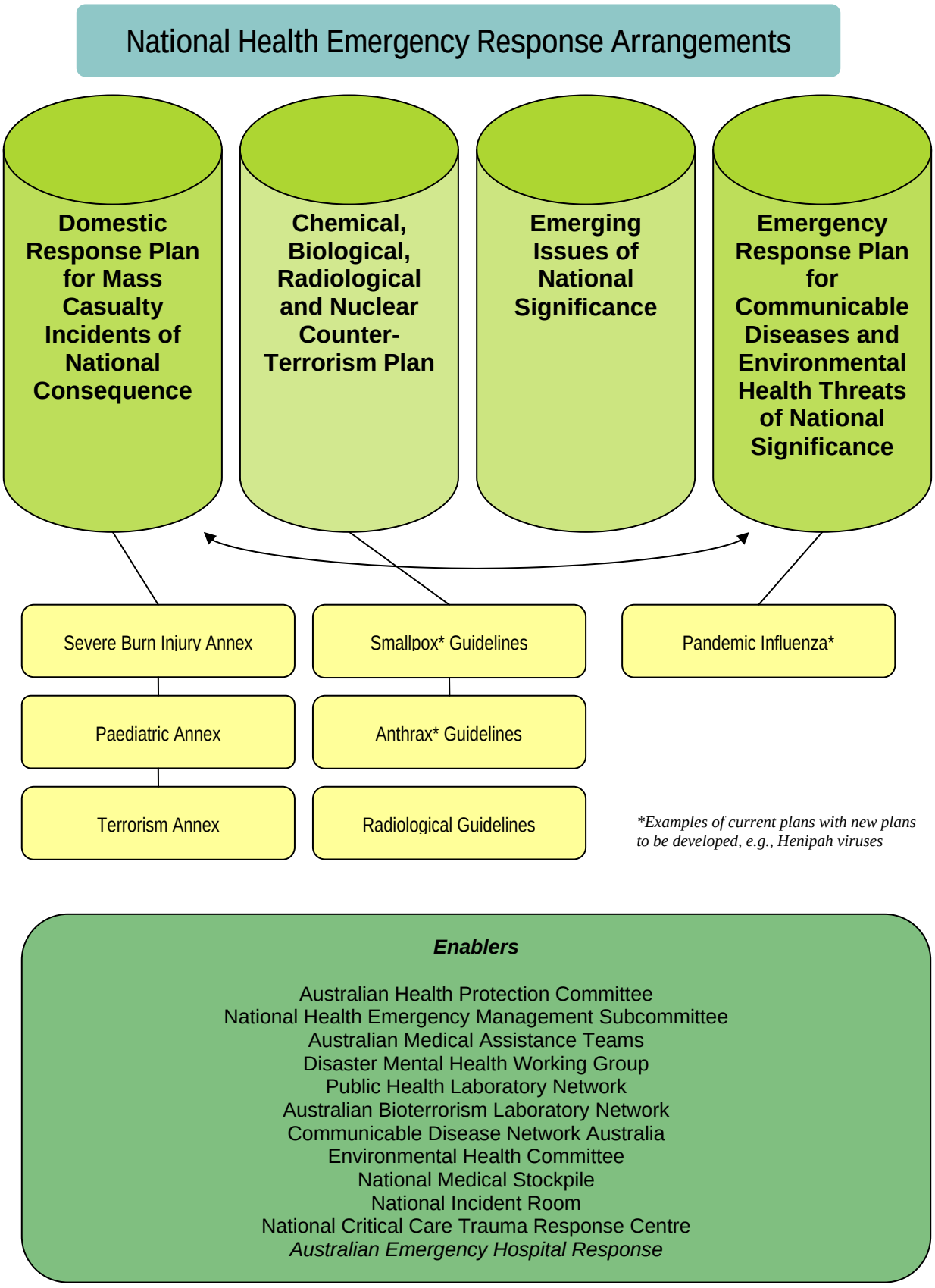
Committees	Title	Role
Attorney–General's Department Emergency Management Australia	AGD EMA	• Coordinates Australian government department and agency support for response operations. • AGD EMA: - Monitors all hazards through Australian, state and territory intelligence, security, law enforcement, and emergency management agencies and provides information to all relevant stakeholders - Coordinates the consequence management arrangements of an emergency and provides Commonwealth Incident Coordination (CIC) - Maintains a suite of Australian Government Plans and Arrangements that provide for Commonwealth assistance to states, territories and other Australian Government departments and agencies - Coordinates media management activities, including media liaison, public warnings, media monitoring, public information and preparation of joint media strategy - Coordinates Australian Government response to protective or national security threats or incidents
Department of Families, Housing, Community Services and Indigenous Affairs	FaHCSIA	• Participates in the Australian Government Disaster Recovery Committee (AGDRC). Plays a role in community recovery arrangements
Department of Health and Ageing	DoHA	• Provides specialist health advice, national leadership and response coordination primarily through the AHPC, and to liaise with other Australian Government agencies and international agencies such as the World Health Organization • For mass casualty incidents of national consequence, DoHA through its National Incident Room is responsible for the activation of AUSTRAUMAPLAN and Response phase activities, via the AHPC and for the coordination of the disaster medical response in Australia
National Blood Authority	NBA	• Monitors national supply issues and work with the ARCBS to ensure the security of supply of blood and blood products in accordance with the National Blood Supply Contingency Plan

2. State and Territory Agencies

Agency	Role
State and territory Health Emergency Operations Centre or equivalent	• Coordinate integration of state and territory Government planning and operational activity with Australian Government planning and operational activity • Coordinate reception of casualties into or within jurisdiction
State and territory health departments	• Maintain a list of Major trauma Services and their capabilities • Establish a mechanism to rapidly identify capacity for surge in the event of a MCI • Establish a mechanism to identify staff that can be deployed and equipment that can be provided to an affected Jurisdiction if required • Prepare hospital and other health facilities for mass casualty medical care • Advise on the clinical management of casualties • Coordinate medical treatment and contribute to national medical coordination through AHPC • If needed provide resources and assets to undertake overseas AME, conduct triage and provide immediate care in country as requested to assist by Australian Government • Advise on management of mental health issues
Ambulance Service	• Provide initial triage, on site pre hospital treatment and transportation of the casualties • Coordinate transport for designated medical teams to the sites of incidents • On site coordination with medical teams; and • On site medical support for incident responders
State Recovery Agency (Human/Community Services Department or equivalent)	• Provide recovery services • Coordinate or support community relief and recovery activities

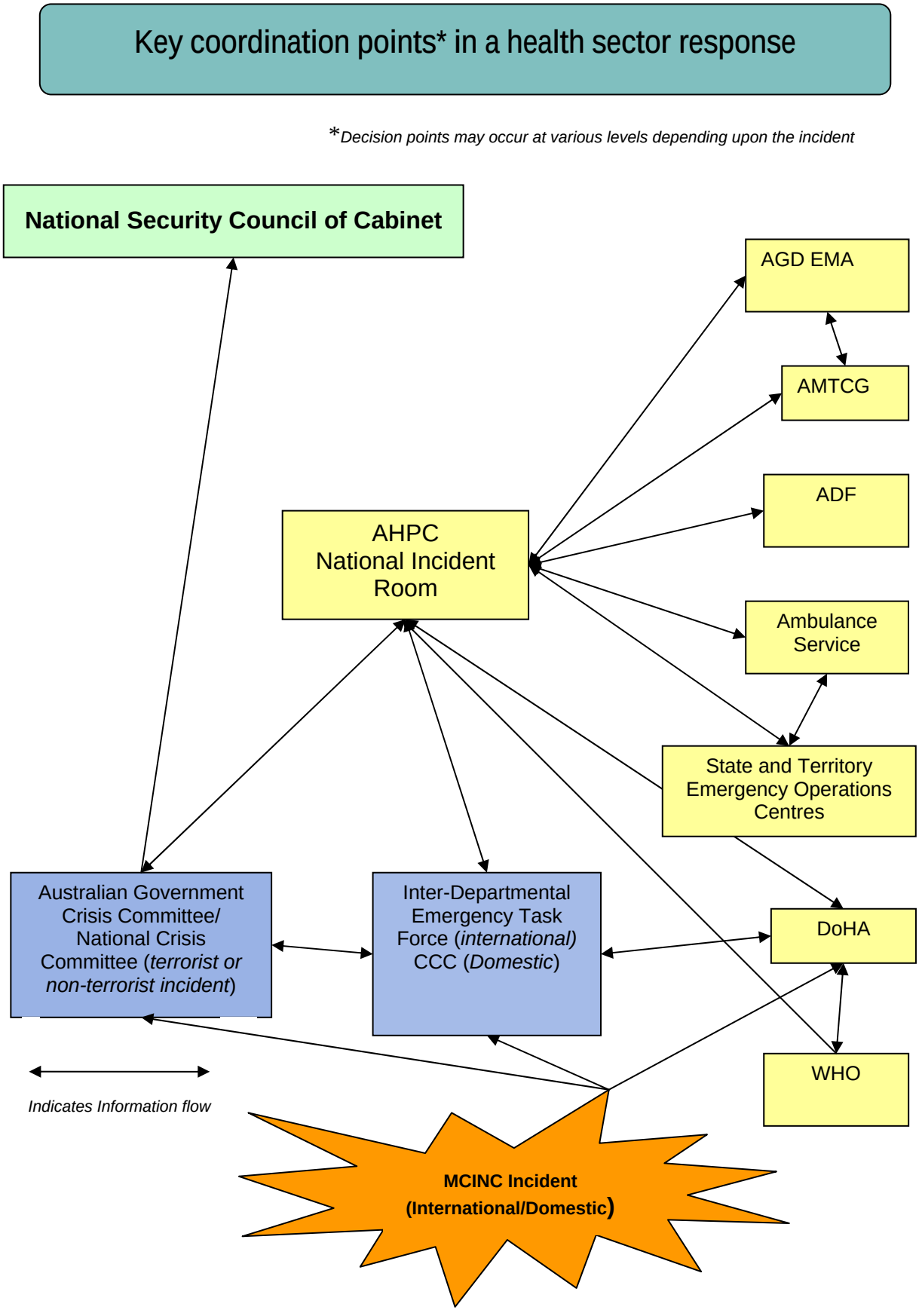
3. Other Non Government Organisations and Support Agencies

Agency	Title	Role
Australian Red Cross Blood Service	ARCBS	• Provide blood and blood products as required to an affected jurisdiction in the event on of a MCI • Manage supply of blood and blood products to jurisdictions
Australian Red Cross and other NGOs.		• Provide recovery services • Provide registration services • Manage financial appeals



Appendix 2: - Australian Health Protection Committee Plans

Appendix 3 - Health sector response coordination to a MCINC



Appendix 4 - Jurisdictional Capacity Template and example register items

Jurisdictional Capacity Collation

Date:

Staffed Bed Available now					
	ICU Ventilated	ICU Non-ventilated	Burns <25%	Burns >25%	General Ward
Adult					
Paediatric					

Staffed Bed Available within 24 hours					
	ICU Ventilated	ICU Non-ventilated	Burns <25%	Burns >25%	General Ward
Adult					
Paediatric					

Medical Teams available now to assist with triage and stabilisation						
	Teams/units	Team Composition			Commercial Transport Sufficient	Team Self Sustainable
		Doctors	Nurses	Other		
AUSMAT						
Anaesthetic						
Burns						
Surgical						
Paediatric (specify specialists as applicable)						
Logistician						

Medical Teams available within 24 hours to assist with triage and stabilisation						
	Teams/units	Team Composition			Commercial Transport Sufficient	Team Self-Sustainable
		Doctors	Nurses	Other		
AUSMAT						
Anaesthetic						
Burns						
Surgical						
Paediatric (specify specialists as applicable)						
Logistician						

Ambulance Resources Available to Respond Now*				
	Units	Unit composition		
		Officers	Paramedics	Other (e.g., specialisation)
Emergency Ambulance Staff				
Patient Transport Officers				
Ambulance Operations Managers				
Ambulance General Purpose				

*Availability means units that are able to respond whilst maintaining a supply for other demands.

Ambulance Resources Available to Respond in 24 hours*				
	Units	Unit composition		
		Officers	Paramedics	Other (e.g., specialisation)
Emergency Ambulance Staff				
Patient Transport Officers				
Ambulance Operations Managers				
Ambulance General Purpose				

*Availability means units that are able to respond whilst maintaining a supply for other demands.

Appendix 5 - Affected Jurisdictional Template

<table>
<tr><th colspan="8">Affected Jurisdiction template</th></tr>
<tr><td>Exact location of incident</td><td colspan="7"></td></tr>
<tr><td>Location of health response command</td><td colspan="7"></td></tr>
<tr><td>Location of primary health response</td><td colspan="7">Site:
Local Hospital(s):
Major referral Hospital(s):</td></tr>
<tr><td>Type of Incident</td><td colspan="7"></td></tr>
<tr><td>Hazards/ Special considerations</td><td colspan="7"></td></tr>
<tr><td>Number of casualties
Estimated or confirmed</td><td colspan="2">Cat 1 (Red)
Adult:
Paed:</td><td colspan="2">Cat 2 (Yellow)
Adult:
Paed:</td><td colspan="2">Cat 3 (Green)
Adult:
Paed:</td><td>Deceased
Adult:
Paed:</td></tr>
<tr><td rowspan="2">Special Requirements

Not immediately available</td><td colspan="2">Response Teams: Pre-Hospital</td><td colspan="3">Response Teams Hospital</td><td>Transport</td><td>Equip</td></tr>
<tr><td colspan="2">Emergency Ambulance Officers/Paramedics:
Patient Transport Officers:
Ambulance Operational Managers – Paramedic:
Ambulance General Purpose:
Medical:</td><td>Emergency
Surgical/ Theatre
Intensive care
Burns
Paediatrics</td><td>Medical</td><td>Nursing</td><td></td><td></td></tr>
</table>

Staffed Bed Available now					
	ICU Ventilated	ICU Non-ventilated	Burns <25%	Burns >25%	General Ward
Adult	Local:	Local:	Local:	Local:	Local:
	State:	State:	State:	State:	State:
Paediatric	Local:	Local:	Local:	Local:	Local:
	State:	State:	State:	State:	State:
Staffed Bed Available within 24 hours					
	ICU Ventilated	ICU Non-ventilated	Burns <25%	Burns >25%	General Ward
Adult	Local:	Local:	Local:	Local:	Local:
	State:	State:	State:	State:	State:
Paediatric	Local:	Local:	Local:	Local:	Local:
	State:	State:	State:	State:	State:

ICU Ventilated refers to a bed in a recognised intensive care ward with access to specialised medical and nursing services and resourced to treat critically ill/injured patients.
ICU non-ventilated refers to beds that receive the same level of care as an ICU Ventilated, without access to ventilation.

Appendix 6 - Response Actions under AUSTRAUMAPLAN

A6.1 Standby Phase Actions

Department of Health and Ageing

A6.1.1 Notification to the Australian Government Department of Health and Ageing (DoHA) contact officer should occur immediately.

A6.1.2 This notification should be to the DoHA National Incident Room (NIR):

t: (+61) 2 6289 3030 - 24 hours

f: (+61) 2 6289 3041

e: Health.Ops@Health.gov.au

A6.1.3 DoHA will place the NIR on standby.

A6.1.4 DoHA will notify AHPC members and convene a teleconference of the AHPC at the earliest opportunity to advise of the situation. AHPC members will be asked to prepare a jurisdictional capacity template form prior to the teleconference (see Appendix 4). Affected jurisdiction will prepare "affected jurisdiction template" prior to teleconference (see Appendix 5). The AHPC core group can be expanded to include key clinical stakeholders/subject matter experts as required, this includes requesting activation of the AMTCG through AGD-EMA.

A6.1.5 DoHA through the NIR will actively liaise with other Australian Government agencies.

A6.1.6 The NIR will continue to gather operational intelligence, develop a list of possible trigger points for escalation, and commence operational planning for discussion at AHPC teleconferences.

Affected (Primary) Jurisdiction

A6.1.7 The affected jurisdiction will:

a) Continue management of incident;

b) Advise Australian Government of requirements;

c) Teleconference with AHPC;

d) Requests for assistance to State/Territory Emergency Management Controller; and

e) State Emergency Controller requests tasking through AGD EMA.

Continued Management of incident will include

A6.1.8 Command, control, coordination and communication (C4) arrangements are implemented to ensure scene management, activation of state health/burn disaster plan, liaison with hospital emergency departments, critical care and

burn injury service. This will entail establishment of health and ambulance emergency operations centres (EOCs). In a large incident it is likely that the State/Territory Emergency Operations Centre would also be activated, ensuring a whole of government approach to the incident.

A6.1.9 The affected jurisdiction will be required to ensure appropriate pre-hospital response and incident site management in accordance with the state/territory disaster plans. This includes the functions of triage, treatment and transport with the establishment of a casualty clearing station at the scene. The safety of first responders must be ensured through close liaison with other combat agencies especially police and fire services. This particularly applies to a terrorist or security based incident.

A6.1.10 As accurate information is always difficult to obtain in the early phases of an incident, a Medical Assessment Element may be sent to the scene as soon as possible to gather intelligence. In many jurisdictions this role is carried out by a designated Field Health Commander with appropriate support. It is essential that this role is intelligence gathering and communication only. It does not involve patient care.

A6.1.11 Primary triage will be performed. All jurisdictions use similar triage methods as follows:

- **Category One (RED)**
- **Category Two (YELLOW)**
- **Category Three (GREEN)**
- **DECEASED (BLACK)**

A6.1.12 In a large-scale incident, the incident site can be bolstered as necessary with health disaster teams. This may also be necessary in protracted incidents and/or when the incident occurs in a remote area. When this is necessary, consideration may be given to deploying an Advance Assessment Team which should include trauma, retrieval, burn, emergency medicine and disaster management expertise.

A6.1.13 Ambulance officers within a casualty clearing station will primarily undertake treatment. In a large-scale incident site, field medical teams consisting of appropriately trained critical care staff may bolster the casualty clearing station. Treatment must be implemented consistent with best management guidelines. Ideally clinical staff deployed to the site should have specific training in this area as well as in disaster response management. The management of the site will be dependent on the provision of logistics and supply, centrally coordinated through the EOC.

A6.1.14 The affected jurisdiction, by necessity, must provide timely and appropriate “surging-up” of hospital and in-patient trauma management infrastructure. This will necessitate the major trauma service being able to acutely expand to meet the demand for a minimum period of up to 24 hours. This will require the provision of extra beds, extra trained staff and operating suite and intensive care infrastructure, including ventilators.

A6.1.15 Secondary triage will occur to ensure that all patients' clinical conditions are monitored so that optimal care is received.

A6.1.16 Urban Search and Rescue (USAR) may be required for example in situations of structural collapse. Specific jurisdiction based USAR capacity should manage this in the first instance.

Australian Government

A6.1.17 Liaison by the DoHA NIR (email Health.Ops@Health.gov.au or via phone on +61 2 6289 3030) with relevant Australian Government agencies and jurisdictions to establish current situation, confirm capabilities.

A6.1.18 DoHA will activate the NIR (if this has not already occurred).

A6.1.19 DoHA will convene further teleconference(s) of the AHPC to discuss the incident, provide further definition of the incident and allow non-affected jurisdictions to progress making arrangements to assist if required.

States and Territories (not directly affected)

A6.1.20 Will:

a) Update bed and equipment status

b) Identify staff to respond if required (consider using AUSMAT members)

c) Liaise with Mass Casualty Services

d) Liaise with locally based patient transport services

e) Liaise with local specialist capability as required e.g. USAR

f) Participate in teleconferences with AHPC and advise of available resource status to contribute to national summary of available resources

A6.2 Response Phase Actions

Department of Health and Ageing

A6.2.1 Through the AHPC escalate AUSTRAUMAPLAN to Response phase after request for assistance received from affected jurisdiction(s) or tasking received from Commonwealth Government.

A6.2.2 Coordinates deployment of Australian and/or jurisdictional health assets in support of the MCINC.

A6.2.3 Coordinate movement of patients from an affected jurisdiction if required (may be coordinated through the AMTCG).

Affected (primary) Jurisdiction(s)

A6.2.4 Continue management of the incident including operational management of assets and staff sent from other jurisdictions.

A6.2.5 Continue to advise Australian Government of requirements, and to teleconference with AHPC.

Australian Government

A6.2.6 Via AHPC and NIR, the Australian Government would receive advice from the affected jurisdiction regarding requirements.

A6.2.7 The National Critical Care and Trauma Response Centre (NCCTRC) at Royal Darwin Hospital may be activated to act as a stabilisation hub for MCINC in Northern Australia or overseas. AUSTRAUMAPLAN can act as a supporting document to OSMASSCASPLAN in such an international event. The arrangements in AUSTRAUMAPLAN are particularly relevant in planning for patient distribution, the support of any established staging area and ensuring appropriate clinical coordination through the AHPC. Requests for state and territory assistance will be through AGD EMA to the state and territory emergency operations centres, consistent with the arrangements in OSMASSCASPLAN.

States and Territories (not directly affected)

A6.2.8 Advice from AHPC will assist AGD EMA to coordinate physical assistance from, and to, states and territories that are not directly affected. Assistance, if requested, will be tasked through AGD EMA via the relevant state or territory emergency controller.

A6.2.9 State and territories not directly affected will participate in AHPC teleconferences and update jurisdictional capacity templates as required or requested.

A6.3 Stand down Phase Actions

A6.3.1 The AHPC will declare a stand down of the AUSTRAUMAPLAN only after all agencies have been cleared of any further tasking by the AGD-EMA IMF. This code-word (Stand Down) will be issued by DoHA through the NIR. The AUSTRAUMAPLAN will be stood down when all consequence management activities requiring national coordination have been completed and all affected facilities and jurisdictions are able to resume normal business.

A6.3.2 Following Stand Down, formal debriefing processes are to be completed. This could include local, state, and national debriefs. The AHPC will debrief health response coordination through the three phases of AUSTRAUMAPLAN, and disseminate a post activation report and recommendations to all AHPC members

A6.3.3 Ongoing recovery activities, by necessity, may still occur once the AUSTRAUMAPLAN has been Stood down, and may be facilitated by the NIR as required.

Appendix 7 - Major Trauma Services

NSW

Adult

John Hunter
Liverpool
Royal North Shore
Royal Prince Alfred
St George
Westmead

Paediatric

Sydney Children's
Children's Westmead
John Hunter Children's

Regional

Gosford
Wollongong
Nepean
Coffs Harbour
Lismore
Orange
Port Macquarie
Tamworth
Tweed Heads
Wagga Wagga

ACT

The Canberra Hospital

NT

Royal Darwin Hospital
Alice Springs Hospital

QLD

Townsville Hospital
Princess Alexandra Hospital
Royal Brisbane and Women's Hospital
Gold Coast Hospital
Sunshine Coast Hospital

SA

Flinders Medical Centre (major)
Royal Adelaide Hospital (major)
Women's and Children's Hospital (major paediatric)
Lyell McEwan Hospital (urban)
Queen Elizabeth Hospital (urban)
Modbury Hospital (urban)
Mt. Gambier Hospital(rural)
Port Augusta Hospital (rural)

WA

Royal Perth Hospital
Sir Charles Gairdner Hospital
Fremantle Hospital
Princess Margaret Hospital for Children
Joondalup Health Campus

Victoria

Royal Melbourne Hospital (Metropolitan)
Royal Children's Hospital (Metropolitan/Paediatrics)
The Alfred Hospital (Metropolitan)
Ballarat Base Hospital (Regional)
Bendigo Base Hospital (Regional)
Barwon Health, Geelong (Regional)
Latrove Regional Hospital, Traralgon (Regional)
Goulburn Valley Base Hospital, Shepparton (Regional)

TAS

Royal Hobart Hospital
Launceston General Hospital
North West Regional Hospital

Appendix 8 - State and Territory Emergency Operation Centre Contact Details

State/Territory	Agency	Email	Phone(s)
ACT HPS	ACT Health Health Protection Service	hps@act.gov.au	Office phone: (02) 6205 1700 Office fax: (02) 6205 1705 Pager: (02) 9962 4155
NSW Bunker	NSW Health NSW Public Health Emergency Operations Centre	bunker@doh.health.nsw.gov.au	Office phone: (02) 9391 9028 Office fax: (02) 9424 5760
NCCTRC (RDH)	NT Health Centre for Disease Control	vicki.krause@nt.gov.au, lesley.scott@nt.gov.au	Office phone: (08) 8922 8044 Office fax: (08) 8922 8310
QLD SHECC	QLD Health State Health Emergency Coordination Centre	shecc@health.qld.gov.au	Office phone: (07) 3328 9995 Office fax: (07) 3221 7535 On Call Officer 0407 127 126
SA SCC-H	SA Health State Control Centre - Health	emergencymanagement@health.sa.gov.au	Office phone: (08) 8226 7115 Office fax: (08) 8463 3820 On-Call Officer Pager 08 8378 9194 Pager # 104930
TAS DHHS ECC	TAS Dept of Health and Human Services Emergency Coordination Centre (when activated)	emerman@dhhs.tas.gov.au,	Office phone: (03) 6233 4127 Office fax: (03) 6233 6392
VIC PHEOC	Vic Health Victoria Public Health Emergency Operations Centre	semc@dhs.vic.gov.au	On Call pager: 1300 790 733 Fax: (03) 9096 0003
WA SHEOC	WA Health State Health Emergency Operations Centre	sheoc@health.wa.gov.au,	24/7 On call Duty Officer: (08) 9328 0553 SHEOC (when activated): (08) 9222 4444 Office fax: (08) 9222 2304