

ST JOHN AMBULANCE AUSTRALIA

**SUBMISSION TO SENATE SELECT COMMITTEE
ON AUSTRALIA'S DISASTER RESILIENCE**



July 2023

Preamble

St John Ambulance Australia thanks the members of the Senate Select Committee on Australia's Disaster Resilience for review of this submission. We welcome the opportunity for further engagement, drawing on our 140-year history of delivering health and medical care in the Australian community, and our intensive on-the-ground experience in disaster preparedness, response, community resilience and capacity building. Representatives of St John Ambulance would be further interested in an opportunity to present at a future hearing convened by the Committee.

St John Ambulance Australia is recognised and trusted by governments and communities alike, as a pre-hospital health and medical services provider, and as a leader in high-quality First Aid Training. With a 20,000 strong staff, volunteer and member network Australia-wide, St John Ambulance is notably one of the largest non-government, humanitarian agencies to be considered in any 'alternate model' for Disaster Resilience, being contemplated by the Senate Select Committee.

Over many decades St John Ambulance have invested tens-of-thousands of hours and significant financial resources into Disaster Response and Resilience – drawing from our existing networks, infrastructure, skill base and our own financial reserves - as an act of goodwill for the communities we serve. Based on this experience, we are one of the foremost Australian service providers with the opportunity to engage in dialogue on the following terms:

a) iv "...the role of Australian civil and volunteer groups, not-for-profit organisations and state-based services in preparing for, responding to and recovering from natural disasters, and the impact of more frequent and more intense natural disasters on their ongoing capacity and capability;

*(b) consideration of alternative models, including:
repurposing or adapting existing Australian civil and volunteer groups, not-for-profit organisations and state-based services, and
overseas models and best practice;*

(c) consideration of the practical, legislative, and administrative arrangements that would be required to support improving Australia's resilience and response to natural disasters; and

d) Related matters.

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About St John Ambulance in Australia

St John Ambulance Australia is a charitable and community-driven organisation that is a leading provider of first aid training in Australia. We support people to develop the skills, knowledge and confidence to provide first aid in homes, workplaces, schools and communities -including life-saving interventions such as CPR. This provides a safety-net of peer-to-peer first aid intervention. We also provide a range of trusted medical and health services.

We are part of a global movement with the purpose of relieving sickness, suffering and distress, and preserving life. Our vision is to be a trusted leader in responsive healthcare and wellbeing support for all Australians. Through our Australian networks we have a combined reach of over 500,000 beneficiaries per annum.

Service diversity and reach

With a federated structure across Australia, and an organisation in every state and territory, St John Ambulance delivers a diverse range of services to meet local community needs. This includes (but is not limited to): event health services; free first aid training for school children; programs to increase survival from sudden cardiac arrest, including improving public access to defibrillators (AEDs); patient transport services; disaster response and recovery; ophthalmic care (including to remote, rural and Indigenous communities); and other targeted health, wellbeing and community care initiatives that boost resilience. This includes some targeted services to reach vulnerable populations such as: those in remote and rural communities; people with disability; Older Australians; disadvantaged communities; First Nations people; and Culturally and Linguistically Diverse people.

In both Western Australia and Northern Territory, St John Ambulance is also synonymous with delivery of the State/Territory Ambulance Services, and Emergency Operations Centres (000). The reach extended through these state-based services is significant, both in terms of additional patients supported and geographic expanse.

Accessible network

The backbone of St John Ambulance is a **national network of 13,957 volunteers, 4,131 professional staff, and more than 2,000 members**, with a shared vocation of promoting physical and mental wellbeing. Our volunteers are supported through state/territory-based membership to receive continued training, engagement, supervision and recognition, within best-practice clinical and operational standards - ensuring a robust on-the-ground presence that is:

- Highly recognisable and trusted by the public (in Australia's Top 5 Charities as measured through RepTrak, 2022);
- Mobile and agile, with significant reach across metropolitan, regional, rural and remote Australia;
- Cost-efficient with sustainable impact and accessible resources in-community;
- Effective in the provision of ubiquitous first aid and emergency health responses at organised events, community outreach locations, emergencies and disasters;
- Highly experienced – as an auxiliary service with existing and developing relationships with Governments, emergency services agencies, and collaborative service partners across sectors.

St John also delivers national Youth Programs for development of the next generation of St John volunteers and members. This contributes to sustainability.

Specialised resources, assets and attributes

St John Ambulance has an extensive network of resources, assets and attributes, which enable its day-to-day operations and which further lend themselves to a significant contribution to disaster response and resilience. These are detailed below.

Registered Training Organisation

St John Ambulance Australia is recognised as a Registered Training Organisation with gold standard compliance. Registered Training Programs overseen nationally include:

- *Provide cardiopulmonary resuscitation (CPR) (HLTAID009)*
- *Provide basic emergency life support (HLTAID010)*
- *Provide first aid (HLTAID011)*
- *Provide first aid in an education and care setting (HLTAID012)*
- *Occupational first aid skill set (HLTSS00068)*
- *Provide first aid in remote or isolated site (HLTAID013)*

St John Ambulance Australia also offers specialised Accredited, Non-Accredited and eLearning Training programs to meet the needs of specific groups and audiences. Bespoke training programs can be developed for industry specific or commercial use with guidance from Training and Development experts, and advisory support from St John's national Clinical Governance Committee (CGC).

Global connection

Our global connections (St John Associations operate in 44 countries) contribute to our continuous improvement of knowledge, policy and practice, as we draw on international best evidence. The national office based in Canberra manages all priority functions in relation to St John International (as part of a chivalric order steeped in a history of humanitarian aid). Through this network, the Australian Priory of St John also contributes to international practice, including support of our Asia-Pacific region, where we also further our role in Disaster Resilience work.

Equipment and supplies (National product sourcing and distribution)

St John Ambulance Australia also distributes centralised first aid supplies including first aid kits, defibrillators, PPE and notably, emergency response kit equipment, as part of a national social enterprise. Strong, established supply chains enable economic and efficient procurement, stockpiling (for out-of-scope events such as disasters and crises), and state-by-state distribution. This is coordinated by St John Ambulance Australia's National Product Sourcing Unit (NPSU) based in Sydney. This service also provides direct-to-public sales via an Online Shop. Some states and territories also carry additional capacity for warehousing and logistics.

Fleet

Through our Ambulance, Patient Transport, Event Health and Medical Services, Coronial Services, we have a mobile fleet of vehicles providing a spectrum of pre-hospital care and first aid intervention on frontlines and in communities. On a jurisdictional basis this includes: Ambulances; Non-Emergency

Patient Transport vehicles (land and air e.g. helicopter); Major Event and Emergency Response Trailers; Community Transport Vehicles; Restocking Services Vans; Coronial/Mortuary Transport; and community outreach vehicles, such as CPR Labs and Eye Vans. In some states, such as NSW, additional vehicles have been purchased as a strategic move to better prepare for disaster response, while in other states and territories, e.g. NT, there have been plans in place to create redundancies that mitigate crises e.g. equipping non-frontline staff with the skills to drive specialised vehicles.

Call-centres

Some St John State and Territory organisations have sophisticated call centre and logistical response capabilities. Enabling response vehicles to be routed efficiently to fulfil local contracted service requirements, and other St John community operations. In WA and NT call-centres operations relate to ambulance dispatch through 000.

Specialised personnel: Staff and volunteers of St John are highly trained in their specific fields and under the management of their jurisdictional St John Ambulance Association or Division. Personnel fill a variety of clinical, non-clinical and operational roles that are applicable in natural disasters and crisis events. This includes but is not limited to:

- Management, Administration and Logistics Staff
- Clinical Advisory Staff
- Operations and Program Staff
- Command or Call-Centre Operators
- Health and Medical Services Responders
- Trainers
- First Aiders
- Paramedics
- Nurses
- On Call Doctors
- Ophthalmic Specialists
- Volunteer Coordinators
- Patient Transport Staff
- Youth Officers and Coordinators
- Community Service Volunteers (various and specific, localised roles)

St John's Essential Role in Disaster Planning, Response and Resilience

St John Ambulance is recognised by Governments, cross-sectional agencies, emergency services and communities, as a frontline responder in disasters, community crises and catastrophic events. St John Ambulance supports key Emergency Management policies and practices of Governments. It supports planning in relation to Mass Care Scenarios, and fills an active role in Australia's disaster planning, response and resilience in cyclical capacity. This should be bolstered with improved capacity and scale-up in any alternate proposals for the future state of Australia's Disaster Resilience strategies.

AUSTRALIA'S DISASTER RESILIENCE – ROLE OF ST JOHN AMBULANCE



Recent response efforts: In the past five years alone, St John Ambulance has been significantly involved in major disaster and crisis response events in hundreds of communities across Australia responding to tens-of-thousands of community members in their time of need. This includes engagement in:

- Significant bushfires across all states and territories;
- Major flooding events;
- Adverse weather events including tropical cyclones, storms and heat waves; and
- Localised community disasters/accidents and community crisis events e.g structure fires;
- Covid-19 pandemic response (while this may be out of natural disaster scope, the community-response skills and resources retained are applicable).

This recent experience and lessons learned has further sharpened our response capabilities. It has also prompted advanced upskilling of staff and volunteers, and preparation for further disaster events.

Identified Community Need and Impact

As Australia's natural disasters increase and intensify – according to research by the Commonwealth Scientific and Industrial Research Organisation (CSIRO) - it has become increasingly important for frontline community organisations to build their capacity for disaster resilience work.

The role of the bystander and pre-hospital care

The report by Australian Royal Commission into National Natural Disaster Arrangements highlights that:

“In significant emergencies and disasters, emergency management personnel do not, and never will, have the capability and capacity to solve the emergency threat for every individual at risk.”

It further highlights that while there is a role for governments in mitigating risks, state-based fire and emergency services are ‘finite’ and therefore:

“individuals, particularly in natural disaster-prone areas, need to plan and act on the basis that help might not arrive during a disaster.”

St John Ambulance seeks to highlight the imperative of first aid confidence, skills and knowledge that are gained through training as a vital resource for individual and community response to disaster. It further reiterates the importance of volunteer auxiliary supports on-the-ground to reduce the burden on emergency services.

A recent national survey commissioned by St John Ambulance Australia (n=1,061), found that 73% of Australian adults had witnessed a health or medical emergency, yet more than half did not feel confident in their ability to respond. Furthermore, respondents who had undertaken some form of first aid training felt significantly more confident in their abilities (74 per cent compared to 31 per cent) to respond during an emergency (YouGov, June 2023). This signifies the profound impact of first aid training on ‘bystanders’ who could potentially provide care to family, friends, colleagues and other community members in the event of a community disaster.

In Australia, average ambulance response times are between 9-11 minutes for emergency call outs. During times of disaster, when emergency services are stretched beyond capacity, this can be considerably higher (Victorian Ambulance Authority). In instances of health emergency, such as respiratory distress, significant medical trauma, stroke or sudden cardiac arrest, bystander first aid support can be lifesaving until help arrives.

Sudden cardiac arrest is one of Australia’s biggest causes of death and disability claiming upward of 22,000 Australian lives each year. During a disaster scenario – cardiopulmonary risks may present. Immediate CPR and defibrillation are vital. Research has found survival from a sudden cardiac arrest is reduced by 7-10% every minute the person does not receive defibrillation.

According to a collective of international studies reported by the European Resuscitation Council – inclusive of data provided by NHMRC Centre of Research Excellence in Pre-hospital Emergency Care Australia and New Zealand, *“Bystander cardiopulmonary resuscitation (CPR) is known to significantly improve survival from out-of-hospital cardiac arrest (OHCA) when immediate defibrillation is not available.”* Teaching our communities basic CPR skills e.g. chest compressions and breaths could be life-saving in a disaster scenario.

The Chain of Survival identifies five priority links of out-of-hospital care that can be performed by a bystander or First Aider:

- 1) Recognition and response
- 2) Call for emergency services (000)
- 3) Early cardiopulmonary resuscitation (CPR)
- 4) Fast access and deployment of a defibrillator
- 5) Early advanced life support – transfer to hospital

Common injuries and first aid treatment

Various Australian and international studies, reported on by the Australian Institute of Health and Welfare and Australian Royal Commission into National Natural Disaster Arrangements, distil the common injuries and health effects caused by common disasters such as bushfires, floods and adverse weather events. These may include:

- Respiratory illness e.g. breathing problems and induced asthma;
- Cardiovascular problems, sudden cardiac arrest, and stroke;
- Burns and tissue damage;

- Eye health problems from debris, smoke or environmental conjunctivitis;
- Heat-induced illness;
- Dehydration;
- Injuries caused by debris such as broken bones, lacerations, and bleeding wounds;
- Shock;
- Confusion, dizziness and fatigue;
- Mental health problems and neurological distress

These are all injuries and illnesses which St John Ambulance training can help prepare for, and which our frontline volunteers are equipped to deal with.

The value of volunteers and community services

The role of volunteers cannot be underestimated during natural disasters. According to Volunteering Australia more than 400,000 volunteers work directly in emergency response and relief during times of disaster and crisis. St John Ambulance Australia's total volunteer-force equates to 5% of this figure. In times of community disaster, we are often at the forefront of recognisable, frontline response efforts.

Third-party SROI evaluations have determined that there is a significant community impact from St John Ambulance services. An evaluation study piloted in NSW, found that for every \$1 invested into St John, there was an almost triple return on economic and social benefits for the NSW community (Deloitte Access Economic, 2022). This report identified impacts for the community such as:

- Onsite health service accessibility in community e.g. at events or points of public gathering (transferable to crisis point situations such as evacuation centres);
- First Aid skills and knowledge gained and retained within community;
- Bystander CPR capability– 1 in 3 volunteers administered CPR in-community outside of their role, and 1 in 6 students had performed CPR in-community;
- Reduced burden on emergency and clinical services through less ER admissions – high acuity patients avoiding hospitalisation;
- Fostering of volunteer culture and the value of volunteer time;
- Qualifications and experience for volunteers that may transfer to education and employment.

The Access Economic Report conveyed an express acknowledgement of community benefits during times of crisis including flooding, bushfires, and the pandemic, e.g:

- 23,500 hours of support during the Black Summer Bushfires 2019/2020;
- 6,700 hours during the 2022 flood crisis; and
- 515,000 hours during the COVID-19 Pandemic, in NSW alone.

This is just a quantifiable tip of the iceberg considering St John's national reach, with national SROI studies pending.

Strengths of St John Ambulance in Disaster Resilience

Extensive field/frontline experience:
Preparation, response and recovery phase experience – 140 years in the Australian community.
Existing and developing government and cross-sector agreements and collaborations:
MOUs and Emergency Response arrangements with Governments, Councils and State Emergency Service Organisations. Ability to develop and maintain strategic and logistic relationships with Disaster Response stakeholders across sectors
Multi-modal teams - clinical and non-clinical staff and volunteers:
Large-scale, national network with a presence in every state and territory, and a continued focus on volunteer recruitment, engagement, retention and management. Existing trained personnel in clinical, non-clinical and administrative roles active in communities for fast regional deployment.
Existing infrastructure and assets:
Efficiently sourced, maintained and stockpiled at scale, with fast deployment. This includes ongoing access to vehicles, telecommunications, uniforms, training equipment, and first aid supplies, alongside strong supply chains for procurement of quality assets as-needed and to match emerging trends and new technology. Plus, access to a national licensed St John Emergency Radio Network - set frequency.
Ability to centrally mobilise (nationally):
Vast experience in mobilising and quickly deploying resources across geographic borders, and sharing resources and knowledge nationally.
High standard compliance and quality assurance:
Monitored policies and procedures relating to governance, training, staff and volunteer management, safety and security, including national audit processes for the RTO - met with Gold Star compliance.
Leading first aid training services:
Equipping Australians with best practice First Aid training to development the knowledge, skills and confidence for basic first aid interventions including CPR in workplaces, schools, homes, and communities.
Recognition, trust and respect in community:
St John is synonymous with care and support in times of disaster, emergency and community crisis. The community 'feel in safe hands'. Our RepTrak results, feedback mechanisms and evaluations, support the value of our brand, people and services in the hearts and minds of the public.
Additional value-add in Asia Pacific Region:
Extending our expertise in disaster recovery and field support in neighbouring countries of the Asia-Pacific region – as a leader in this space.
Clear focus in disaster resilience:
St John clearly defines its role and excellence in preparedness, response and community resilience, without diluting or confusing engagement in the recovery space - that is better left to other agencies/NGOs.

St John Ambulance – Strategic Contribution to Australia’s Disaster Resilience

Disaster Planning & Preparedness	Disaster Response	Community Capacity Building
Supporting Government and Inter-Agency Strategy and Assets to prepare for Disasters and Catastrophic Events.	Frontline Emergency Response (Resource Deployment) and Pre-Hospital Coordination and Care.	Equipping Australians with best practice First Aid knowledge, skills, confidence and sustaining a volunteer network.
<p>Support Key Government and Emergency Management Strategies and Policies – providing input into planning, training and asset preparation.</p> <p>MOUs with State and Territory Governments for Emergency Response.</p> <p>Participation in State Government and Council Emergency Training Scenarios e.g. Mass Casualty Incident Management Training.</p> <p>Development and maintenance of National Emergency Response Agreements:</p> <ul style="list-style-type: none"> - Health and Medical Services - Incident Management Teams - Evacuation Centres - Patient Transport <p>Removing blockers for fulfilment of Mass Care scenarios in the event of disasters and potential catastrophic events.</p> <p>Large scale, cost-efficient provision and stocking of First Aid supplies and equipment, and stock management of high use items e.g. PPE.</p> <p>Workforce Contingency Planning to ensure cross-skilling of Volunteers/Paid Staff.</p>	<p>Fast mobilisation of existing resources and assets (volunteers, staff, equipment and vehicle fleet) for ‘Out of Scope’ events.</p> <p>Pre-hospital, immediate support for the prevention and treatment of accident, injury, illness.</p> <p>Assistance in decision making in National Situation Room scenarios.</p> <p>Coordinating agency role in many frontline community situations.</p> <p>Setup and/or support of Temporary Care Facilities, Evacuation Hubs, Emergency Accommodations and Field Hospitals (jurisdictional)</p> <p>State Ambulance Services Frontline Emergency Services – (WA & NT) and Patient Transport and treatment units (jurisdictional).</p> <p>Inter-agency collaboration/ use of auxiliary services - frontline needs relative to each community/scenario.</p> <p>Provision of direct-response healthcare for First Responders / Emergency Services personnel (injured or ill during disasters).</p> <p>Health and mental health assessment and care of individuals during crisis.</p>	<p>Developing community knowledge, skills and confidence in First Aid – Best evidence, gold standard accredited and non-accredited training programs: across: frontline workforce, workplaces, schools, homes and communities.</p> <p>Workplace First Aid audits, compliance and tailored programs to specific industries.</p> <p>Upskilling frontline workers in gatekeeper or intermediary healthcare roles.</p> <p>Youth/Cadet programs – stewardship of volunteers and long-term service sustainability.</p> <p>Provision and promotion of accessible Public Access Defibrillators (PAD) in Communities</p> <p>Development of capacity for wrap-around crisis supports and services such as psychological First Aid and community information.</p>

Key National Recommendations:

- 1. Ensure St John Ambulance Australia and likeminded Pre-Hospital Health and Medical Service Providers are included in all Government Disaster Response and Resilience Planning cycles.** This is integral to the dialogue around future 'alternate' states in which NGOs and Humanitarian NFP organisations fulfill greater capacity and responsibility.
- 2. Fund the capacity for St John Ambulance Australia to maintain a centralised Health and Medical Services Program Manager (Head Office Report) to streamline national coordination across state-based/jurisdictional Medical, Health and Event teams.** This role would also maintain consultation, engagement and agreement with cross-sector partners, including liaison with Australian Government stakeholders. This would enhance to ability to mobilise across borders – efficiently managing surge capacity - and contribute to national planning with localised impacts.
- 3. Further subsidise state and territory NGOs/NFPs that presently draw down on their existing resources and infrastructure to respond to emergencies and disasters.** This will enable them to undertake improved resilience planning, disaster asset/resource stockpiling, workforce/volunteer contingency planning, and capability building activities (such as improved training protocols that include Disaster Response Scenarios). This will reduce reliance on short-cycle or isolated grant funding rounds, and ensure readiness to respond at shorter notice and greater scale.
- 4. Expressly acknowledge the important role of First Aid training in building a safety net for community resilience and invest in first aid in workplaces, schools and communities.** Furthermore, understand its role in reducing the burden on clinical services for pre-hospital care. Building the capacity of 'everyday Australians' and non-medical frontline workers to provide basic first aid interventions, will greatly improve the likelihood that individuals situated in any workplace, school, public event, public building, and community-based location - during a disaster or catastrophic event – will have access to a peer who can provide first aid, including CPR or deployment of a defibrillator. St John is able to offer this at unparalleled scale and reach with the right funding commitment, and can adapt training to specific cohort needs, including the development of modules expressly related to disaster response.
- 5. Support the waiving of fees for St John's National Radio Communication Network as an essential infrastructure asset for Disaster Response.** This network contributes to fast, efficient and effective mobilisation of resources spanning vast geographic distances and reaching a complex network of responders.
- 6. Include NGOs and NFP organisations (expressly including St John Ambulance) in this ongoing dialogue and development of a new-look Disaster Resilience approach that acknowledges the role of Volunteer and Community services.** This should include a national strategy for mass care service provision in consultations with National Critical Care and Trauma Response Centre to prepare for presently out-of-scope disasters and potential catastrophic events with regards to deployment and support of volunteers.

7. Facilitate greater pathways for communication between community organisations and emergency services at a national and state level such as Defence Forces, Police, Rural Fire Brigades and SES. This includes on-promotion/referral of services provided by St John Ambulance, such as auxiliary care, in-field first aid and mental health services.

8. Consider development of a new Voluntary Medical and Health Services Emergency Register (for episodic rollout). This would enable medically trained staff and clinicians of different vocations to register their interest to volunteer with St John or other agencies during bushfire/flood seasons or in the event of local disasters/crises, where resources are stretched. This would be particularly beneficial in regional, rural and remote communities.

9. Consider the establishment of a First Nations Emergency Capability Taskforce to ensure remote communities are well equipped to support local Aboriginal and Torres Strait Islander Australians during disaster events. St John Ambulance would welcome the opportunity to guide training and service provision of such services, and to assist with co-designed, custom developed facilities and resources.

10. Ensure ‘vulnerable’ communities and cohorts (e.g. isolated, low SES, First Nations, and CALD communities) are effectively supported during times of disaster through a local volunteer pool. This recommendation includes targeted volunteer recruitment, training and management strategies, to ensure place-based engagement of local people who can relate to local community strengths, challenges and cultural experiences. This ensures that during times of distress – such as evacuation procedures – trusted and friendly faces are involved to help put locals at ease. This will bolster onsite care and build longer-term community resilience.

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Appendices:

1. St John Ambulance Case Studies:

- 1.1 Black Summer Bushfire Response – Critical Emergency Support as a Community Medical Partner – St John NSW
- 1.2 Evacuation Centre Coordination and Support – Health and Medical Services – St John QLD
- 1.3 State Emergency Information Call Centre (SEICCC) Activation – St John SA
- 1.4 Integrated Emergency Service Response during Four Concurrent Level 3 Bushfires – St John WA

2. St John Ambulance Australia – National Service Ecosystem

3. St John State and Territory Overviews

Appendix 1. St John Ambulance Case Studies

St John Ambulance Australia would like to share just a sample of the experiences of its State and Territory St John Ambulance organisations in their Disaster Response and Resilience roles.

The following case studies are an abbreviated example of the breadth and depth of St John Ambulance staff and volunteer skills, and the existing resource capacity that extends across Australia's metropolitan, regional and remote communities.

The extensive inter-agency and government collaborations showcase the way in which community driven organisations can play an incremental frontline and auxiliary role in disaster response and resilience.

In 2022/2023 alone, all state and territory St John Ambulance services were deployed into communities during time of disaster and community crisis.

Quote:

"I can't even begin describe the incredible bravery it took for our vollies to devote their time and energy to the community when their own families were at risk and were needing to evacuate.

... with darkening skies, massive amounts of flames, the sound of constant sirens, and a really long line of cars leaving Bridgetown, our crews drove straight into the danger zone to get people out. We didn't have time to dwell, but we needed to understand how incredibly fragile our little community had become in such a short amount of time.

Support came in the form of a Community Paramedic who could then take over the role of Forward Command. For us, this was the turning point: we had backup, we had community, and we had support. This was the moment we realised how far and wide our support network stretched, and how dedicated our people are.

It gave us a renewed energy - we kept fighting and we kept moving people to safety. This was our 'green family'.

In this devastation we stood together, and our foundations did not crumble."

- **Bridgetown Chairperson and mother-of-five Elza Wallis, who co-ordinated initial response for St John Western Australia, during the Bridgetown Bushfires, 2022.**

1.1: BLACK SUMMER BUSHFIRE RESPONSE – CRITICAL EMERGENCY SUPPORT AS A COMMUNITY MEDICAL PARTNER, NEW SOUTH WALES, SEPTEMBER 2019 – MARCH 2020.

St John Ambulance NSW

The Black Summer bushfires of 2019/2020 were among the most devastating natural disasters ever faced in Australia. The loss of life, environment (flora and fauna), property and community stability in many regional areas of NSW has had long-term implications. While recovery efforts continue, St John Ambulance has reviewed its vital role, and utilised the experience in terms of lessons learned, to inform future disaster response and preparedness. This has included investment into a formal evaluation by Deloitte's Access Economics to review the positive impact of services provided by St John Ambulance as a community organisation, in goodwill to the New South Wales community.



The evaluation found that St John Ambulance directly invested around \$1.5 Million to support the NSW community in their time of need. Training and Disaster Preparedness investment of \$2.5 Million ensured volunteers were equipped for disaster related deployment, and also encompassed costs towards post-deployment care.

Key Evaluation Findings:

- A total of 402 trained personnel were deployed.
- An Incident Management Team (IMT) was implemented to coordinate all logistics and resources efficiently and effectively.
- Over 23,500 hours of frontline voluntary contribution was provided.
- Over 400 clinical interventions took place, reducing the burden on state emergency services where pre-hospital care negated the need for further care, with only 27 needing follow-up transport by NSW Ambulance.
- Over 1,000 evacuees received first and/or mental health support by St John Ambulance.

Disaster Response Overview: In NSW, from September 2019 – March 2020, St John Ambulance was honoured to be *the* community medical partner for NSW Health and NSW Ambulance working alongside NSW Police, RFS, SES, AUSMAT and others in 33 evacuation centers, four staging areas, three fire base stations and RFS Emergency Operations and Police Information Centres. This included in frontline, hard-hit communities such as: Batemans Bay, Bega, Wagga Wagga, Cooma, Kempsey, Grafton and Glen Ines. At any one time, these locations responded to between 40 to 4,000 individual evacuees.

During this time services included first aid medical responses and treatments ranging in severity from minor to critical (cardiac response, smoke inhalation and other respiratory care, burns management, and laceration and wound care), mental health supports for those experiencing psychological distress and trauma, and patient transport services. St John Ambulance also assisted with mental health services to other emergency services staff, to reduce the impacts of fatigue and stress on the frontlines.

St John NSW volunteers helped to staff the 24-hour telephone line at the PIIC (Police Information and Inquiry Centre). This phonenumber assisted callers separated from their families during the crisis by helping them to establish contact. The PIIC also enabled residents of local areas to receive timely updates

about the crisis, including information on when and how to evacuate. These services were critical to evacuation efforts as regular telecommunications infrastructure was heavily affected by the fires.

While St John NSW provides an exemplary case for the essential nature of St John Ambulance's ubiquitous medical and community response services, it should be noted that other State and Territory St John Ambulance branches were quick to answer the call-to-action across the network. This engagement lasted for many weeks and again demonstrated the ability for St John to mobilise rapidly but with longevity, throughout an extended, expansive and catastrophic period of crisis.

1.2: EVACUATION CENTRE COORDINATION AND SUPPORT – HEALTH AND MEDICAL SERVICES - BRISBANE, QLD, FEBRUARY 2022

St John Ambulance QLD

St John's ability to rally auxiliary resources at short notice to respond to localised or widespread community crisis was exemplified during the 2022 QLD Floods. Health and Medical Services (HMS) deployment was focused on the facilitation of Evacuation Centres in partnership with local Government and other service providers.

Response Overview: On the evening of 26 February 2022, Brisbane City Council requested HMS support and contacted St John Ambulance. An Evacuation Centre was established by the following morning at Chandler, Sleeman Sports Complex to operate 24/7 as an emergency shelter for displaced population. St John Ambulance was the first on scene.



While attendance was slow to begin, 50 evacuees were onsite by 8:00pm. St John established an Incident Management Team (IMT) to coordinate response in the event of large-scale flooding and mass evacuation, injury or casualty. A second evacuation centre was opened at Kedron Wavell Services Club AT Chermside, North Brisbane with 130 evacuees on site by 8:00pm.

Treatment of minor injuries and illness, access to emergency prescriptions medications, and psychological and emotional wellbeing support was provided, alongside operational logistic support under arrangements made by Council. Collaboration with Royal Brisbane & Women's Hospital (RBWH) enabled temporary arrangements for access to prescription medications.

During the operation the following response was provided between 26 February and 4 March 2022:

- Support of a total of 245 Evacuees over the course of operation
- 76 shifts over 13 days across two sites inclusive of:
 - Clinical Operations Manager
 - First Aiders
 - Paramedics
 - Nurses
 - On-Call Doctor
- 139 Patients Treated

St John Ambulance continues to strengthen relationships with local governments in QLD through an MOU process and training exercises, to strengthen local capabilities for disaster response. The tried and tested experience with Evacuation Centre coordination provides a procedural approach that can be nimbly applied in future scenarios.

1.3: STATE EMERGENCY INFORMATION CALL CENTRE (SEICCC) ACTIVATION – RIVER MURRAY, SOUTH AUSTRALIA, 29 DECEMBER TO PRESENT.

St John Ambulance SA

In 2022/2023 South Australia experienced its worst and most damaging flooding event in recent history, with the flooding of the River Murray. The extended period of extensive flooding has had long-lasting impacts across communities. The consequences of this disaster have spread over a period of six months to date, and recovery efforts are ongoing.

Response overview: Since the 29th of December 2022, St John in South Australia has had 29 volunteers and staff engaged in the capacity of a Support Agency, under the South Australian State Emergency Management Plan (SEMP).



The State Emergency Information Call Centre Capability (SEICCC) exists as a surge-capacity information line, for the community to obtain relief and recovery information. St John SA volunteers were trained on spec, to operate the SEICCC call taking systems. They were paid an hourly rate given duties outside of scope, to perform 8-hour shifts to meet demand. This was facilitated through the South Australian Fire and Emergency Services Commission (SAFECOM), who are custodians of the SEICCC and overarch South Australia's emergency service organisations.

John was also on standby for First Aid coordination to support the Control Agency and South Australian State Emergency Service (SES). The offer of First Aid services was in this instance declined, with it foreseen that the existing resources and network of St John could instead offer unique services through the SEICCC, to assist the community in this time of need.

Keys to success: St John Ambulance SA volunteers were nimble and flexible in their ability to adapt to a new role as needed - responsive to public needs and service gaps during a protracted disaster event. Positive feedback from SAFECOM staff highlights the exemplary services that were offered by St John Ambulance volunteers.

The calls taken by volunteers were often challenging and confronting in nature. This demonstrates the need for both practical and tactical support during disaster response, while maintaining a humanitarian approach that recognising the suffering and distress caused to individuals, families and communities.

During times of crisis, St John Ambulance across Australia has become synonymous with safety, responsive care and resilience. Simply seeing St John uniformed services in the field, or hearing the voices of well trained, compassionate volunteers on the phone, can be a comfort that provides immeasurable impact on a person-cantered level.

The SEICCC Activation provides just one case study of St John South Australia's commitment to Disaster Response and Resilience. They have also recently had an extensive role in supporting interstate efforts such as deployment during the NSW floods, and local on-the-ground response during the Port Lincoln Bushfires, and Lincoln Gap Silo Fires.

This again showcases the St John Ambulance national network's omnipresence across geographic boundaries and types of community disaster and crises.

1.4: INTEGRATED EMERGENCY SERVICE RESPONSE DURING FOUR CONCURRENT LEVEL 3 BUSHFIRES - BRIDGETOWN WA, FEBRUARY 2022

St John Ambulance WA

In 2022 when fires ravaged Bridgetown Western Australia, St John Ambulance WA were able to offer integrated service support including paramedics, community resources and volunteer services, during the multi-agency crisis response. St John WA operates that State's Ambulance Service and responds to emergency response (000) calls – responding to more than 280,000 calls for assistance per annum.

Response Overview: SJWA frequently operates alongside the State's Department of Fire and Emergency Services (DFES), especially when regional volunteer resources are called upon during emergent situations such as bushfires.

St John has 160 locations across regional WA, which includes 140 volunteer response locations and 20 sub centres, with a mix of volunteer ambulance officers and career paramedics who work side-by-side.



In February 2022, elevated fire-risk conditions resulted in four concurrent Level 3 bushfires between 4-12 February): Bayview Rise Bushfire; Bridgetown Bushfire; Shackleton Complex Bushfire; and Narrogin East Bushfire in the Shire of Narrogin.

Fires resulted in the complete loss of 77 structures and 41 structures sustained levels of damage varying from severe to slight. No human lives were lost. According to DFES, the total resource commitment with partner agencies included 292 firefighting appliances, 996 personnel, and 23,774 hours of combined effort between 4-13 February. In the case of the Bridgetown fire, St John WA called upon 14 regional ambulances, one Paramedic Special Operations crew with two paramedics, and two regional Community Paramedics (CPs). A total of 14 crews responded across: Bridgetown; Manjimup; Boyup Brook; Nannup; Busselton; Bunbury; Australind; East Bunbury.

The Turning Point for Volunteers during the Bridgetown Bushfire.

Just before 2pm on Saturday, St John Bridgetown chairperson Elza Wallis was alerted to the danger by a fellow volunteer chairperson in Manjimup, who heard the local bushfire brigade's radio channel, and called all available crews in the area. Blackwood Valley Community Paramedic Gary Willcox was away on leave but in contact throughout. By 2.30pm, the Bridgetown sub centre, local hospital and a nearby aged care facility, Geegeelup Village, had to be evacuated. Highway closures prevented sub centres in Donnybrook and Bunbury from getting through and minutes after the Boyup Brook crew made it through their road was closed. Manjimup volunteers were also first on the scene. Having a Community Paramedic and step into the role of Forward Command and other familiar and key community members leading the charge, proved a turning point in terms of rallying community in an hour of darkness.

Actions:

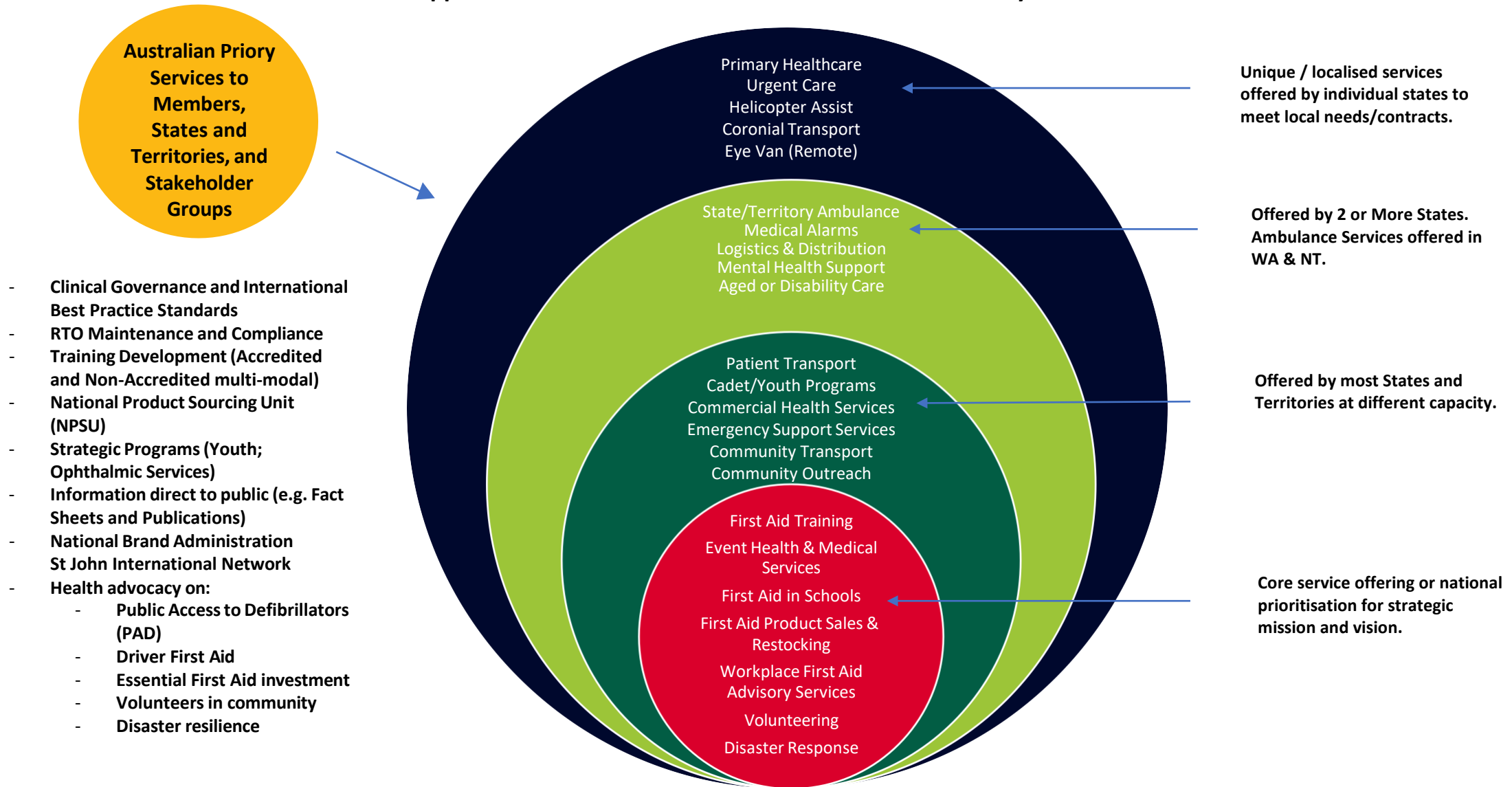
- Evacuation of around 130 Aged Care Residents in Geegeelup Village had up to 130 aged residents and support for patients at Bridgetown hospital requiring mobility assistance.
- Evacuation of 27 bed-bound patients into the hospital in Manjimup 30 minutes away.
- Deployment of RAC helicopter for two emergency calls including for severe burns RAC Rescue helicopters are sponsored by RAC, funded by the State Government and managed by the Department of Fire and Emergency Services (DFES).

- Former Southwest Assistant Regional Manager, Brandon Reid acted as Ambulance Commander, giving operational oversight from Bunbury and directing resources, including notifying the nearest available Community Paramedic (CP).
- Coordination with a local Bridgetown school bus driver lending evacuation support.
- Margaret River Community Paramedic, Luke Fowles took over the role of Forward Command, followed later by Station Manager, Christine Hunter.
- Troubleshooting such as a point in the night when a local mobile phone tower was damaged by fire, so all information had to be fed to SJWA's State Operations Centre via Manjimup through the radio until a skilled technician fixed the problem. Contact to crews was lost for a few hours.
- At the height of the fire, plans changed within 10 minutes and roles adapted to the ever-changing conditions, including a HAZMAT event at the local timber mill due to the chemicals used to treat timber and the associated health risks from contaminated ash.

It took a week for the Bridgetown fire to be downgraded and about 2,200 hectares were burned, one home was destroyed, two businesses were impacted, and the community club was in ashes.

At the time of the fires, Bridgetown had 36 volunteer ambulance officers, which increased by 25 per cent to 45 volunteers post-fire. This is demonstrative of the admiration and efforts of St John Volunteer services, and their impact in local communities. The ability to offer responsive care is highly valued, and further builds community capacity to contribute to recovery and preparedness for future crises.

Appendix 2: St John Ambulance Australia - National Ecosystem



Appendix 3: St John State and Territory Overviews

New South Wales	Victoria	Queensland	Western Australia	South Australia	Northern Territory	Tasmania	ACT
Key Services							
First Aid Training Event Health Services First Aid Products & Restocking Patient Transport Commercial Health Services (staffing solutions) First Aid in Schools Cadet/Youth Program Community Visits/Outreach Logistics & Distribution Services Disaster Response and Community Crisis Support Evaluation/Research Volunteer Engagement Health Advocacy Community Education and Information	First Aid Training Event Health Services First Aid Products & Restocking Patient Transport Commercial Health Services (Wellbeing) First Aid in Schools Cadet/Youth Program Community Visits/Outreach Community Transport Coronial Transport Aged Care Support Logistics & Distribution Services Disaster Response and Community Crisis Support Evaluation/Research Volunteer Engagement Health Advocacy Community Education and Information	First Aid Training Event Health Services First Aid Products & Restocking Patient Transport Commercial Health Services First Aid in Schools Cadet/Youth Program Community Visits/Outreach Community Transport Disaster Response and Community Crisis Support Evaluation/Research Medical Alarms Aged and Disability Support Volunteer Engagement Health Advocacy Community Education and Information	First Aid Training Ambulance Services Emergency Call Centre Event Health Services First Aid Products & Restocking Patient Transport Commercial Health Services (Onsite Medical) Medical Health Care Urgent Care Helicopter Dispatch First Aid in Schools Community Visits/Outreach Community Transport Disaster Response and Community Crisis Support Evaluation/Research Volunteer Engagement Health Advocacy Community Education and Information	First Aid Training Event Health Services First Aid Products & Restocking Patient Transport First Aid in Schools Community Visits/Outreach Community Transport Disaster Response and Community Crisis Support Volunteer Engagement Health Advocacy Community Education and Information	First Aid Training Ambulance Services Emergency Call Centre Event Health Services First Aid Products & Restocking Patient Transport Emergency Vehicle Fleet Services First Aid in Schools Disaster Response and Community Crisis Support Volunteer Engagement Health Advocacy Community Education and Information	First Aid Training Event Health Services First Aid Products & Restocking Patient Transport First Aid in Schools Community Visits/Outreach Community Transport Disaster Response and Community Crisis Support Medical Alarms Mobility Assistive Technology Aged Care Support Volunteer Engagement Health Advocacy Community Education and Information	First Aid Training Event Health Services First Aid Products & Restocking First Aid in Schools Night Crew Community Visits/Outreach Disaster Response and Community Crisis Support Volunteer Engagement Health Advocacy Community Education and Information
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Conclusion and Contact:

St John Ambulance Australia welcomes further engagement with the Senate Select Committee on the matter of Australia’s Disaster Resilience. We advocate for the ongoing and essential role that St John Ambulance across Australia -and other community and volunteer-based services - should play in preparedness, response and capacity building for disaster resilience in Australia. We specifically invite further engagement around any or all of our 12 recommendations, and how they could be implemented for positive change.

To further the conversation, please contact:

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ST JOHN AMBULANCE AUSTRALIA

Alternative Commonwealth Capabilities for Crisis Response
Response to the Australian Government's Discussion Paper - August 2023



September 2023

St John Ambulance Australia

St John Ambulance Australia submits the following considerations and notes in response to the Australian Government's Discussion Paper released by the Department of Home Affairs and National Emergency Management Agency in August 2023. In particular, this document relates to the questions posed on pages 11-12 of the Discussion Paper. *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 Commonwealth needs to develop and support Non-Government Organisation (NGO) capacity to seamlessly insert into capacity and capabilities under emergency conditions.

Depending on the nature of an emergency response, state and territory emergency and health services can be stretched or overwhelmed in supporting a crisis, while seeking to meet the Business as usual (BAU) service delivery needs of their community. This may be especially so when for these events occur when challenging conditions are present – such as high temperatures, poor air quality or mass patient transport scenarios, which place additional pressure on hospital and ambulance services.

In these cases, the role and contribution of volunteer-based organisations such as Rural Fire Services (RFS), State Emergency Services (SES) and non-government organisations (NGO's) such as St John Ambulance, play a critical role. They enable auxiliary support in areas including: frontline patient treatment, patient transport, evacuation centre, logistical operations, situation room support and wrap-around care including triage and mental health support.

The 2021-22 Return on Government Services (ROGS) below indicate the number of sworn, career or volunteer personnel across the emergency services in each state/territory and represent an increase of 120% in overall staffing compared to 2020-21 (predominately Vic and Qld volunteer fire officers).

2021-22	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Police - Sworn	17,197	16,123	11,870	6,249	4,407	1,296	701	1,242	59,085
Fire - Career	5,559	6,312	2,710	1,191	974	343	387	237	17,715
Fire - Volunteer	77,538	52,805	28,435	14,787	13,497	4,758	1,240	252	193,212
SES - Career	376	221	102	-	105	39	11	25	879
SES - Volunteer	10,710	3,846	5,850	1,370	1,635	641	331	259	24,642
Ambulance - Career	4,802	4,781	4,635	1,294	1,421	531	313	240	18,017
Ambulance - Volunteer	401	1,873	270	11,275	1,333	468	-	-	15,560
	116,583	85,961	53,872	36,166	23,372	8,076	2,983	2,255	329,110

St John Ambulance Australia has volunteers with a depth of skills ranging from qualified first aiders to specialist skills in nursing, paramedicine, clinical practice, mental health, social support and other health and medical skills that are underpinned with AHPRA registration. These diverse skills can provide the additional surge support during these events, as witnessed in a number of disaster and crisis response scenarios in the past years – from flooding and bushfire events, to catastrophic events.

Moreover, these qualified individuals practice as medical response teams, which can be configured and deployed to an actual or emerging crisis to support front line services, manage evacuation centres, reduce hospital admissions and, in some cases directly provide frontline emergency medical services. St John's ability to achieve this draws on extensive national networks and resources, including (but not limited to) over 20,000 volunteers and staff, vehicle fleet, first aid equipment, radio network capabilities, and existing MOUs with a number of emergency health organisations across states and territories.

With over 120 clinical scopes of practice and well-defined induction processes, St John Ambulance has the capacity to take on general practitioners and nurses to enable these AHPRA registered persons to volunteer under emergency situations. St John has the capability to expand this onboarding process to align with the continuing upscaling of emergency requirements for years to come.

With over 38,000 General Practitioners identified in the ROGS 2021-22 data, it would be assumable that not all would choose, or have capacity, to volunteer under these emergency conditions. An organisation such as St John would be best placed to co-ordinate the management of this valuable resource.

Table 10A.8		Availability of GPs (number and rate) (a), (b), (c), (d), (e), (f), (g)									
		Unit	NSW (h)	Vic	Qld	WA (h)	SA	Tas	ACT	NT	Aust
General practitioners											
2021		no	11 728	9 416	8 362	3 953	2 793	993	627	485	38 357

Similarly, with over 327,000 nurses registered across Australia, utilising organisations such as St John Ambulance to credential those from this cohort is strategically sound.

Nurses (registered and enrol	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Major cities	no.	70143.6	66034.4	47297.4	26202.3	21967.5	..	5954.9	..	237600.1
Inner regional	no.	18468.3	16963.2	11666.5	2165.9	1915.3	6439.6	57619
Outer regional	no.	4001.7	3458.4	9085.6	2293.5	2016.6	1578.1	..	2717.9	25151.7
Remote and very remote	no.	344.6	24.5	1677.2	1970.8	639.6	94.5	..	1842.3	6618
All areas	no.	92958.2	86480.5	69726.7	32632.5	26539	8112.2	5954.9	4560.2	327176.4

St John Ambulance understands that the licencing and legislative regimes that exist in each State and have the capacity to enable credentialing in emergency care for GPs and for nurses. With almost 8,000 paramedic students enrolled across universities in Australia, St John Ambulance has the capability of providing opportunities from that cohort to volunteer under its banner.

The ROGS data indicates the paramedic student base in 2021-22 was as follows:

Total student enrolments	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (c)	Aust
2021	no.	1 400	1 868	3 038	724	429	93	161	24	7 737

Noting that St John Ambulance delivers the public ambulance service in Western Australia and the Northern Territory, broader disaster recovery capability and capacity can accelerate community recovery by strengthening resources alongside emergency management systems at local, state and federal levels.

Moreover, if the Emergency Management Agencies delivered centralised Australasian Inter-Service Incident Management System (AIIMS) training similar to the Australian Fire and Emergency Services Council (AFAC) model, it would meet the challenges in enabling interoperability of all agencies during crisis.

In addition, St John Ambulance could incorporate large first aid and PPE supplies, in disaster prone communities that could be deployed quickly when needed. St John Ambulance could manage these caches and their deployment around the country as required for large scale emergencies.

With St John Ambulance having its own radio networks in each State/Territory, and the possibility that a prolonged power outage could inevitably take out localised phone communications, there is an increased opportunity to maintain continuity of communication and response coordination.

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

St John Ambulance has a 140-year history of responding to personal and community crisis, and this continues to motivate our volunteers today. This highly capable workforce, with a professional skillset, is ready and willing to serve their community and can be quickly and effectively mobilised to support a crisis/disaster situation. Things that may provide challenges for the Commonwealth in responding to competing or concurrent crises include:

- Increasing occurrence, frequency and severity of disasters and crises depleting finite national resources and requiring redundancy and auxiliary supports from volunteer-based organisations.
- Lack of a Commonwealth-led National Registration process for health staff to enable cross border deployments in emergencies, including differences in clinical scopes of practice.
- No current formal mechanism for NGO's to 'have a place at the table' in crisis/disaster planning that will ultimately draw-down on their resources and efforts.
- Limitations on some NGO's without emergency service classification to protect the full-time employment of volunteers; and the requirement for those volunteers to self-fund their deployments.
- Lack of agreements, procedures and continuity planning that enable for cross-border mobilisation (aligning best available resources with crisis communities in a timely fashion, regardless of local states/territory capacity or capability).

A crisis knows no boundaries when it comes to the right skills being applied at the right time, and immediate emergency response capability often reside in the affected community. This means that some states and territories are more equipped than others depending on factors such as geography, population and local systems. St John Ambulance has a significant national community footprint across all Australian states and territories, and a history in cooperating to deploy across borders – often responding to concurrent crises.

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

Resilience comes from the community. Capability comes from resources, purpose and impact. St John Ambulance is one example of an organisation that has the structure, presence and purpose led capability to be the cornerstone of communities' capability to respond in times of crisis.

St John fulfils a cyclical role in community crisis response and resilience through three functions: 1) planning and preparedness; 2) crisis/disaster response and on-the-ground efforts utilising its core resources; and 3) community capacity building by equipping individuals, workplaces and communities with first aid and medical response skills, knowledge and equipment.

Resilience also comes through appropriate and targeted support. Once the crises have passed, the aftermath can leave a significant toll on the community and responders. Having trained responders on the ground in the initial crisis period provides substantial support. Furthermore, volunteers with localised community knowledge are often better able to connect with people experiencing distress. St John is a recognised and trusted provider of health services, that actively provides a safety-net of peer-to-peer first aid intervention.

With strengthened Government support, St John Ambulance could expand its proven first aid and emergency health response model into more communities in Australia. This would also be supported by St John's established fee-for-service activity - delivering health services and First Aid Training

which funds uniforms, equipment and training for staff and volunteers. A significant number of medical professionals started their careers as cadets or First Aiders in St John. St John is a large-scale, sustainable and complementary support to formal emergency and defence capabilities and resources.

With appropriate investment and national emergency service classification, St John could better sustain its volunteer capability and continue its lifesaving outcomes in the community from local events, through to deploying an emergency field hospital. Additional investment would offer immediate economies of scale by leveraging the foundations that already exist. Potential funding avenues could include (but not be limited to) state-based emergency service levies or national funding through NEMA.

St John Ambulance Australia advocates for the importance of first aid skills across all community settings including home, school, workplace and public gatherings. By skilling everyday Australians, we create generations of bystanders equipped to provide first-response interventions such as keeping an airway open, stemming a bleed, tending to a broken bone, supporting someone experiencing common health crisis or injury, and providing life-saving CPR or deployment of a defibrillator in the event of Sudden Cardiac Arrest. This is especially important when clinical or formal health services such as emergency responders are at capacity or may be delayed. First Aid training is a fundamental skill in any disaster response or emergency, including through the building of community resilience. Mandating first aid training as a pre-requisite to obtaining a driver's licence or as part of the school curriculum would be another way to build first aid skill capacity in the community, noting the cross jurisdictional and bureaucratic nuances within licensing systems.

The St John First Aid in Schools program has a significant capacity to build community resilience by incorporating first aid into the school curriculum annually. This program offers early scaffolding that enables young people to absorb practical first aid skills early, with the intention for them to renew these skills in adulthood through work or community.

In some States and Territories, St John Ambulance already conducts a successful and proven cadet program that teaches and practices First Aid, First Responder and Advanced First Responder skills. These are critical skills in an emergency and disaster setting.

St John also tailors programs to workplaces including targeted training for specific industries with a high risk of injury. With funding, this can further be broadened to include modules around crisis and disaster response.

What changes in the current system are necessary to help Australia have the right capabilities and capacity to handle concurrent crises?

St John Ambulance is recognised by Governments, cross-sectional agencies, emergency services and communities, as a frontline responder in disasters, community crises and catastrophic events. St John Ambulance supports key Emergency Management policies and practices of Governments. It supports planning in relation to Mass Care Scenarios, and fills an active role in Australia's disaster planning, response and resilience in cyclical capacity. This includes community focussed support in preparation for, response during, and recovery after an emergency.

This should be bolstered with improved capacity and scale-up in any alternate proposals for the future state of Australia's Disaster Resilience strategies. As a federated organisation, capacity and capability varies across St John Ambulance's States and Territories. However, there is a strong appetite and ability for St John to scale both shared and discreet capability when required. This has

been demonstrated with numerous deployments of cross-border volunteers in community recovery efforts, and the inclusion of St John in many jurisdictional emergency management plans.

As previously stated, St John Ambulance has volunteers from a range of professional and walks of life. This includes members within the health profession, with logistics skills, command and control skills and administrative skills which are put to practice across a wide range of professions and high-pressure contexts, such as St John Ambulance's contracted event health services.

There could be significant benefits realised with more appropriate national emergency service classification and investment provision to volunteer agencies like St John Ambulance.

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

The ADF provides a range of resources from material to a workforce providing significant support to communities during times of crisis. Military planners, health support, transport support, aircraft capability lift and range of resources that are limited to combat agencies.

The ADF has indicated that it needs to focus on its own strategic direction, and internally as a nation, we need to build crises response capability. The ability to respond to and recover from national-level crises needs to continually evolve. The capacity in 2023 should not be the capacity in 2033.

Some of this capability can be replaced or supplemented by community and volunteer-based organisations with the right skills. This could include volunteers with previous military experience or volunteer organisations with experience working under high-pressure or high stakes contexts, such as event health services (in particular large-scale events) where first aid is regularly administered to critically unwell or injured patients. Volunteers in organisations like St John Ambulance have a range of skills to complement and supplement ADF efforts and operate under control and command models.

St John Ambulance is specifically experienced in crisis and emergency contributions to:

- Frontline health and medical services;
- Emergency response scenario training and planning;
- Incident Management Teams;
- Setup and operation of Evacuation Centres, emergency care facilities and field hospitals;
- Patient Transport;
- Call centre support;
- Health and mental health assessments;
- Connecting patients with pathways to clinical care; and
- Deployment of mass first aid supplies and equipment including PPE

The Government could see greater impact through future modelling that considers:

- Establishing nationally led training programs that equip frontline workers, volunteers and bystanders with first aid and health care skills;
- Increasing funding support for NGOs and not-for-profit service providers who reduce the burden on ADF and other emergency services;
- Working collaboratively with NGOs and not-for-profit service providers during planning cycles and with formal arrangements for logistical support.

St John Ambulance through its Event Health Services has some capacity to deploy equipment or infrastructure to evacuation centres in its immediate area. In some areas it has limited capacity to hold caches of Federal equipment for such crises.

The Commonwealth can also draw on the knowledge and experience of models established and operating in other countries. For example, St John Ambulance in Canada has partnered with the Department of Emergency Preparedness on a Humanitarian Workforce Program. The Humanitarian Workforce (HWF) program aims to fund a scalable civilian workforce that can be rapidly deployed in emergencies, broadening the resources available to respond to human-induced and climate-related disasters in Canada, and reducing the reliance on the Canadian Armed Forces in disaster response.

St John in Canada are a key partner of the Canadian government, establishing 20 Emergency Response Unit sites across the country. The six-year program: builds capacity (infrastructure and equipment); skills (predominately volunteer with paid management); and emergency plans and policies. As a Federated organisation in Canada, St John centrally manages this program through the national office and implements via their provincial offices.

St John Ambulance Australia and the Australian Government can draw on this knowledge and experience to replicate a similar model in an Australian context.

What does the right mix of Commonwealth capabilities look like?

Depending on the operational crisis a mix of emergency services and supplementary support services from organisations like St John Ambulance could provide strengthened capability for quick deployment and use of human capital, equipment and infrastructure. It is understood that the Government needs viable crisis response alternatives to the ADF as a first response.

For responses related to evacuation centres, frontline medical support etc, organisations such as St John Ambulance are best placed to deliver support, within existing procedures, structures and credentialling processes.

The Acts and legislation that prevent cross-border movement of medications can partially be addressed, but need to operate within those State or territory legal boundaries. The challenge for the Commonwealth is breaking down the barriers that exist under the Emergency services Acts and licences that prevent or curtail such assistance.

St John Ambulance AHPRA registered health professionals may also have a broader scope to practice health care under a national accreditation framework, understanding there may be some nuances at a State and Territory level. The skills and capacity of St John Ambulance medically trained responders would arguably strengthen a response during a time of crisis, and potentially reduce the number of ADF personnel required for deployment.

Finally, there could be value in a capacity and skills audit across ADF, Commonwealth agencies and NGO's could identify where skills, capability and resources do or don't exist or could be further strengthened with increased investment. For example, ADF health staff are AHPRA registered allowing health personnel to deploy across Australia and practice health care.

How could a Commonwealth workforce surge capacity be replicated in a scalable, efficient and effective way?

SES are large and established organisations providing relevant skills and personnel in an effective manner. However, their workforce and training levels are focused on disaster recovery and will vary particularly in the provision of healthcare. St John Ambulance has the capacity and capability to

provide prehospital health care and first aid (including mental health first aid), in addition to training and upskilling as a Registered Training Organisation. This can apply to all stages and manner of crisis responses – not just natural disasters or recovery stage efforts.

With an established staff and volunteer base in every State and Territory (including rural/regional areas), St John Ambulance has the foundations, skills and capability to deploy health service support quickly and efficiently. With appropriate national classification as an Emergency Service, volunteer members will be provided employer protection during time of disaster/crisis calls out. Currently, not all employers provide this provision.

How could we harness the critical role of volunteers and civilian groups under this model?

It makes sense to draw on organisations with existing capacity, experience and sustainability, rather than inventing new measures that may be un-tested and cost inefficient. Efforts could be focused on bolstering the capacity of these 'ready to deploy' NGOs and charity organisations, and creating better systems for recruitment, training, communication and deployment.

The backbone of St John Ambulance is a national network of almost 15,000 volunteers and 4,200 professional staff, with a shared vocation of promoting physical and mental wellbeing. Our volunteers are supported through state/territory-based membership to receive continued training, engagement, supervision and recognition, within best-practice clinical and operational standards - ensuring a robust on-the-ground presence that is:

- Highly recognisable and trusted by the public (in Australia's Top 5 Charities as measured through RepTrak, 2022);
- Mobile and agile, with significant reach across metropolitan, regional, rural and remote Australia;
- Cost-efficient with sustainable impact and accessible resources in-community;
- Effective in the provision of ubiquitous first aid and emergency health responses at organised events, community outreach locations, emergencies and disasters;
- Highly experienced – as an auxiliary service with existing and developing relationships with Governments, emergency services agencies, and collaborative service partners across sectors.

St John Ambulance also delivers national Youth Programs for development of the next generation of St John volunteers and members. This contributes to sustainability.

How do these models supplement, but not replicate, existing models operating at a state and territory and local level?

St John Ambulance has the ability to provide first aid and health services quickly, while government agencies organise concurrent resources. The intention is to supplement, complement and reduce burden – streamlining collaborative responses in times of crisis, when resources are at capacity. In some States or Territories, St John Ambulance is written into the emergency response strategies under one or more agencies. Having more formal arrangements to augment state models during a crisis/disaster would give Governments the time and space to more effectively plan strategic and longer-term responses.

What role could industry / the private sector play? How can the Government attract increased investment in emergency management from the private sector?

In the case of St John Ambulance, our commercial activities in Event Health Services (such as major events, festivals, Royal Shows, Sporting Event etc) fund our volunteer equipment and training. As an

organisation with DGR status St John Ambulance is in effect, a self-funding and sustainable social enterprise.

As a large NGO, St John Ambulance also procures large volumes of first aid supplies and medical equipment and maintains a broad range of commercial contracts with industry and the private sector. As a community-based organisation with charitable status, St John has an opportunity to leverage our trusted brand to partner with industry and the private sector to achieve attractive commercial terms, economies of scale and strengthen our impact in Crisis Response.

St John Ambulance would expect that that funding of a crisis response would be at the cost of the Commonwealth, State or LGA that engages it.

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

From the perspective of an NGO active in the emergency and crisis health space it is evident that further consideration should be given to planning and preparedness that expressly acknowledges the importance of volunteer workforces and charity service providers that year-on year are called upon during times of community crisis, disaster and catastrophic events. Gaps revolve mostly around resources capacity in terms of planning, funding, equipment and personnel.

Recommendations for filling these gaps include:

- Stronger representation of capable Pre-Hospital Health and Medical Service Providers in all Government Disaster Response and Resilience Planning cycles.
- Further subsidising of state and territory NGOs/NFPs that presently draw down on their existing resources and infrastructure to respond to emergencies and disasters. This will enable them to undertake improved resilience planning, disaster asset/resource stockpiling, workforce/volunteer contingency planning, and capability building activities (such as improved training protocols that include Crisis Response Scenarios). This will reduce reliance on short-cycle or isolated grant funding rounds, and ensure readiness to respond at shorter notice and greater scale.
- Greater investment in specialised scalable civilian workforces which have the skills and capacity to be rapidly deployed across any state or territory.
- Improved strategic campaigns to recruit the next generation of volunteers.

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

While the ADF cannot be replaced it can be heavily supplemented with allowances made for resource redundancy to reduce reliance and burden. From a health and medical service perspective the skills of ADF personnel can most certainly be replicated, and even improved on. In most cases the health and medical services supporting a disaster/crisis will be strained support requiring a multi-agency collaborative response.

During natural disasters, adverse weather events, community crises, and health emergencies e.g., bushfires, structure fires, floods, cyclones, and mass casualty incidents, St John Ambulance has played a crucial role in supporting the community. St John Ambulance has provided countless hours of care and support across a number of crisis response functions and settings, both in place of emergency services and/or ADF or alongside them.

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?

Commonwealth Government can work with national service providers through investment, planning and inter-agency coordination, to ensure they have the capacity to support local state and territory efforts, as well as national cross-border efforts.

This is especially important for large-scale crisis events, that cross geographical boundaries, and which have far-reaching or long-term impacts to physical, social, emotional and economic wellbeing, as seen during the global pandemic, and during natural disasters that concurrently impact multiple states and territories.

Providing oversight that identifies and responds to gaps is also useful. A key role of Australian Government could be in connecting national organisations to opportunities for collaboration or engagement. It is difficult for NGOs and NFPs to have oversight of the myriad of political decisions being made at all levels, that impact their work.

Commonwealth Government could expressly support organisations such as St John Ambulance Australia by generating opportunities for longer-term funding to boost capacity for disaster and crisis response, so that there is less reliance on short-term funding cycles, and or self-funded efforts.

Further elevating the status of organisations such as St John Ambulance as emergency service providers during times of crisis, and supporting their advocacy efforts with governments, will generate positive impacts for community.

Key national advocacy issues of critical importance to St John Ambulance Australia include:

- Improving rates of First Aid Training among all Australia through workplaces, schools and communities.
- Improving public access to defibrillators as an essential resource in preventing deaths through Sudden Cardiac Arrest.
- Create national political conversation around legislative changes at the state and territory level, which mandate a base level of first aid training in community, such as making First Aid Training a prerequisite to having a driver's licence.

Improve national opportunities to support volunteer management, upskilling, retention and deployment.

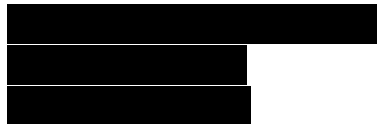
What legislative, regulatory or policy changes could be undertaken to make it financially viable for other sectors to contribute to a Commonwealth crisis response capability?

The ability for crisis-response volunteers of NGO's such as St John Ambulance Australia to be classified nationally under the banner of emergency services therefore being covered under emergency worker provisions when disaster/crisis situation has been activated. This is similar to volunteer organisations such as SES and Surf Life Saving.

We invite further discussion beyond this document, and also wish to refer to a more protracted response provided by St John Ambulance Australia – regarding our disaster response and crisis management capabilities and recommendations – to the current Senate Select Committee on Australia’s Disaster Resilience. This document is available under the public submissions at:
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Disaster_Resilience/Disaster_Resilience/Submissions

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