

National Critical Care and Trauma Response Centre

Submission: Alternative Commonwealth Capabilities for Crisis Response Discussion Paper

The National Critical Care and Trauma Response Centre (NCCTRC) has had a long and successful relationship with National Emergency Management Australia's (NEMA) predecessor Emergency Management Australia, and looks forward to working together with NEMA.

Australian Medical Assistance Team

NCCTRC was established in 2004 and has become a key component of the Commonwealth Government's disaster and emergency medical preparedness and response capability to natural and man-made incidents of local, domestic and international significance. The Australian Medical Assistance Team (AUSMAT) is a multi-disciplinary, self-sufficient, agile, ready-to-go capability that has responded to sudden onset disasters (SOD) and public health emergencies (PHE) both internationally and domestically since 2019, of which NCCTRC is custodian. AUSMAT is internationally accredited as a World Health Organization (WHO) Type 2 Emergency Management Team (EMT). AUSMAT has a team deployment matrix that supports the deployment of AUSMAT forward assessment teams, specialist cells and type 1 (fixed and mobile) and 2 emergency management teams (EMT) appropriate to the SOD or PHE requirement.*

The NCCTRC has trained over 700 medical doctors, nurses, allied health professionals, logisticians and non-clinical professionals from across Australia to an international standard as medical disaster responders for both domestic and international deployments since inception. These 'AUSMATeers' maintain their profiles on a dedicated database that is managed and can be accessed in real-time for emergency team mobilisation.

What are the critical functions the Commonwealth Government should continue to perform in disaster relief and recovery, in support of local, state and territory governments?

AUSMAT is a Commonwealth Government entity designed to be deployed during SOD and PHE nationally and internationally. AUSMAT has been deployed internationally since 2009 and was repurposed and deployed for its first official domestic deployment in 2019 to support the New South Wales/Victoria 'Black Summer' bushfire emergency. AUSMAT continued to deploy both domestically and internationally during the COVID-19 pandemic.

During the 2019 Samoa measles outbreak, 112 AUSMAT team members were deployed over five deployments, with NCCTRC managing all logistics and flights for the AUSMAT team members. AUSMAT supported the international response to the COVID-19 pandemic with the management of over 7000 returning Australians at the Centre for National Resilience - Howard Springs Quarantine Facility, the first evacuation flights from Wuhan, China, and multiple responses in the Pacific as well as domestically. This depth highlights AUSMAT's current capabilities and ability to respond to international and domestic responses in the future.

In addition to providing a response capability, AUSMAT has specialist cells that can be deployed during the recovery phase of an emergency. In 2019, an AUSMAT team member was deployed to Samoa for three months as part of the recovery from a measles outbreak. This recovery phase response could be replicated in the domestic context to provide support during the transition to business as usual.

AUSMAT currently has 586 trained team members on the roster. An agreement between NEMA and NCCTRC could facilitate collaboration during SOD and PHE and utilise the existing trained workforce. The current AUSMAT roster has the capacity and capability to undertake domestic deployments - appropriate to specialist expertise and experience within the AUSMAT roster and aligned to the specific SOD or PHE.

*For further detailed information on NCCTRC emergency management teams: <https://nationaltraumacentre.gov.au/ausmat/capabilities/>

In addition to team members, AUSMAT has access to numerous specialist operational staff who can support logistics and transport during the preparation and AUSMAT deployment stage. These resources are well developed and available to support future responses to domestic SOD and PHE.

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?

The emergency management landscape in Australia and the response thresholds between the Commonwealth and state/territories requires clear delineation. NEMA needs to work with the Australian Government Department of Health and Aged Care to develop a clear activation pathway for the appropriate mobilisation of AUSMAT. In addition, an agreement between NEMA and NCCTRC could ensure requests for assistance from states/territories are appropriate for AUSMAT.

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

As a federated nation, states/territories have emergency response capabilities, with some states/territories having regional capabilities as well. AUSMAT is able to act as a conduit to break jurisdictional barriers, and has long-standing well established relationships in place with AUSMAT members registered in all states/territories; however, this system also results in pressure points when responding to competing and concurrent crises.

During the 2019/2020 black summer bushfires and the COVID-19 pandemic, states/territories restricted the release of their state based staff members for AUSMAT deployments. To ensure activation of the team and deployment of staff, an agreement containing governance, remuneration and release of staff is required. These structures are critical in SOD and PHE where there is system wide stress resulting in a reluctance to release individuals to serve on AUSMAT teams when local or national disasters take precedence. The release of staff arrangement needs to mirror that of other agencies such as Defence, Country Fire Authority etc. that support the immediate release of personnel when needed, rather than the current arrangement in each jurisdiction where line managers, hospital management and at times Chief Health Officers' are required to approve the release of staff members for an AUSMAT deployment. As custodians of AUSMAT, NCCTRC needs to be engaged in all domestic AUSMAT deployments. Additionally this will ensure that any field based structures used by the AUSMAT personnel meet WHO verification standards.

To ensure that AUSMAT is used (where required) during domestic emergency responses, states/territories need to understand the role of AUSMAT, the request for assistance (RFA) process and be willing to release their own AUSMAT staff from their local services. Additionally, education will need to be provided to the general public so they can understand the differing roles of Commonwealth based agencies e.g. NEMA (coordination), AUSMAT (health) etc. during a disaster response.

How could the Commonwealth build community resilience and capability so they are better able to respond to and recover from national-level crises?

Through funding provided by the Department of Foreign Affairs and Trade, NCCTRC undertakes regional mentoring, education and training. The 2023 AUSMAT Rehabilitation Team Members course had 7 (39%) participants from Pacific nations and the 2023 AUSMAT Surgical Course had 14 (42%) participants from Pacific nations. These are two of the many health disaster and emergency response training courses that NCCTRC has developed and deliver to AUSMAT team members. Using this experience and expertise and

with appropriate resources and funding, health disaster and emergency response training suitable to the Australian health context is an area that NCCTRC could strengthen health resilience and capabilities.

The investment and development of an all-hazards approach within AUSMAT would significantly bolster our capacity for future national responses. The evidence from our Ebola preparedness efforts in 2015, which involved extensive training and preparation of over 130 AUSMAT members to handle infectious diseases of high consequence, laid the groundwork for Australia's initial responses to COVID-19. This included the repatriation flights from Wuhan and the subsequent quarantine of the first exposed Australians.

Investing in specific, discreet health capabilities that prioritize an all-hazards approach can prove invaluable in amplifying our readiness for a wide range of health threats. This targeted approach stands in contrast to investing in a broad sector-wide strategy, which can be both costly and challenging to sustain.

Are there sectors that could replicate the capabilities provided by the ADF?

AUSMAT is currently reliant on Australian Defence Force (ADF) air transport and logistical support for its EMT1 Fixed & Type 2 facilities. These surge temporary health facilities are significantly lighter in overall total weight, cubic meter & footprint size than the respective comparative equivalency ADF Roles 1, 2 and 2 enhanced field deployable combat health facilities. NCCTRC is able to coordinate its own air transport and logistical support through the private sector, which would provide AUSMAT with greater flexibility.

The AUSMAT capability was developed for more than domestic responses and utilising this health capability for international health and disaster responses should be the first choice in the future rather than the ADF. AUSMAT provides Humanitarian Assistance Disaster Response (HADR) health responses, providing whole of population care across the spectrum of ages, maternal, chronic and infectious diseases specialist inpatient care, routine Australian healthcare standards and emergency and surgical care needs. The ADF is not fit for a HADR health response, with ADF medical services, workforce and field deployable combat health facilities specifically designed for specialist combat trauma care and deployed workforce primary health care needs. ADF personnel could combine within an AUSMAT deployment to continue to strengthen the ADF health capability.

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

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

AUSMAT is an operational, field based arm of health provision. This capability is a current gap within state and territory health emergency management capabilities. In addition, an equipped, trained and ready all-hazards health workforce is a current gap in state and territory emergency management. The Australian health workforce including AUSMAT is predominantly trained in SOD and PHE and an all-hazards approach, including chemical, biological, radiological and nuclear, to training and preparedness would fill the current gap.