



Australian Government

OSMASSCASPLAN 2017

AUSTRALIAN GOVERNMENT RESPONSE PLAN
FOR OVERSEAS MASS CASUALTY INCIDENTS

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CONTENT SPECIFIC DEFINITIONS

Approved Foreign National (AFN) – a person who is not a citizen or resident of Australia, but for whom the Department of Foreign Affairs and Trade (DFAT) and Immigration and Border Protection – Department of Home Affairs has approved repatriation into Australia.

Australian Government Planning Group – an operational level group chaired by Emergency Management Australia that provides a source of Australian Government liaison officers and the ability to develop crisis planning documentation.

Australian Health Protection Principal Committee (AHPPC) – the National committee chaired by the Department of Health (Health), advises on coordination of national approaches to health emergencies and authorises the deployment of the Australian Medical Assistance Team (AUSMAT).

Casualties – injured or infected Australians or AFNs who are repatriated from a mass casualty incident.

Departure point – the point or port overseas from which casualties depart for Australia.

Emergency Management Australia Liaison Officer (EMALO) – an Emergency Management Australia (EMA) officer deployed to a departure point, repatriation point, an Australian Government or state or territory coordination centre, or with a deployed Australian Government technical team to facilitate EMA's responsibilities.

Inter-departmental Emergency Task Force – the Australian Government committee, chaired by the DFAT, that manages the whole-of-government response to an overseas crisis or incident that affects or threatens to affect Australians or Australian overseas interests.

Jurisdiction/s – states and territories within Australia, including offshore territories.

Jurisdictional agencies – Australian state and territory based governments, agencies and organisations.

Liaison Officer (LO) – departmental officer deployed to a departure point, repatriation point or an Australian Government or state or territory Coordination Centre to support an agencies responsibilities.

National Health Emergency Management Standing Committee (NHEMS) – addresses the operational aspects of disaster medicine and health emergency management in an all hazards context with a focus on preparedness and response.

Repatriation point – the entry point within Australia at which casualties and/or deceased arrive. Operations under this plan may require multiple repatriation points. A repatriation point will usually be an airport or seaport.

Tasking – provided by DFAT to EMA to organise and coordinate the resources for a repatriation operation in accordance with this plan.

Task request – issued by EMA to jurisdictions or Australian Government agencies, requesting assistance in order to provide repatriation and clinical operations.

AUTHORITY

The Australian Government Response Plan for Overseas Mass Casualty Incidents (OSMASSCASPLAN) is prepared and maintained by EMA, a division of the Department of Home Affairs. The Australian Government will support Australian states and territories who agree to provide repatriation and clinical operations in their jurisdiction following an overseas mass casualty incident.

OSMASSCASPLAN 2017 is a major revision and supersedes the previous edition issued in December 2010. All copies of OSMASSCASPLAN should be replaced by OSMASSCASPLAN 2017.

OSMASSCASPLAN 2017 was endorsed by Director General Emergency Management Australia (DGEMA) and approved by the Secretary of the Attorney-General's Department on 2 November 2017.

Mark Crossweller
Director General
Emergency Management Australia

AMENDMENTS

Recommendations for amendments or suggestions for improvement may be forwarded to:

Director General
Emergency Management Australia
Department of Home Affairs
PO Box 25 Belconnen ACT 2616

VERSION DETAIL

In December 2017 OSMASSCASPLAN underwent an administrative review to reflect Machinery of Government changes. OSMASSCASPLAN 2017 supersedes all previous versions and has been endorsed by DGEMA on 20 December 2017.

SECTION 1 - INTRODUCTION

1.1. SCOPE

- 1.1.1. This plan describes the actions, coordination, tasking, cost recovery and repatriation arrangements into Australia of casualties from an overseas country following a mass casualty incident as defined in 1.1.2.
- 1.1.2. OSMASSCASPLAN may be activated for a mass casualty incident which is defined as a major disaster, health emergency or an adverse security incident overseas in which a significant number of Australians or AFNs are killed or injured and a coordinated repatriation by the Australian Government is required.
- 1.1.3. The plan includes provision for deploying Australian Medical Assistance Teams (AUSMAT) into the affected country for the purposes of treating and triaging casualties in preparation for repatriation back into Australia.
- 1.1.4. The plan does not cover the provision of assistance and coordination arrangements once casualties arrive at a repatriation point in Australia. The Domestic Response Plan for Mass Casualty Incidents of National Consequence (AUSTRAUMAPLAN) covers these arrangements.
- 1.1.5. The plan does not address the provision of Australian Government organised physical assistance for non-repatriation operations to overseas countries. Separate plans cover these arrangements – refer to Section 7.
- 1.1.6. The plan does not address the evacuation and reception of uninjured Australians and AFNs back into Australia. Separate plans cover these arrangements - refer to Section 7.
- 1.1.7. The plan does not cover the provision of assistance to casualties to return to the country of evacuation.

1.2. AIM

- 1.2.1. OSMASSCASPLAN outlines the processes to repatriate injured, infected or deceased Australians and AFNs to an initial repatriation point within Australia, following an Australian Government led evacuation from an overseas mass casualty incident (as defined in 1.1.2).

1.3. GUIDING PRINCIPLES

- 1.3.1. DFAT is the lead Australian Government agency responsible for the coordination of the repatriation of casualties and deceased from the affected country into an initial repatriation point within Australia.
- 1.3.2. In some circumstances, DFAT may delegate its roles and responsibilities under this plan to another agency.
- 1.3.3. Health is the co-lead Australian Government agency responsible for coordinating the national response to a mass casualty incident of national consequence (as per the arrangements in AUSTRAUMAPLAN).
- 1.3.4. Upon the activation of OSMASSCASPLAN, Health will determine the requirement to activate AUSTRAUMAPLAN. Both plans will work together in parallel.

- 1.3.5. The arrangements within OSMASSCASPLAN are not dependant on, nor do they hinder, the activation of other relevant plans and standing arrangements.
- 1.3.6. The Australian Government is committed to making decisions based on the best clinical health outcomes for casualties. The Australian Government respects different cultures and requirements in the management of casualties.
- 1.3.7. OSMASSCASPLAN is a collaborative plan between Australian Government agencies and jurisdictional governments. Repatriation operations will be conducted as a joint operation.
- 1.3.8. Relevant stakeholders agree to undertake collaborative training and exercise opportunities where possible to maintain a thorough understanding of agency roles and responsibilities under OSMASSCASPLAN.
- 1.3.9. OSMASSCASPLAN is consistent with the arrangements outlined in the *Australian Government Crisis Management Framework (AGCMF)* for responding to an overseas mass casualty incident.
- 1.3.10. OSMASSCASPLAN should be read in conjunction with the *Guide for Financial Reimbursement* which provides additional detail on financial arrangements.

1.4. OVERVIEW

- 1.4.1. Following an overseas mass casualty incident as defined in 1.1.2 involving Australians and AFNs, the Australian Government may decide to repatriate casualties and deceased to Australia under OSMASSCASPLAN. The decision to activate OSMASSCASPLAN will be made by the Minister for Foreign Affairs (the lead Minister) following a recommendation (where possible) by the Inter-Departmental Emergency Task Force (IDETF).
- 1.4.2. OSMASSCASPLAN has three (3) phases; STANDBY, ALERT, and ACTIVE.
- 1.4.3. The Director General Emergency Management Australia (DGEMA) will authorise a phase change from STANDBY to ALERT based on advice from DFAT.
- 1.4.4. DGEMA will authorise a phase change from ALERT to ACTIVE following advice from DFAT and a tasking being issued to and accepted by EMA from DFAT.
- 1.4.5. DGEMA will authorise a phase change from ACTIVE back to STANDBY upon advice from DFAT that all operations have concluded and no further tasking is required.
- 1.4.6. Health, under AUSTRUMAPLAN arrangements, and in conjunction with relevant jurisdictional agencies, is responsible for the coordination of casualties within Australia including coordination of available medical resources and domestic transfer of patients.
- 1.4.7. DFAT (or an agency delegated under 1.3.2) is responsible for the coordination of a crisis response overseas. Should costs incurred by Australian Government agencies exceed existing budgets or authority, the lead agency is responsible for seeking government approval for additional spending.
- 1.4.8. Financial considerations for domestic operations beyond the repatriation point are detailed in AUSTRUMAPLAN.
- 1.4.9. Health and EMA will consult with relevant jurisdictions to identify the most appropriate repatriation point/s.
- 1.4.10. Upon accepting a task request from the Australian Government, it is the responsibility of assisting jurisdictions to activate their relevant jurisdictional plans.

- 1.4.11. Jurisdictional agencies are not authorised to incur expenditure on behalf of the Australian Government until the receipt of and acceptance by the jurisdiction of a task request from EMA. Expenditure incurred without a task request will not be eligible for reimbursement by the Australian Government. All reimbursable expenditure must be claimed in the appropriate timeframe and in accordance with the current *Guide for Financial Reimbursement* - refer to Section 7.
- 1.4.12. All jurisdictional agencies conducting operations under this plan are expected to absorb any costs they incur, until such time as they submit a Claim for Reimbursement to the Australian Government. Details of expenditure should, be recorded at all stages of OSMASSCASPLAN operations by agencies that have been involved.
- 1.4.13. EMA may activate the Australian Government Disaster Response Plan (COMDISPLAN) to support a jurisdiction should it require Australian Government non-financial assistance during an OSMASSCASPLAN operation.
- 1.4.14. Strict security measures may be in force leading up to the decision to conduct repatriation. In this type of circumstance, planning and information sharing will be undertaken using appropriate channels.
- 1.4.15. Depending on the incident, the rate of repatriation will be subject to the availability and capability of the authorised response agencies and clinical needs. Due to the changing situation, there may be imprecise advice on the number of casualties to be repatriated. The rate of repatriation, and hence the rate of arrival will depend on the situation in the incident location/s, the number of casualties available for departure, availability and capacity of aircraft/ship and clinical support requirements.
- 1.4.16. Repatriation may be by:
- Scheduled commercial flights/ships
 - Flights/ships chartered by the Australian Government
 - Australian Defence Force (ADF) aircraft/naval vessels
 - Australian Antarctic Division aircraft and vessels
 - Foreign military aircraft/naval vessels from the country being repatriated or a third country.
- 1.4.17. Every effort should be made to ensure that all relevant information is passed to the appropriate Australian Government and jurisdictional agencies at the repatriation point(s) prior to arrival.
- 1.4.18. OSMASSCASPLAN will revert to STANDBY once all casualties have been evacuated to a repatriation point. EMA will advise relevant Australian Government agencies, jurisdictions and capabilities when ACTIVE phase is complete and OSMASSCASPLAN reverts to STANDBY.

SECTION 2 - ROLES AND RESPONSIBILITIES

2.1. OVERVIEW

- 2.1.1. This section details the roles and responsibilities of Australian Government and jurisdictional departments and agencies and other relevant organisations for the provision of support under OSMASSCASPLAN.

2.2. EMERGENCY MANAGEMENT AUSTRALIA (EMA)

- 2.2.1. Participate in the IDETF.
- 2.2.2. Activate OSMASSCASPLAN upon advice from DFAT, inform stakeholders and notify of phase changes to the Plan.
- 2.2.3. Activate other relevant plans including the Australian Government Overseas Assistance Plan (AUSASSISTPLAN), the Reception of Australian Citizens and Approved Foreign Nationals Evacuated from Overseas Plan (AUSRECEPLAN) and COMDISPLAN to assist with jurisdictional and offshore operations, if required.
- 2.2.4. Activate a Crisis Coordination Team to facilitate EMA's role in the repatriation.
- 2.2.5. On request from DFAT, and advice from Health, provide a task request to relevant stakeholders and jurisdictions to undertake casualty repatriation operations under OSMASSCASPLAN.
- 2.2.6. Deploy an EMALO with any deployed capability and, if required, to departure points, repatriation points, to the DFAT Crisis Centre or to relevant jurisdictional coordination centres.
- 2.2.7. Provide a central point of contact between Australian Government agencies, jurisdictions and other relevant organisations through the Crisis Coordination Centre (CCC).
- 2.2.8. Continually engage with and provide situational awareness information to relevant jurisdictions, government agencies and other organisations in order to support repatriation operations.
- 2.2.9. If required, convene an Australian Government Planning Group meeting to assist in the development of an action plan and provide relevant operational and technical updates related to repatriation operations under OSMASSCASPLAN.
- 2.2.10. Provide media support to DFAT, Health and other relevant Australian Government and jurisdictional departments and agencies, as required.
- 2.2.11. Conduct OSMASSCASPLAN after action review with Australian Government deployed capabilities, if required.

2.3. DEPARTMENT OF FOREIGN AFFAIRS AND TRADE (DFAT)

ONSHORE:

- 2.3.1. Chair the IDETF.
- 2.3.2. Through the IDETF, authorise and request DGEMA to activate OSMASSCASPLAN.
- 2.3.3. Provide tasking documentation to EMA, to enable coordination and conduct of offshore departure point operations and onshore repatriation point operations.
- 2.3.4. Lead the whole-of-government offshore coordination of the repatriation of Australians and AFNs for an overseas mass casualty incident.
- 2.3.5. Provide situational reporting as required to the IDETF and relevant Australian Government and jurisdictional departments and agencies.
- 2.3.6. Advise Health and EMA of repatriation operations (including total number and composition by nationality of casualties to be repatriated, departure and repatriation

points and repatriation timings) to enable coordination and conduct of onshore repatriation operations.

- 2.3.7. Liaise with EMA, DIBP and relevant Embassies and High Commissions in regard to the provision of consular assistance for AFNs and those repatriated without diplomatic representation in Australia.
- 2.3.8. Provide DFAT Liaison Officers at repatriation points, if required and resources permit.
- 2.3.9. Coordinate whole-of-government media talking points and media releases relating to offshore repatriation operations.
- 2.3.10. Conduct whole-of-government after action review and participate in those events conducted by other parties.

OFFSHORE:

- 2.3.11. In conjunction with relevant agencies, coordinate the registration, stabilisation, immediate care and transport of casualties from the incident country to Australia, possibly to one or more repatriation points including immigration, biosecurity and customs clearance.
- 2.3.12. DFAT will coordinate the repatriation of deceased from the incident country in accordance with consular arrangements, assisted by AFP as the Disaster Victim Identification (DVI) coordinators.
- 2.3.13. At the point of departure, compile passenger manifest information, including number of injured and deceased, providing clinical details of casualties to inform the Australian domestic medical response, composition by gender and age group, arrival times, and any special requirements.
- 2.3.14. At the departure point, advise casualties, where possible, of the repatriation and ongoing support arrangements upon arrival into Australia.
- 2.3.15. Arrange additional resources (military or commercial), in cooperation with other agencies as necessary, and/or access to airports or ports for military or commercial assets, if required.
- 2.3.16. Identify AFNs and work with DIBP and relevant governments on visa arrangements.
- 2.3.17. Liaise with foreign missions about consular aspects and arrange for consular officials to be present at departure and repatriation points.
- 2.3.18. Issue travel documentation to Australian citizens as necessary.
- 2.3.19. Liaise with DIBP to obtain uplift approval for AFNs.

2.4. DEPARTMENT OF HEALTH (HEALTH)

- 2.4.1. Upon the activation of OSMASPLAN, determine the requirement to activate AUSTRALMAPLAN.
- 2.4.2. Convene and chair the AHPPC to assess and advise on the most appropriate repatriation point(s) within Australia based on clinical requirements.
- 2.4.3. Seek authority from the AHPPC to deploy AUSMAT if required.
- 2.4.4. Lead coordination of health arrangements in Australia by drawing on the expertise of the National Health Emergency Management Standing Committee.

- 2.4.5. Assess the scope of clinical care requirements for repatriation operations, in consultation with jurisdictional health authorities.
- 2.4.6. Assess the risks to human health and safety where an infection agent is involved.
- 2.4.7. Provide advice to DFAT and EMA on the most appropriate repatriation point based on casualty care requirements and medical capability.
- 2.4.8. Provide advice to DFAT and EMA regarding the coordination of offers of international medical assistance, in compliance with World Health Organization standards.
- 2.4.9. Coordinate the provision of health assessment/care by jurisdictional health authorities, if requested.
- 2.4.10. Lead advice on human biosecurity issues, such as isolation and decontamination.
- 2.4.11. Coordinate whole-of-government media talking points and media releases relating to onshore repatriation operations.
- 2.4.12. Provide a Liaison Officer (LO) to the DFAT Crisis Centre, the CCC, or relevant departure and repatriation points to assist with repatriation operations, if required.
- 2.4.13. Provide health liaison expertise to the country in which the mass casualty event has occurred to facilitate effective triaged evacuation of casualties, if required.

2.5. AUSTRALIAN DEFENCE FORCE (DEFENCE)

- 2.5.1. If resources permit, provide resources and assets to undertake overseas Aeromedical Evacuations (AME) and conduct triage and immediate care in the affected country as tasked.
- 2.5.2. Provide public affairs support to DFAT and Health as lead agencies on media engagement at departure and repatriation points, if required.
- 2.5.3. In the event of a Defence assisted repatriation, Defence to compile passenger manifest information, including number of injured and deceased, clinical details of casualties for domestic medical response, composition by gender and age group, arrival times, and any special requirements.
- 2.5.4. Provide an LO to the DFAT Crisis Centre, the CCC, departure and repatriation points or relevant headquarters to assist with repatriation operations, if required.
- 2.5.5. Be prepared to receive an EMALO to aid in the repatriation and passage of information on casualties.

2.6. AUSTRALIAN FEDERAL POLICE (AFP)

- 2.6.1. Provide coordination of law enforcement support for repatriation operations, if required.
- 2.6.2. The AFP Airport Police Commander or delegate is responsible for the command and control of AFP personnel and resources engaged in the repatriation operation.
- 2.6.3. Provide command and control of security for repatriation operations within the airport precinct.
- 2.6.4. Coordinate appropriate DVI and forensic processes in-country, and upon return to Australia in accordance with relevant DVI procedures.

- 2.6.5. Where necessary provide support in the escort of foreign nationals.
- 2.6.6. Provide other specialist security services as required.

2.7. DEPARTMENT OF AGRICULTURE AND WATER RESOURCES (AGRICULTURE)

- 2.7.1. Undertake assessment and management of biosecurity risks associated with aircraft, passengers, goods, and associated cargo, and the assessment and management of human remains at the point of arrival and/or the nominated repatriation points.

2.8. DEPARTMENT OF HUMAN SERVICES (DHS)

- 2.8.1. Provide services at repatriation points, as required by Australian Government or jurisdictional agencies (under their disaster/recovery plans).
- 2.8.2. Establish Centrelink services at repatriation points, as required.
- 2.8.3. Provide advice on the provision of Medicare assistance to AFN.
- 2.8.4. Make income support payments and provide other services as appropriate.
- 2.8.5. Provide advice to DFAT on available ongoing support arrangements upon arrival in Australia.

2.9. IMMIGRATION AND BORDER PROTECTION – DEPARTMENT OF HOME AFFAIRS

- 2.9.1. Process casualties at departure points (where practicable) and at repatriation points in Australia.
- 2.9.2. Work with Agriculture and Health to clear deceased bodies arriving in Australia.
- 2.9.3. Undertake customs processing and clearances of aircraft, ships, naval vessels and their crew, passengers, goods and any associated cargo at the point of arrival and or at the nominated repatriation points.
- 2.9.4. Grant visas, or provide uplift approval for AFNs.
- 2.9.5. Assist AFN casualties to maintain lawful status within Australia.
- 2.9.6. Arrange for interpreters, as necessary.
- 2.9.7. Advise on nationalities that may represent a 'high risk' to Australian immigration.

2.10. OFFICE OF TRANSPORT SECURITY - DEPARTMENT OF HOME AFFAIRS

- 2.10.1. Provide advice on transport security matters.
- 2.10.2. Liaise with the Civil Aviation Safety Authority regarding flight approvals.
- 2.10.3. Assess curfew dispensation requests.
- 2.10.4. Assist in facilitating additional commercial airline resources or access to airports, if required.

2.11. DEPARTMENT OF THE PRIME MINISTER AND CABINET (PM&C)

- 2.11.1. If required, seek concurrence from the relevant repatriation point Premiers/Chief Ministers for respective jurisdictions to conduct repatriation operations.
- 2.11.2. Convene the National Crisis Committee and/or the Australian Government Crisis Committee, if required.

2.12. DEPARTMENT OF SOCIAL SERVICES (DSS)

- 2.12.1. Provide advice on DSS social security policy and services.

2.13. AUSTRALIAN STATES AND TERRITORIES

- 2.13.1. Provide repatriation services for both casualties and deceased in accordance with accepted task requests and activate relevant jurisdictional disaster and emergency management plans, as appropriate.
- 2.13.2. Be prepared to release and deploy relevant personnel in support of operations under this plan.
- 2.13.3. Coordinate with airport/port owners to facilitate appropriate repatriation operations within their jurisdiction.
- 2.13.4. Establish a repatriation management team consisting of Australian Government and jurisdictional representatives, if required.

2.14. REPATRIATION POINT OWNERS AND OPERATORS

- 2.14.1. Appoint a representative to coordinate the planning for and activation of relevant jurisdictional plans.
- 2.14.2. Coordinate activation of facilities and support staff in accordance with jurisdictional arrangements.
- 2.14.3. Provide an LO to repatriation points to coordinate information flow between the facility and Australian Government and jurisdictional agencies.

SECTION 3 - RESPONSE

3.1. OVERVIEW

- 3.1.1. OSMASSCASPLAN consists of three phases:
 - **STANDBY** (monitor and prepare)
 - **ALERT** (repatriation is probable)
 - **ACTIVE** (repatriation is imminent or underway).
- 3.1.2. STANDBY is the default phase of OSMASSCASPLAN.
- 3.1.3. Based on a request from DFAT, DGEMA will authorise a phase change between STANDBY and ALERT.

- 3.1.4. DGEMA will authorise a phase change to ACTIVE following authorisation and tasking from DFAT.
- 3.1.5. The CCC will advise all stakeholders on OSMASSCASPLAN phase changes.
- 3.1.6. In order to expedite preparations for repatriation operations, a task request may be issued to a jurisdiction prior to a formal phase change to ALERT or ACTIVE. All task requests will be issued to jurisdictions via the CCC.

3.2. PLAN PHASES AND ACTIVITIES

3.2.1. STANDBY:

- 3.2.1.1. OSMASSCASPLAN is maintained in STANDBY as the default phase.
- 3.2.1.2. Under STANDBY the following activities are undertaken:
 - Monitor potential situations
 - Plan for potential responses
 - Undertake training and exercises
 - Maintain and review OSMASSCASPLAN as necessary and work with jurisdictions to develop, review and maintain their relevant jurisdictional disaster and emergency management plans and reception plans.

3.2.2. ALERT:

- 3.2.2.1. ALERT phase is declared when a medical repatriation is likely and it allows for jurisdictions and agencies to be brought to an enhanced level of preparedness.
- 3.2.2.2. Based on a request from DFAT, DGEMA will authorise a phase change to ALERT.
- 3.2.2.3. Under ALERT the following activities are undertaken:
- 3.2.2.4. DFAT will:
 - Work with whole of government partners to develop implementation plans, determine timings and consider constraints
 - Provide EMA with advice on the extent of the activities authorised and the financial delegation under this phase.
- 3.2.2.5. EMA will:
 - Advise Australian Government and jurisdictional stakeholders of phase change to ALERT via the CCC's standard email and SMS notification system.
 - Deploy an EMALO to repatriation point/s or the DFAT Crisis Response Team, if required.
 - Establish a Crisis Coordination Team.
 - Continue monitoring the situation.
 - Develop detailed planning for potential response options and repatriation points, in consultation with DFAT, Health, Defence and/or on advice from the IDETF/AHPPC.
 - Develop and issue task request/s to ensure readiness for repatriation operations.
 - Provide all stakeholders with regular updated incident information via the CCC.

3.2.2.6. Health will:

- Advise the AHPPC of phase change to ALERT.
- Be prepared to activate AUSTRAMAPLAN.
- On receipt of numbers and details of casualties from the incident location seek information from AHPPC as to each jurisdiction's capability and capacity to provide treatment and care for casualties.
- Provide advice concerning any public health issues.
- Provide liaison in country to support triage and facilitate departure of injured from an overseas mass casualty incident, where necessary.

3.2.2.7. Nominated jurisdiction/s will:

- Activate jurisdictional disaster and emergency management plans and reception plans to the relevant level.
- Undertake initial planning, in line with relevant jurisdictional plans.
- Provide advice and information to relevant stakeholders regarding repatriation operations.

3.2.2.8. ALERT phase reverts to STANDBY phase after 72 hours unless tasking has been received. Based on a request from DFAT, DGEMA will authorise and advise a phase change to back to STANDBY.

3.2.3. ACTIVE:

3.2.3.1. ACTIVE phase is declared where a medical repatriation is imminent or underway and OSMASPLAN action has been authorised by the lead agency/Minister.

3.2.3.2. ACTIVE phase is initiated when DFAT provides written tasking to EMA to request jurisdictional action to conduct operations at repatriation points.

3.2.3.3. Under ACTIVE the following activities are undertaken:

3.2.3.4. DFAT will:

- Act as lead agency for the offshore coordination of repatriation operations.
- Provide written requests for assistance to EMA to coordinate and conduct repatriation operations in conjunction with relevant agencies and jurisdictions.
- Provide DFAT Liaison Officers to repatriation points, if required and resources permit.
- Record information about casualties as well as deceased to assist searching for missing people.
- Provide situational reporting as required.
- Coordinate offers of international medical assistance (in consultation with Health and EMA).
- Coordinate whole-of-government talking points.
- Respond to enquiries from the public.
- Identify and confirm when the ACTIVE phase is complete.
- Contribute to debriefs and lessons learnt activities.
- Meet financial and reporting requirements and deadlines.

3.2.3.5. EMA will:

- Advise Australian Government and jurisdictional stakeholders of phase change to ACTIVE via the CCC.

- Deploy an EMALO to repatriation points, if required.
- Provide a task request to jurisdictions/agencies to conduct operations at repatriation points.
- Provide all stakeholders with regular updated incident information via the CCC.
- Advise relevant Australian Government agencies, jurisdictions and tasked capabilities when ACTIVE phase is complete and OSMASSCASPLAN reverts to STANDBY.
- Contribute to debriefs and lessons learnt activities.
- Undertake reporting and financial resolution in the agreed format and timeframe based on the *Guide for Financial Reimbursement*.

3.2.3.6. Health will:

- Activate AUSTRUMAPLAN as required.
- Lead medical response coordination in Australia.
- Chair AHPPC and advise on AHPPC outcomes.
- Through the AHPPC, advise on appropriate repatriation point/s based on clinical requirements.
- Through the AHPPC, authorise the deployment of AUSMAT, if required.
- Coordinate with EMA and other relevant agencies casualty distribution and interstate transportation.
- Advise on human health biosecurity issues.
- Provide liaison in country to support triage and facilitate departure of injured from an overseas mass casualty incident, where necessary.
- Contribute to debriefs and lessons learnt activities.
- Meet financial and reporting requirements and deadlines.

3.2.3.7. Tasked jurisdictions will:

- Advise EMA of acceptance of the task request.
- Activate their jurisdictional disaster and emergency management plans and reception plans.
- Work in conjunction with EMA, DFAT and Health to achieve the outcomes agreed in the task request.
- Provide reporting on operational activities as required.
- Contribute to debriefs and lessons learnt activities.
- Meet financial and reporting requirements and deadlines.

3.2.3.8. Based on advice from DFAT that all casualties have been repatriated to an initial entry point into Australia and upon completion of all tasks, DGEMA will authorise OSMASSCASPLAN to revert to STANDBY.

SECTION 4 - REPATRIATION OPERATIONS

4.1. DEPLOYMENT OF AUSTRALIAN STAFF TO INCIDENT COUNTRY

4.1.1. The IDETF may identify a need to deploy Australian officials to support the Head of Mission in addition to a Crisis Response Team, to provide services such as consular support or professional support (for example, social workers).

- 4.1.2. The IDETF may further recommend that an offer of Australian emergency assistance be made to the incident country. Deploying emergency responders may be facilitated through the relevant Australian Government plan, such as AUSASSISTPLAN.
- 4.1.3. Initial medical treatment of casualties will normally be conducted by the incident country's medical services. However, the IDETF may assess that local medical services are overwhelmed by the incident and cannot reasonably cope with the needs of the situation. In this case, the IDETF may consider the deployment of AUSMAT to provide medical treatment specifically for injured Australians or AFNs prior to their repatriation to Australia, where feasible.

4.2. REPATRIATION OF CASUALTIES FROM INCIDENT COUNTRY TO AUSTRALIA

- 4.2.1. The IDETF would task EMA to assist DFAT coordinate the repatriation of casualties from the incident country to Australia. In order to meet operational objectives, DFAT and EMA may seek advice and assistance from:
- Other Australian Government agencies, including Defence and Health (via the AHPPC for medical response services including AME, air ambulance and sea based services).
 - Jurisdictional emergency management and health agencies.
 - Australian based commercial AME services including privately owned air ambulance and sea based resources.
 - Overseas based commercial AME services including privately owned air ambulance and seas based resources.
 - NGO AME services including air ambulance and sea based resources.
- 4.2.2 In undertaking the repatriation of casualties, DFAT and EMA may work with relevant agencies on activities that include, but are not limited to:
- Registration of individuals
 - Deploying appropriate personnel and resources to the affected country
 - Undertaking casualty assessment and triage
 - Providing immediate medical care
 - Decontamination
 - Stabilising casualties for transportation
 - Providing clinical details of casualties for domestic medical response
 - Transporting casualties to Australia, including maintenance of medical care during transfer
 - Facilities and resources available at receiving airport
 - Liaising with Australian domestic agencies to effect transfer to domestic medical services
 - Providing recovery and support services
 - Engaging coronial services if casualties die en route.

4.3. RECEPTION OF CASUALTIES IN AUSTRALIA

- 4.3.1. Health, under AUSTRUMAPLAN arrangements, will coordinate a national approach to managing available health resources and patient transfers. Health will seek information from AHPPC on each jurisdiction's capacity to provide treatment and care for casualties. Health will then advise which health facilities are best placed to provide appropriate

treatment and care to casualties and the willingness of individual jurisdictions to accept the injured.

- 4.3.2. Depending on the location of the incident and the number, nature and severity of the injuries, incoming casualties may need to be initially triaged and then staged through one or more repatriation points in Australia. After Customs, Immigration and Biosecurity (CIB) clearance, casualties may need to be further distributed to the hospital best placed to provide the appropriate ongoing or more specialised care and treatment. The CIB process will not hinder the transfer of casualties to a hospital. Casualties will, where possible, be returned to their home jurisdiction for immediate and ongoing care. Some casualties may be transported from the incident location directly to the hospitals best placed to provide the appropriate ongoing or more specialised care and treatment without passing through a centralised staging point.
- 4.3.3. Offers of international medical assistance to Australia are to be actioned through DFAT via diplomatic channels and DFAT will liaise with EMA and Health.
- 4.3.4. On arrival in Australia, casualties pass from the care of the AME provider to the health agency of the particular jurisdiction that has agreed to receive the casualties. On reception, that jurisdiction will provide a range of services including, but not limited to:
 - Handover/receipt processes from the AME provider
 - Triage and post-flight stabilisation
 - Transport from repatriation point to health facilities, including medical care en route
 - Immediate medical care
 - Specialist care and/or counselling services, including to families and appropriate associates of casualties
 - Coronial/mortuary services if casualties die during transport
 - Continued engagement with DFAT officials who will maintain contact with Next of Kin where there are outstanding issues.
- 4.3.5. Intrastate ambulance transport between repatriation points and health care facilities will be provided by jurisdictional agencies.
- 4.3.6. Interstate distribution of casualties will be coordinated by jurisdictional agencies and Health.

4.4. MANAGEMENT AND REPATRIATION OF DECEASED

- 4.4.1. With the permission of the incident country, the AFP will coordinate appropriate DVI and forensic processes in-country in accordance with the relevant Australian DVI processes and with reference to the Australian DVI Committee.
- 4.4.2. The Australian Government may request assistance from jurisdictions in support of DVI.
- 4.4.3. Jurisdictional police services, with coronial approval, will notify and liaise with families in Australia regarding identification of deceased victims. Australian Government agencies may also be requested to provide personal support to individuals or families undergoing the DVI process.
- 4.4.4. DFAT, assisted by the AFP as the DVI coordinators, will coordinate the process for the repatriation of deceased from the incident country to their home jurisdiction in Australia, as deceased Australians remain consular clients of DFAT. The remains of the deceased will then be passed to the coronial authority for appropriate action, including investigation, if required.

- 4.4.5. With the permission of the country involved, DFAT may engage commercial providers to provide in-country mortuary services including transport for the repatriation of deceased.
- 4.4.6. Deceased bodies arriving in Australia are cleared by Immigration and Border Protection – Department of Home Affairs following assessment by Agriculture. Deceased bodies must be accompanied with documentation in English stating the cause of death. Deceased bodies arriving without the required official documentation (under *Biosecurity (Managing Human Remains) Instrument 2016*) require the permission of a Human Biosecurity Officer for entry into Australia. Permission is obtained via Health. For all deceased bodies suspected or confirmed of having a Listed Human Disease (LHD), as declared in the *Biosecurity (Listed Human Diseases) Determination 2016*, advice is required from a Human Biosecurity Officer to manage the LHD risk. This is coordinated through Health.

4.5. TRANSPORT AND DISTRIBUTION ARRANGEMENTS

- 4.5.1. If there is a need to move casualties, in the first instance, intrastate ambulance transport between repatriation points and health care facilities, and between health care facilities is to be provided by jurisdictional agencies.
- 4.5.2. Interstate distribution of the injured will be coordinated by Health and EMA using available jurisdictional and Australian Government land and AME assets or commercial land and air ambulance service providers. After agreement at the AHPPC, Health and EMA will coordinate interstate transfer of casualties with the relevant jurisdictional Emergency Operation Centre (or equivalents) who will coordinate jurisdictional response.

SECTION 5 - FINANCIAL ARRANGEMENTS

5.1. OVERVIEW

- 5.1.1. This section details the financial arrangements, responsibilities and indicative claimable expenses relating to repatriation operations under OSMASSCASPLAN and should be read in conjunction with the *Guide for Financial Reimbursement*.

5.2. ARRANGEMENTS

- 5.2.1. In line with the AGCMF, the lead Minister as defined in clause 1.3.1, is responsible for costs incurred as a result of direct tasking relating to the repatriation, consistent with extant policy and existing appropriations of the Australian Government agencies involved, including where that Minister has agreed to the deployment of state and territory resources. Should the costs incurred exceed existing budgets or authority, the affected Australian Government agencies should seek government approval for additional spending and funding if required.
- 5.2.2. Financial considerations for domestic operations beyond the repatriation point, including patient transfer and ongoing care, are detailed in AUSTRAUMAPLAN.
- 5.2.3. All agencies conducting operations under this plan are expected, in the first instance, to absorb any costs they incur. Jurisdictional agencies and repatriation point owners

should maintain accurate records of costs incurred during the conduct of repatriation operations.

- 5.2.4. Australian Government and jurisdictional agencies will absorb costs associated with repatriation operations under this plan, unless prior agreement for cost recovery has been reached with DFAT. Indicative offshore claimable expenses can be found at 5.3.1.
- 5.2.5. A copy of the *Guide for Financial Reimbursement* will be sent with the formal task request. Any ambiguity relating to costs should be clarified prior to acceptance of a task request from EMA. It is the responsibility of the tasked agency to ensure that claims are in line with the Guide.
- 5.2.6. The *Guide for Financial Reimbursement* details the arrangements for submitting a claim to the Australian Government, following the completion of a tasking under an Australian Government plan.

5.3. INDICATIVE OFFSHORE AND REPATRIATION POINT CLAIMABLE EXPENSES

- 5.3.1. In accordance with paragraph 5.2.4, the lead agency will reimburse jurisdictional agencies for direct costs incurred during the operation of this plan. The lead agency will not reimburse jurisdictional agencies for costs associated with ordinary operating expenses. Indicative expenses that may be reimbursed include:
 - Overtime, meal allowances and travel expenses (for personnel engaged in overseas repatriation operations in direct response to a tasking)
 - Temporary employment costs for personnel engaged or otherwise contracted directly to supply specialist services during repatriation operations
 - Overseas in-hospital care
 - Immediately necessary clinically-relevant ambulatory health care overseas as part of the response to the overseas mass casualty incident
 - Emergent medical, public health/safety matters, including health assessment costs
 - Transportation/charter costs for casualties
 - Mortuary services
 - Consumables associated with overseas repatriation operations (for example, bottled drinking water)
 - Repatriation point venue costs, including venue and meeting or staging room hire
 - Temporary emergency accommodation costs for casualties and DFAT approved deployed Australian officials
 - Communications costs (internet/phone)
 - Debrief and operational planning in direct response to a tasking, and
 - Other DFAT pre-approved costs directly attributable to the overseas repatriation operation.

SECTION 6 - MEDIA AND PUBLIC COMMUNICATIONS

- 6.1. DFAT as the lead agency is responsible for coordinating and distributing public communications and talking points in relation to the overseas mass casualty incident and repatriation.
- 6.2. Relevant Australian Government and jurisdictional agencies will provide input into talking points relating to the conduct of repatriation operations.

- 6.3. Relevant jurisdictions, in conjunction with the Australian Government, will provide media input relating to operational activities at repatriation points.
- 6.4. The Department of Home Affairs media will provide media support to DFAT as the lead agency, and the relevant jurisdiction/s as required. This may include providing a media representative to repatriation points to coordinate other Australian Government media.

SECTION 7 - ASSOCIATED DOCUMENTS

OSMASSCASPLAN should be read in conjunction with the following documents:

- *Australian Government Crisis Management Framework*
- *Guide for Financial Reimbursement*
- *AUSTRUMAPLAN*
- *AUSRECEPLAN*
- *AUSASSISTPLAN*
- *COMDISPLAN*
- *CBRN PLAN*
- *CD PLAN*