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Submission to the Department of Home Affairs – Alternative Commonwealth Capabilities for Crisis Response Discussion paper

Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to make a submission to the Department of Home Affairs' *Alternative Commonwealth Capabilities for Crisis Response Discussion* paper. Our submission welcomes the opportunity to review existing disaster planning and response arrangements in Australia and calls for ongoing dialogue that includes emergency medicine expertise.

1. About ACEM

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency care for all patients. ACEM is responsible for ensuring the advancement of emergency medicine in emergency departments (EDs) across Australia and Aotearoa New Zealand, training emergency physicians in these regions, and accreditation of EDs for emergency medicine training.

2. Submission

General comment

ACEM considers that climate change poses a global risk to population health as it affects the determinants of well-being such as clean air, secure shelter, safe drinking water and food availability. These impacts will worsen as temperatures rise. Immediate action is needed to mitigate irreversible change to the environment and the deleterious effects on population health.[1][2][3]

Climate change has been a risk multiplier for disasters, with communities being impacted by more frequent and severe disasters. Increasingly, the Australian Defence Force has been called upon to assist in humanitarian disasters and other health emergencies, such as the domestic response to the COVID-19 pandemic. With the expected increase in the prevalence of disasters, especially driven by the effects of climate change, and their impacts on Australian communities, ACEM strongly supports action to bolster Australia's crisis response capacities as well as measures to mitigate the risks and impacts of climate change and future disasters.

Our submission will respond to the following points raised in the discussion paper:

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[1] Policy on Heatwave and Heat Health. Australasian College for Emergency Medicine (ACEM); Available from: https://acem.org.au/getmedia/e5f064bc-0e29-493e-9385-206e2fa45315/Policy_on_Heatwave_and_Heat_Health

[2] Medical Colleges: climate change is biggest threat to health system [Internet]. ACEM; 2021. Available from https://acem.org.au/News/December-2021/Medical-Colleges-declare-climate-change-to-be-the

[3] S68 Position Statement on Climate Change. ACEM; Available from https://acem.org.au/getmedia/ee8940b8-46fb-42c1-bd14-66ec9007c58b/S68-Statement-on-Climate-Change-Mar-12-v01.aspx

1. Acknowledging the primary role of state and territories in emergency response, what longer-term capacities and capabilities does the Commonwealth need to develop to meet the challenges of the evolving strategic environment?

To meet the increasing prevalence of disasters across Australia, a sustainable emergency medicine healthcare workforce is critical. ACEM members work in every Australian jurisdiction and this places ACEM in a unique position to provide a holistic lens to governments, within and across existing structures. A more sustainable emergency medicine workforce will improve:

- The ability to provide and maintain life-saving and essential health services to people and communities impacted by crises, that is, saving Australian lives;
- The link of a skilled workforce to develop, train and support healthcare needs in response to crises;
- The absolute capacity to deploy emergency healthcare workers to support crisis-affected communities.

Recommendation: that ACEM representation is included in the ongoing development of Australia's disaster planning capabilities.

Another important element to consider is community resilience – that is, the sustained ability of a community to withstand and recover from adversity. Resilience is critical to a community's ability to reduce long recovery periods after an emergency, especially when resources are limited. Community resilience sits at the intersection of preparedness and emergency management, traditional public health, and community development. ACEM considers that focusing on building community resilience is a cost-effective and powerful way to make communities more knowledgeable on what to expect in disasters, how to organise effectively and to speed recovery efforts.

Emergency physicians and the emergency medicine workforce work across all Australian communities and engage with diverse peoples, including those from vulnerable and marginalised groups. This places emergency physicians in a unique position to engage in and support building community resilience.

Recommendation: that the Commonwealth increases its investment into disaster risk reduction strategies that builds and strengthens community resilience.

2. At a national level, what are likely to be the key pressure points or challenges for the Commonwealth responding to competing and concurrent crises?

In order to respond to concurrent, cascading and/or rolling crises around Australia, the Commonwealth will need to be able to rapidly, flexibly and dynamically pool needed healthcare capacities from across different parts of the country to support, as needed, local response(s) to the crisis at hand. ACEM considers this will require establishing a national health surge response system that is able to coordinate available and needed capacities, leveraging a pre-established, nation-wide roster of deployable healthcare personnel with standardised training and operating procedures.

ACEM acknowledges that the healthcare personnel for such domestic health surge responses is necessarily drawn from State/Territory health systems during a crisis. However, ACEM supports efforts to develop a national system for training, maintaining, activating, deploying, and coordinating surge health staff, which will improve capacity and readiness to support any crisis response(s) in any State/Territory for any hazard.

3. What models could the Commonwealth explore to replace or supplement support currently provided by the ADF during domestic crisis?

ACEM highlights that the Australian Medical Assistance Team (AUSMAT) model may be utilized or expanded upon for establishing national-level health surge response capacity and system. AUSMAT represents an established and tested capacity and system for self-sufficient deployments to provide surge healthcare response in crises at an international level. It follows the WHO Emergency Medical

Teams (EMT) model and quality standards, being one of 38 teams in the world to have WHO Global Classification status for international response.

Recommendation: the AUSMAT model (staff and team training, operational and logistic systems for self-sufficient, multi-disciplinary team deployments etc) should be considered for expansion as an additional, or alternative healthcare surge capacity for domestic responses.

4. What gaps currently exist in state and territory emergency management capability?

ACEM outlines that improved infrastructure for infection prevention and control (IPC) to protect emergency healthcare workers, particularly as the frontline in response to health emergencies such as pandemics and infectious disease outbreaks, remains a critical (and ethical) priority. ACEM considers that there is no point in seeking alternative health response capacities if measures to properly protect and conserve existing (and additional) healthcare capacities are not in place.

Investing in and implementing infrastructural changes to reduce the risk of infection and death to healthcare workers during pandemics is therefore an integral part of ensuring adequate response capacities[4]. This not only prevents loss of capacity due to loss of healthcare workers from death and infection, but studies have also shown that improved perception of protection reduces staff absenteeism and long-term loss due to fatigue, burn out and mental health illness[5] (which is also a critical consideration for an adequate and sustainable healthcare workforce for recovery[6]).

Recommendation: the Commonwealth should mandate as part of health facility/health infrastructure requirements, certain protective measures for emergency healthcare workers, including:

- High-efficiency particulate absorbing (HEPA) filters and improved ventilation in all emergency care areas and Emergency Departments;
- Installation of physical partitioning, such as between patient care/bed spaces, to reduce the risk of infectious disease transmission to healthcare workers and between patients;
- Maximum patient density or minimum spacing/distance requirements between patients within emergency care areas and Emergency Departments.

Thank you again for the opportunity to provide this submission. If you require any further information about any of the above issues or if you have any questions about ACEM or our work, [redacted]

Yours sincerely,

[redacted]

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Chair, Public Health and Disaster Committee
Australasian College for Emergency Medicine

[4] Hsiao KH, Foong LH, Govindasamy LS, Judkins S. Planning for the next pandemic: Reflections on lessons from the uncontained transmission phases of the COVID-19 pandemic and their impacts on emergency departments in Australia. Emerg Med Australas. 2023 Aug;35(4):672-675. doi: 10.1111/1742-6723.14225. Epub 2023 May 2. PMID: 37454367.

[5] Dolić M, Antičević V, Dolić K, Pogorelić Z. Difference in Pandemic-Related Experiences and Factors Associated with Sickness Absence among Nurses Working in COVID-19 and Non-COVID-19 Departments. Int J Environ Res Public Health. 2022 Jan 19;19(3):1093. doi: 10.3390/ijerph19031093. PMID: 35162127; PMCID: PMC8834664.

[6] Judkins S, Kinder S, Govindasamy L, Toogood G, Davis J. The other long COVID: impacts on health systems and clinicians. MJA InSight. 2022 Jan; 3. Available from: https://insightplus.mja.com.au/2022/3/the-other-long-covid-impacts-on-health-systems-and-clinicians/