



THE COUNCIL OF
**AMBULANCE
AUTHORITIES**

**The Council of Ambulance
Authorities (CAA) Perspectives
on Alternative Commonwealth
Capabilities for Crisis Responses**

Preface

Australia is confronted with an increasingly urgent demand for a crisis response mechanism, as it grapples with shifting environmental dynamics and evolving security challenges. Traditionally, the Australian Defence Force (ADF) has held a pivotal role in crisis mitigation. However, as the complexion of crises undergoes transformation, the need to explore alternative capabilities within the Commonwealth becomes conspicuously apparent. In this regard, the Council of Ambulance Authorities (CAA), serving as the representative entity for ambulance services nationwide, proffers its invaluable insights into this paradigmatic shift.

In times of calamity and crisis, the indispensable role of a well-coordinated and responsive healthcare system and emergency sector cannot be overstated. At the forefront of Australia's healthcare response infrastructure stands the emergency ambulance services, a team of highly trained paramedics who serve as the vanguard during emergencies. With an extensive workforce comprising over 28,500 professionals, Australia's paramedics are endowed with the requisite expertise and skillset to proficiently manage emergency situations. Throughout this document, the CAA lends its perspective to elucidate how Australia's national-level emergency response capabilities can be optimally fortified, accentuating the pivotal role assumed by emergency ambulance services in disaster and crisis response. This illumination encompasses their exhaustive training regimen, their significance in mass-casualty scenarios, and the exigency for a more well-defined legislative role within the national emergency framework.

Australia faces a range of crises, from natural disasters like bushfires and floods to complex emergencies requiring both medical expertise and logistical coordination. Effectively addressing these challenges demands a comprehensive and adaptable approach. The Commonwealth Government plays a central role in disaster relief and recovery, encompassing functions such as resource coordination, national leadership, financial support, logistical assistance, communication infrastructure, specialized healthcare capabilities, information sharing, support for vulnerable communities, resilience building, collaboration, research, cross-border aid, long-term planning, community engagement, crisis management, evaluation, transparency, international collaboration, and policy adaptation.

Emergency ambulance services constitute the bedrock of disaster and crisis response in Australia. They serve as the initial point of contact for individuals thrust into life-threatening predicaments, dispensing immediate medical attention and care. These services bear the responsibility of swiftly deploying trained paramedics and requisite resources to the locus of an emergency, thereby ensuring that patients receive timely and commensurate medical aid. The efficiency and efficacy of emergency ambulance services hold the key to determining the outcome of any disaster or crisis.

Australia's emergency ambulance services excel due to the high level of training and expertise exhibited by its paramedics. These professionals undergo a rigorous education and training program, equipping them with the essential skills needed to handle various emergency scenarios. Paramedics are highly skilled at assessing, treating, and stabilizing patients in critical conditions, often making life-saving decisions on the spot. Their comprehensive training covers anatomy, physiology, pharmacology, advanced life support techniques, and disaster management, enabling them to perform effectively in high-pressure environments and respond to a wide range of crises, including natural disasters, accidents, and pandemics.

In the sphere of disaster relief, the Commonwealth ensures the judicious allocation of resources while fostering interagency cooperation. It fortifies these efforts with strategic planning and financial support mechanisms, inclusive of grants and funding initiatives. A paramount facet of the Commonwealth's approach entails the cultivation of specialized healthcare competencies, accompanied by the facilitation of information sharing among stakeholders. The Commonwealth extends requisite support to vulnerable communities, with a keen emphasis on promoting community engagement. Community engagement, in turn, underscores education, training, and mechanisms for constructive feedback, contributing to an informed and engaged populace.

Emergency ambulance services assume a pivotal mantle in mass-casualty events, situations that can potentially overwhelm healthcare systems. They provide immediate medical assistance, triage patients, and coordinate their transportation to healthcare facilities. The ability to proficiently triage and prioritize patients based on the severity of their injuries or illnesses constitutes a critical skill that paramedics bring to the fore during mass-casualty events. In incidents such as major accidents, terrorist attacks, or large-scale natural disasters, the presence of paramedics on the scene can prove to be the fulcrum upon which lives hinge. Their training and experience empower them to navigate chaos and deliver life-saving interventions in the most exigent circumstances.

While emergency ambulance services represent a critical component of disaster and crisis response, there exists a compelling imperative for a more clearly delineated legislative role within the national emergency framework, particularly for services that do not find themselves embedded within health departments, such as St. John services. A well-defined legislative framework can ascertain that these services garner the recognition, resources, and support indispensable for the effective execution of their pivotal responsibilities.

Given the dynamic and continually evolving landscape of crises, the CAA is cognizant of the compelling necessity to contribute its insights and expertise to augment Australia's national-level emergency response capabilities. As the representative body for ambulance services spanning Australia, New Zealand, and Papua New Guinea, the CAA occupies a unique vantage point, bestowing it with the ability to offer perspectives on crisis management, healthcare support, and logistical coordination of unparalleled significance.

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

To effectively address the challenges presented in the discussion paper and support state and territory-led emergency response efforts, the Commonwealth should consider developing a range of longer-term capacities and capabilities. These should be aligned with the evolving strategic environment, which includes increasing climate-related hazards and the potential for complex, concurrent crises, with the following key areas to consider:

1) Enhanced Coordination and Communication:

- Establishing a robust and centralised coordination mechanism within the Commonwealth that can seamlessly integrate with state, territory, and local government emergency response efforts, encompassing healthcare and ambulance services.

- Investing in advanced communication systems and information sharing platforms to improve situational awareness and facilitate real-time data exchange between all stakeholders.

2) Resource Stockpiles and Logistics:

- Expanding and maintaining national stockpiles (specifically, non-ADF cache availability) of essential emergency response resources, including medical supplies, food, water, and equipment, which can be rapidly deployed to affected areas. This should include a focus on healthcare and medical support items.

- Developing a comprehensive logistics strategy to ensure efficient transportation and distribution of resources during crises, utilising both public and private sector assets, with specific attention to the needs of healthcare and ambulance services.

3) Disaster Relief Australia and Volunteers:

- Continuing to support and strengthen Disaster Relief Australia as a key organisation for disaster response and recovery, with a particular emphasis on healthcare and medical support.

- Promoting volunteerism and engaging with volunteer organisations, including those related to healthcare and ambulance services, to build a resilient volunteer workforce for disaster response, ensuring they have the necessary training, equipment, and support.

4) Climate Resilience and Adaptation:

- Investing in research and development to enhance climate resilience, including better forecasting, early warning systems, and adaptive infrastructure, considering healthcare and ambulance service requirements.

- Collaborating with state and local governments to develop and implement climate adaptation strategies tailored to specific regions and hazards, including healthcare and medical aspects.

5) National Crisis Exercise Program:

- Expanding and updating the National Crisis Exercise Program (regularly) to simulate and prepare for various crisis scenarios, including those involving concurrent crises. This should involve active participation from healthcare professionals, ambulance services, and other key stakeholders.
- Involving industry experts, state and territory governments, volunteer organisations, and healthcare providers in these exercises to test and refine response plans.

6) Technological Innovation:

- Investing in emerging technologies such as artificial intelligence, remote sensing, and unmanned aerial vehicles to improve disaster response, damage assessment, and recovery operations, with a specific focus on healthcare and medical applications.
- Establishing partnerships with the private sector and academic institutions to drive innovation in emergency management, including healthcare technology advancements.

7) Community Engagement and Education:

- Developing and implementing comprehensive public awareness campaigns to educate communities about disaster preparedness, response protocols, and resilience-building measures, including healthcare-related guidance.
- Promoting a culture of community involvement in disaster management, encouraging local initiatives and self-sufficiency, while also emphasising the role of healthcare providers and ambulance services in community resilience.

8) Financial Preparedness:

- Securing substantial financial resources for emergency services is imperative to effectively respond to and recover from crises. Sufficient funding plays a pivotal role in supporting healthcare infrastructure and ensuring the readiness of ambulance services. It underpins essential facets such as the procurement of critical medical equipment, the training of healthcare professionals, and the establishment of resilient emergency response systems, all of which are essential during times of crisis.
 - Maintaining flexibility in resource allocation in crisis scenarios allows for the swift deployment of medical personnel, ambulances, and supplies to the areas most affected. This capability not only saves lives but also mitigates the broader repercussions of disasters.
 - Leveraging public-private partnerships can yield innovative financing mechanisms that ensure the sustainability of healthcare and medical support systems during crises. Collaborative efforts can strengthen response capacities and expedite recovery.
 - Implementing Crisis-Resilient Insurance Mechanisms to spread the financial burden of disaster recovery. Insurance coverage for healthcare infrastructure and ambulance services enables communities to better absorb the costs of rebuilding and responding to crises, alleviating the strain on public budgets, and fostering resilience.

9) International Collaboration:

- Strengthening international partnerships for mutual assistance during crises that have both domestic and international components, with a consideration of healthcare and ambulance services.
- Collaborating with neighbouring countries and international organisations to share best practices and resources, particularly in the healthcare and medical response sectors.

10) Regular Review and Adaptation:

- Establishing a continuous improvement framework that involves periodic assessments of emergency management capabilities, including healthcare and ambulance services, and lessons learned from past incidents.
- Adapting and refining the Commonwealth's approach in response to changing threats and challenges, with a particular emphasis on healthcare and medical response capabilities.

11) Legislative and Regulatory Framework:

- Reviewing and updating emergency management legislation and regulations to ensure they are responsive to the evolving strategic environment and support effective coordination, including those related to healthcare and ambulance services.
- Facilitating Cross-Border ambulance deployment by establishment of regulations. Such regulations can address the critical need for seamless emergency response when crises transcend geographic boundaries. Enabling cross-border ambulance deployment enables emergency management agencies to respond swiftly and effectively to large-scale disasters or emergencies that may overwhelm local resources.
- Ensuring Legal Clarity: Regulatory provisions governing cross-border ambulance operations should be well-defined, outlining responsibilities, liability, and collaboration mechanisms. Addressing legal and logistical challenges by these regulations enhances the resilience of healthcare and ambulance services and contribute to a more robust emergency management framework.

12) Barrier Removal and Incentives:

- Identifying and addressing barriers that hinder the growth of key sectors involved in emergency response and recovery, including regulatory obstacles or resource constraints, with a focus on enhancing disaster resilience and response, including healthcare and medical support capabilities. This can include:
 - **Facilitating Unhindered Deployment:** To enhance disaster resilience, it is vital to streamline regulatory processes for transporting Schedule 8 drugs across borders. Consistent regulations and creating standardized protocols will facilitate rapid access to life-saving medications during emergencies that span multiple jurisdictions.
 - **Encouraging Cross-Border Collaboration:** Incentives should be established to promote cross-border cooperation in emergency response. Resource-sharing agreements, mutual aid pacts, and the establishment of regional emergency response hubs can incentivize states and regions to actively participate in cross-border efforts, ensuring swift and efficient deployment of critical medical supplies.

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

At a national level, responding to competing and concurrent crises presents several key pressure points and challenges for the Commonwealth. These challenges are influenced by the evolving nature of crises, including their increasing frequency and complexity. To effectively address these challenges, the Commonwealth must consider the following pressure points while also recognising the critical importance of the healthcare sector and emergency services roles:

1) **Resource Allocation and Prioritisation:** As the frequency and scale of crises increase, there will be heightened competition for resources, including personnel, equipment, and funding. The Commonwealth will need to develop robust mechanisms for prioritising response efforts, ensuring that resources are allocated to areas of greatest need and impact. This includes the allocation of resources to the healthcare sector to ensure the provision of medical care during emergencies.

2) **Interagency Coordination:** Coordinating the efforts of various government agencies, including state and territory governments, the Australian Defence Force (ADF), National Emergency Management Agency (NEMA), and non-government organisations, is crucial. Ensuring seamless communication, cooperation, and collaboration among these entities will be a significant challenge, especially during concurrent crises. Healthcare providers and emergency services play a pivotal role in this coordination, ensuring a unified response to health-related challenges.

3) **Capacity Building:** Building and maintaining the capacity to respond to multiple crises simultaneously is vital. This includes training and equipping not only first responders but also healthcare workers to handle surges in medical cases. Expanding the National Emergency Management Stockpile should also consider medical supplies and equipment.

4) **Scalability:** The response mechanisms must be scalable to meet the size and complexity of crises, including healthcare and medical response. This requires a flexible approach that allows for the rapid mobilisation of medical resources when needed, as well as the ability to scale down when crises are under control.

5) **Information Sharing and Situational Awareness:** Effective decision-making relies on timely and accurate information. Improving situational awareness and information-sharing mechanisms among stakeholders, including healthcare providers, is essential to coordinate medical response efforts effectively.

6) **Community Engagement and Expectations:** Managing public expectations and ensuring community engagement in healthcare and emergency services is vital. The Commonwealth must communicate clearly with the public, manage expectations regarding the extent of medical assistance it can provide, and promote community resilience and preparedness in health-related emergencies.

7) **Climate Change and Environmental Impact:** Recognising the role of climate change in exacerbating health-related crises, the Commonwealth must integrate climate resilience strategies into healthcare and emergency response plans. This includes addressing long-term climate adaptation and mitigation measures to reduce the severity of health emergencies.

8) **Risk Reduction and Preparedness:** Emphasising risk reduction, preparedness, and resilience-building efforts in healthcare and emergency services is critical. Investing in disaster resilience initiatives and promoting community-level preparedness can help reduce the impact of health-related crises and alleviate pressure on response efforts.

9) **Resource Constraints and Opportunity Costs:** The Commonwealth must consider the financial and opportunity costs associated with deploying healthcare professionals and emergency services for domestic disaster relief. Balancing these costs with the need for effective health-related response measures is a key challenge.

10) **Indigenous and Vulnerable Communities:** Ensuring that healthcare and emergency response efforts are inclusive and responsive to the needs of Indigenous and vulnerable communities is essential. These communities may be disproportionately affected by health-related crises and may require tailored medical and support services.

11) **Cultural Competency and Multilingual Communication:** Recognizing the diversity of our communities, it's crucial to address language and cultural barriers. Emergency information and healthcare services should be accessible in multiple languages. Emergency response teams should also undergo cultural competency training to better understand and respect the unique needs and traditions of diverse communities to ensure that all residents, regardless of their linguistic and cultural background, can access critical information and assistance in times of crisis.

12) **Regulatory and Legal Frameworks:** Reviewing and adapting regulatory and legal frameworks to facilitate rapid response in healthcare and emergency services during crises is crucial. This includes considering changes to streamline approvals and coordination processes for medical assistance.

13) **Public-Private Partnerships:** Exploring innovative public-private partnerships in the healthcare sector and emergency services can help leverage resources and capabilities in times of health-related crises. Engaging the private sector and non-governmental organisations in preparedness and response efforts can enhance overall resilience, particularly in the healthcare and medical domains.

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

Building community resilience and capability to respond to and recover from national-level crises is a complex and multifaceted challenge, with the healthcare sector and emergency services playing crucial roles. It requires a comprehensive approach that involves the Commonwealth Government, state and territory governments, local communities, and various stakeholders, including healthcare providers and emergency responders. Here are several highly professional suggestions to address this challenge, emphasising the importance of the healthcare sector and emergency services:

1) Investment in Disaster Preparedness and Education:

- Develop and implement a national education and awareness program that includes healthcare and emergency response information to educate communities about the risks they face and how to prepare for disasters.
- Promote disaster preparedness and resilience-building at the individual, family, and community levels through workshops, training, and public campaigns that also involve healthcare professionals.

2) Enhancement of Local Government Capacities:

- Provide funding and support to local governments to improve their disaster preparedness and response capabilities, including healthcare infrastructure and emergency services.
- Encourage local governments to develop and regularly update comprehensive disaster response plans tailored to their specific needs, with a focus on healthcare facilities and services.

3) Community Engagement and Involvement:

- Adopt a culture of community involvement and volunteerism that includes healthcare and emergency services personnel through incentivising and supporting local community groups and organisations.
- Encourage the formation of Community Resilience Committees that involve healthcare providers and emergency responders to identify local vulnerabilities and develop community-specific resilience plans that consider healthcare needs.

4) Public-Private Partnerships:

- Collaborate with the private sector, including healthcare institutions and emergency service providers, to enhance disaster preparedness and response capabilities, especially in critical healthcare infrastructure sectors.
- Encourage businesses to develop business continuity plans that account for healthcare services and share best practices in emergency response and recovery.

5) Research and Innovation:

- Invest in research and development to identify innovative technologies and strategies for disaster response and recovery in the healthcare sector.
- Create grants and incentives for healthcare institutions and researchers working on solutions that enhance healthcare resilience and emergency medical response.

6) National Coordination Mechanism:

- Strengthen the National Coordination Mechanism, led by NEMA, to ensure seamless coordination between government agencies, non-government organisations, healthcare providers, and emergency services during crises, with a specific focus on healthcare coordination.

7) Capacity Building for Volunteers:

- Provide training and resources, including medical and emergency response training, to increase the number of volunteers involved in disaster resilience, response, and recovery activities, complementing the efforts of healthcare professionals and emergency responders.
- Recognise and reward volunteers, including healthcare volunteers, for their contributions to incentivise more people to get involved in healthcare-related emergency activities.

8) Early Warning Systems:

- Invest in state-of-the-art early warning systems for natural disasters, including improved forecasting and monitoring capabilities that consider healthcare implications.
- Ensure that warning messages related to health and emergency services are clear, accessible, and reach all segments of the population.

9) Community-Based Risk Assessments:

- Encourage communities, with the involvement of healthcare experts, to conduct regular risk assessments to identify local healthcare vulnerabilities and prioritise mitigation efforts.
- Support the development of community-specific healthcare risk reduction projects.

10) Climate Change Adaptation:

- Develop and implement climate change adaptation strategies that consider the increasing frequency and severity of disasters, particularly in the context of healthcare infrastructure and services.
- Invest in sustainable healthcare infrastructure and land-use planning that considers climate resilience.

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

Addressing the challenge of enhancing Australia's capabilities and capacity to handle concurrent crises necessitates a comprehensive and strategic approach that recognises the critical roles of the healthcare sector and emergency services. The following strategies cover the importance of the healthcare sector and emergency services in building Australia's resilience to concurrent crises:

1) Interagency Coordination and Collaboration: Establishing a National Crisis Coordination Centre (NCCC) that serves as a hub for interagency coordination during crises, including representatives from healthcare organisations and emergency services. This ensures seamless communication and cooperation in responding to health-related crises.

2) Investing in Technology and Data Sharing: Developing a robust technology infrastructure for real-time data sharing and situational awareness, which should include healthcare data integration. Utilising AI and data analytics not only for early warning systems but also for tracking healthcare resource availability and patient needs. That can include:

- **Enhancing Training Efficiency:** Integrating AI into ambulance training programs can significantly improve the efficiency and effectiveness of emergency responses during crisis situations. For instance, AI-powered simulations can create realistic scenarios, helping paramedics and EMTs practice critical skills, such as responding to cardiac arrest, with precision. These simulations offer real-time feedback and adapt to individual learning needs, ensuring that ambulance personnel are better prepared to handle complex situations in the field.

- **Real-time Decision Support:** When responding to concurrent crises, paramedics can use AI algorithms that analyse patient data and vital signs, assisting them in making rapid, informed decisions. For instance, AI can help identify subtle signs of cardiac arrest, enabling early intervention and potentially saving lives.

- **Resource Allocation and Demand Forecasting:** AI and data analytics are valuable for tracking healthcare resource availability during crises. This includes monitoring the availability of ambulances, medical supplies, and personnel. AI algorithms can predict spikes in demand based on historical data and situational variables, ensuring that the ambulance service can allocate resources effectively to handle concurrent crises, such as natural disasters and a sudden surge in cardiac arrest cases.

3) National Disaster Response Reserve (NDRR): The establishment of a National Disaster Response Reserve (NDRR) is a pivotal component of our comprehensive crisis management strategy. This reserve encompasses healthcare professionals and emergency responders, guaranteeing the immediate availability of medical expertise for deployment during crises, alongside professionals from other critical fields.

4) Emergency Management Committee (EMC): The EMC, another vital reserve within our crisis management framework, functions as its cornerstone. This committee collaborates closely with the NDRR and other essential stakeholders. Its primary mission is to ensure that the right medical expertise is readily accessible within the emergency setting and effectively mobilized to address health-related aspects of the crisis.

5) Enhancing Volunteer Engagement: Encouraging and incentivising healthcare and emergency services personnel to volunteer their expertise during crises. Offering Specialised training programs for healthcare volunteers and recognising their contributions to the healthcare response. The CAA can collaborate with healthcare and emergency services to develop and implement specialized training programs for ambulance volunteers. These programs equip volunteers with the skills and knowledge required to effectively assist during crises.

6) Public-Private Partnerships: Building partnerships with private sector healthcare providers and medical supply companies to ensure a steady flow of essential medical resources during crises. Encouraging healthcare institutions to collaborate in disaster resilience and recovery efforts.

7) National Disaster Relief Fund: Establishing a dedicated fund for healthcare-related disaster relief efforts, with contributions from government and private sector entities. Ensuring that this fund is accessible for immediate healthcare response to crises.

8) Climate Resilience Investment: Allocating resources for climate resilience initiatives that directly impact healthcare infrastructure, such as hospitals and medical supply chains, to safeguard healthcare services during climate-related crises.

9) Education and Training: Investing in educational programs and training is pivotal to building a skilled healthcare and emergency services workforce in disaster management. This encompasses a multifaceted approach that includes crisis communication, medical logistics, and incident command systems. However, there are specific initiatives within this category that can greatly enhance Australia's crisis response capabilities:

- **Funding for Ambulance Personnel Training:** Allocating funds to support ongoing training for ambulance personnel is a crucial step. These professionals are often the first responders to critical situations, and their training can make a significant difference in saving lives. Offering financial incentives or subsidies for them to attend advanced training programs ensures that they remain highly skilled and up to date with the latest techniques and protocols.

- **Mandatory CPR and First Aid Training for Driving Licenses:** Making CPR and first aid training mandatory for obtaining a driving license is a proactive measure that can save lives in everyday emergencies. This requirement not only ensures that more citizens possess essential life-saving skills but also integrates emergency preparedness into our daily lives. In crisis situations, having a larger pool of individuals trained in basic life support can make a substantial impact on reducing casualties.

- **Incorporating Training in Schools:** Extending CPR and first aid training to schools is a long-term investment in building a prepared and resilient population. Teaching these life-saving skills to students equips them with the knowledge and confidence to respond effectively in crisis situations. It creates a culture of readiness and civic responsibility, where individuals are empowered to act when help is needed the most.

10) Community Engagement: Promoting community-based healthcare and emergency risk reduction efforts, encouraging local governments and communities to develop healthcare-specific disaster plans and preparedness initiatives. That is because achieving the right capabilities and capacity to handle concurrent

crises in Australia involves not only top-down efforts but also active engagement at the community level. The role of the CAA in this line can include:

- **Community Leadership:** The CAA can take a leadership role in promoting community engagement. It can facilitate partnerships between ambulance services and local governments to promote community-based healthcare and emergency risk reduction efforts. These partnerships can include initiatives such as community first aid and CPR training, disaster preparedness workshops, and public awareness campaigns.
- **Ambulances as Community Hubs:** Ambulances can serve as community hubs for preparedness and response. Ambulance stations can host training sessions, provide resources, and act as information centres for residents seeking guidance on disaster preparedness. This approach not only enhances community readiness but also strengthens the bonds between ambulance services and the communities they serve.
- **Funding and Resources Allocation:** CAA can advocate for funding allocation that supports community engagement initiatives. This may include grants for local governments and organizations to develop healthcare-specific disaster plans and preparedness initiatives. By channelling resources into community-level projects, we empower communities to take an active role in their own resilience.
- **People-Centric Approach:** Community engagement should be people-centric. CAA can assist in developing programs that encourage community members to actively participate in disaster planning and response efforts. This can include volunteer recruitment, neighbourhood watch programs, and initiatives that promote community self-sufficiency during crises.

11) National Crisis Communication Strategy: Developing a comprehensive crisis communication strategy that ensures timely, accurate, and consistent healthcare information dissemination during healthcare emergencies. Involving healthcare communication experts in this strategy.

12) Legislative and Policy Reform: Reviewing and updating emergency management legislation to include specific provisions for healthcare response and coordination, especially in light of evolving healthcare threats and climate change impacts:

- **Legislative and Policy Reform:** It is imperative to review and update emergency management legislation to incorporate specific provisions for healthcare response and coordination. This becomes even more pertinent considering evolving healthcare threats and the impacts of climate change.
- **Local Medication Legislation:** The disparities in medication legislation at the local level must be considered and harmonized to ensure consistent access and use of medications across jurisdictions.
- **AHRPRA Registration and Authority to Practice:** While AHRPRA registration streamlines processes, paramedics still require authorization to practice outside their home agency, which can be costly for crisis response. Streamlining this authorization process or exploring alternative approaches is necessary.
- **Differing Clinical Practice Protocols:** Variations in clinical practice protocols between jurisdictions can lead to inconsistencies in medication and equipment maintenance. This can hinder effective clinical oversight during major incidents involving multiple jurisdictions.
- **Pre-Hospital Support to Taskforces:** Jurisdictional policies regarding pre-hospital support for taskforces should be standardized. Decisions on whether to embed pre-hospital support from local agencies or not should be made with a consistent approach.
- **Transfer of AHRPRA Skillset:** When pre-hospital support is embedded within a taskforce, the transfer of AHRPRA skillsets to the host jurisdiction for operation within local legislation should be a well-

defined process. This transfer is often overlooked by non-health agencies and should be addressed to ensure seamless integration.

- **Non-Standard Policy and Protocols:** Lack of standardized policy and protocols across jurisdictions for specialist response (e.g., CBR/HAZMAT, USAR, wilderness, aquatic, air, winching, fire) can impede interoperability and effective crisis response. Harmonizing these standards is essential.
- **Non-Standard Fleet and Equipment:** Differences in fleet and major equipment, such as personal protective equipment (PPE), across jurisdictions require incoming personnel to undergo extensive briefings and familiarization. Establishing common standards for such equipment would minimize these training requirements and enhance efficiency during deployments.

13) International Cooperation: Strengthening international cooperation for healthcare disaster response and recovery, sharing best practices, healthcare resources, and expertise with neighbouring countries in the Asia-Pacific region, particularly in healthcare-related emergencies.

14) Continuity Planning for Critical Healthcare Infrastructure: Ensuring critical healthcare infrastructure providers have robust continuity plans in place to minimise disruptions during crises, guaranteeing the continuous provision of medical services. To strengthen Australia's emergency management capabilities in crisis, Ambulance Super Hubs are a vital yet often overlooked asset. These hubs are essential for maintaining uninterrupted medical services during crises. However, their success depends on proper funding and recognition within the framework of critical healthcare infrastructure continuity planning.

- **The Importance of Ambulance Super Hubs:** Ambulance Super Hubs serve as central command and coordination centres for emergency medical services. These hubs integrate various elements of emergency response, including dispatch, resource allocation, and communication, into a single, highly efficient entity. During concurrent crises, such as natural disasters or pandemics, these hubs become the backbone of healthcare delivery, ensuring that medical services remain operational, responsive, and adaptive.

- **Potential of Ambulance Super Hubs:** The potential of Ambulance Super Hubs extends beyond their day-to-day operations. They are designed to scale up rapidly in times of crisis, becoming nerve centres for deploying resources, personnel, and expertise precisely where and when they are needed most. These hubs streamline decision-making, optimize resource allocation, and enhance overall crisis management, significantly reducing the impact of disruptions on critical healthcare infrastructure.

- **Funding for Ambulance Super Hubs:** To harness the full potential of Ambulance Super Hubs, adequate funding and resources are paramount. This funding should encompass not only the establishment and maintenance of these hubs but also investments in cutting-edge technology, training, and personnel. Ambulance Super Hubs must be recognized as critical components of healthcare infrastructure that require sustained financial support.

- **Integration into Continuity Planning:** Ambulance Super Hubs should be seamlessly integrated into continuity planning for critical healthcare infrastructure. Their roles and responsibilities should be clearly defined, and contingency plans should account for their vital functions in times of crisis. By doing so, we ensure that the provision of medical services remains uninterrupted, even when facing the most challenging and concurrent crises.

15) Regular Simulation Exercises: Conducting regular national-level simulation exercises that involve healthcare and emergency services stakeholders to test and refine crisis response plans, including medical response scenarios.

16) Feedback Mechanisms: Establishing mechanisms for continuous feedback and improvement in healthcare response, including post-incident healthcare reviews and the incorporation of healthcare lessons learned into future planning.

17) Resilience Metrics and Reporting: Developing standardised healthcare metrics to assess healthcare system resilience and regularly reporting healthcare progress to the public and stakeholders.

18) Transparency and Accountability: Ensuring transparency in the allocation of healthcare resources and accountability in healthcare crisis response efforts to maintain public trust and confidence in healthcare response measures.

19) Long-Term Planning: Developing a long-term healthcare strategy for enhancing national resilience, considering the anticipated challenges of compounding healthcare crises and climate change impacts over the coming decades.

20) Public Awareness Campaigns: Launching public awareness campaigns to educate citizens on healthcare preparedness, including the importance of personal healthcare resilience and self-sufficiency during healthcare emergencies.

21) Comprehensive Risk Assessment: Conducting a national risk assessment that specifically identifies potential healthcare crises and prioritises healthcare preparedness and response efforts, accordingly, ensuring that healthcare remains at the forefront of crisis planning.

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

Any replacement to the current model by Commonwealth should adopt a multi-pronged approach. This approach must include a combination of civilian, public-private, and community-based solutions, as well as improved coordination and technology utilisation as below:

1. **National Civilian Response Corps (NCRC):** Establishing a dedicated National Civilian Response Corps consisting of trained and specialised civilian personnel can be rapidly deployed to support state, territory, and local governments during domestic crises. This corps could include experts in disaster response, logistics, medical services, engineering, and other relevant fields. Members of this corps could be recruited, trained, and organised to provide immediate assistance during crises, relieving pressure on the ADF.

2. **Resilience and Response Partnerships:** Expanding partnerships with NGOs, private sector companies, and academic institutions to build a network of organisations capable of providing support during crises. This could involve pre-established agreements and arrangements for resource sharing, coordination, and response. These partnerships can help tap into existing capabilities and resources within the community.

3. **Strategic Stockpile and Equipment Reserves:** Developing a strategic stockpile of essential equipment, supplies, and resources that can be deployed rapidly during crises. This could include medical supplies, emergency shelters, communication equipment, and more. These reserves could be strategically located across the country to ensure quick access when needed.

4. **Enhanced Volunteer Networks:** Investing in and expanding existing volunteer networks, such as the State Emergency Services (SES), to build a robust volunteer workforce capable of responding to a wide range of crises. Providing incentives to attract and retain volunteers, including training opportunities and benefits.

5. **Community-Based Disaster Preparedness:** Focusing on community-based disaster preparedness and resilience-building initiatives. Empowering local communities to take more proactive roles in disaster response and recovery. This includes training community members in basic response skills, establishing neighbourhood emergency plans, and ensuring access to resources like first aid kits and communication tools.

6. **Technology and Information Sharing:** Investing in technology infrastructure and information-sharing platforms that enable real-time data exchange and situational awareness. This would enhance coordination among all levels of government and partner organisations during crises.

7. **Public-Private Partnerships (PPP):** Building public-private partnerships with corporations and businesses to leverage their resources, expertise, and logistics capabilities. Private sector partners can provide essential services like transportation, communication, and distribution of relief supplies.

8. **Regional Response Centres:** Establishing regional response centres strategically located across the country to facilitate coordination and rapid deployment of resources during crises. These centres could serve as hubs for training, resource storage, and coordination with state and local governments.

9. **Legislative and Regulatory Frameworks:** Reviewing and updating legislative and regulatory frameworks to clarify the roles and responsibilities of various stakeholders during domestic crises. This must include clear definition of the circumstances under which the ADF may be called upon and when civilian response capabilities should be activated.

10. **Capacity Building and Training:** Investing in training and capacity building programs for emergency management professionals, volunteers, and community leaders. Ensuring that individuals at all levels are equipped with the skills and knowledge needed to respond effectively to crises.

11. **Public Awareness and Education:** Launching public awareness campaigns to educate citizens about disaster preparedness, response procedures, and the roles of different agencies and organisations during crises. An informed and prepared public can contribute significantly to a coordinated response.

12. **International Collaboration:** Collaborating with international partners and organisations to share best practices and lessons learned in crisis response and recovery. This can facilitate the exchange of expertise and resources during large-scale disasters.

13. **Scenario-Based Planning:** Conducting scenario-based planning and exercises to test and refine response strategies, identify gaps, and ensure seamless coordination among all stakeholders.

14. **Continuous Evaluation and Improvement:** Establishing a system for continuous evaluation and improvement of the Commonwealth's crisis response capabilities. Regularly assessing the effectiveness of response models to make necessary adjustments based on lessons learned.

– **What does the right mix of Commonwealth capabilities look like?**

The right mix of Commonwealth capabilities would ideally include:

1. **Specialised Response Teams:** Trained and specialised civilian response teams capable of rapid deployment in various disaster scenarios. These teams should cover a range of expertise, including medical, logistics, engineering, communications, and search and rescue.
2. **Strategic Stockpiles:** Stockpiles of essential equipment, supplies, and resources strategically located across the country. These stockpiles should be regularly updated and well-maintained to ensure readiness.
3. **Information-Sharing Infrastructure:** A robust technology infrastructure for real-time information sharing and coordination among all levels of government and partner organisations. This could involve a dedicated platform for data exchange and situational awareness.
4. **Training and Capacity Building:** Ongoing training and capacity building programs for emergency management professionals, volunteers, and community leaders to ensure that they are equipped with the necessary skills and knowledge.
5. **Public Awareness and Education:** Public awareness campaigns to educate citizens about disaster preparedness, response procedures, and the roles of different agencies and organisations during crises.
6. **Scenario-Based Planning:** Regular scenario-based planning and exercises to test and refine response strategies, identify gaps, and ensure seamless coordination.
7. **Community Engagement:** Strong community engagement programs that empower local communities to take proactive roles in disaster response and recovery. This includes training and equipping community members with basic response skills.

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

Replicating a Commonwealth workforce surge capacity in a scalable, efficient, and effective way could involve:

1. **Establishing a National Civilian Response Corps:** This dedicated corps could consist of both full-time and part-time members who receive specialised training and are on standby for deployment during crises. The corps could be organised regionally to ensure scalability and rapid response.
2. **Volunteer Recruitment and Training:** Expanding volunteer recruitment efforts, offering incentives such as training opportunities, benefits, and recognition. Provide specialised training to volunteers to enhance their skills and readiness.

3. **Public-Private Partnerships (PPP):** Collaborating with private sector companies to create a pool of skilled personnel who can be called upon during crises. This could involve seconding employees from private companies for short-term crisis response efforts.

4. **Flexible Employment Models:** To replicate a Commonwealth workforce surge capacity efficiently and effectively, the ambulance sector should explore flexible employment models that enable professionals from diverse backgrounds to serve as part-time responders during crises while maintaining their primary employment. Potential groups of people to consider for these roles include:

- **Retired Healthcare Professionals:** Retired healthcare professionals, such as doctors, nurses, and paramedics, possess valuable medical expertise and experience. They can serve as part-time responders during crises through providing critical support.

- **Volunteers:** Engaging volunteers with medical training or a willingness to undergo training is another way to expand surge capacity. These individuals can dedicate their time and expertise during emergencies, augmenting the ambulance workforce as needed.

- **Community-Based Responders:** Training and mobilizing community members who are interested in assisting during crises can be a scalable solution. These individuals have local knowledge and can provide immediate assistance until professional help arrives.

- **Cross-Training for Existing Emergency Services Personnel:** Cross-training existing emergency services personnel, such as firefighters or police officers, in basic medical response can strengthen surge capacity.

- **Healthcare Students:** Students pursuing healthcare-related degrees can be tapped as part-time responders. They can gain practical experience while contributing to crisis response efforts under supervision.

5. **Clear Activation Protocols:** Establishing clear and streamlined activation protocols that define when and how surge capacity resources are mobilised. This includes defining the roles and responsibilities of different entities involved.

6. **Resource Sharing:** Facilitating resource sharing and coordination among states, territories, and the Commonwealth to ensure that surge capacity can be deployed where needed most.

7. **Continuous Training and Readiness:** Maintaining a culture of continuous training and readiness to ensure that surge capacity members remain prepared for rapid deployment.

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

Volunteers and civilian groups play a vital part in disaster response and recovery efforts because of their dedication, local knowledge, and ability to mobilise quickly. Here's how their role can be harnessed within the proposed model:

1. Recruitment and Training:

- **Recruitment Strategies:** Developing effective recruitment strategies to attract a diverse group of volunteers and civilian groups. This may include targeted outreach, public awareness campaigns, and partnerships with community organisations.

- **Specialised Training:** Providing comprehensive and specialised training to volunteers and civilian groups, covering various aspects of disaster response and recovery, including first aid, search and rescue, communication, logistics, and psychological support.

2. Resource Mobilisation: Recognizing the critical role of volunteers and civilian groups aiding emergency services and ambulance sector in disaster response, it's imperative to provide them with financial support and resources to maximize their effectiveness. The financial support can include:

- **Government Response:** Adequate financial support from local and federal governments enhances the capacity of volunteers and civilian groups to respond swiftly and efficiently to disasters. It enables them to purchase necessary supplies, deploy trained personnel, and coordinate their activities effectively. This translates to a more robust and comprehensive disaster response effort, ultimately benefiting the affected communities.

- **Resource Sharing:** Encouraging volunteers and civilian groups to share their existing resources, equipment, and facilities for disaster response is commendable. However, it's important to acknowledge that not all groups may have the necessary resources to begin with. Financial support ensures that even resource-constrained groups can participate effectively, promoting inclusivity and broad community engagement in disaster response.

- **Donations and Fundraising:** Fundraising efforts by non-governmental agencies and the private sector is crucial for sustaining volunteers and civilian groups' operations. Donations and fundraising activities enable these groups to acquire specialized equipment, conduct training programs, and maintain their readiness.

3. Community Engagement:

- **Community-Based Initiatives:** Promoting community-based initiatives that empower local residents to participate actively in disaster preparedness and response. Encourage volunteers and civilian groups to work closely with the communities they serve to identify needs and vulnerabilities.

- **Local Knowledge:** Strengthening the local knowledge and connections of volunteers and civilian groups to enhance situational awareness and facilitate response efforts.

4. Coordination and Collaboration:

- **Integrated Response:** Ensuring that volunteers and civilian groups are integrated into the broader emergency management framework. This includes regular coordination meetings, joint exercises, and information-sharing mechanisms.

- **Clear Roles:** Defining clear roles and responsibilities for volunteers and civilian groups during different phases of a disaster, ensuring they know when and how to contribute effectively.

5. Flexibility and Scalability:

- **Scalable Response:** Volunteers and civilian groups should be organised in a way that allows them to scale up their response efforts quickly as the situation demands. This may involve establishing regional or local volunteer coordination centres.

- **Flexible Deployment:** Enabling flexible deployment of volunteers to areas of greatest need. Maintain a pool of volunteers who can be mobilised nationally or regionally when necessary.

6. Recognition and Support:

- **Recognition and Appreciation:** Acknowledging and appreciating the contributions of volunteers and civilian groups publicly and privately. Recognition can boost morale and encourage continued engagement.

- **Support Services:** Providing support services for volunteers, including psychological support, medical care, and access to resources like food and shelter during deployments.

7. Feedback and Learning:

- **Feedback Mechanisms:** Establishing feedback mechanisms that allow volunteers and civilian groups to provide input on their experiences and offer suggestions for improvement.

- **Learning and Adaptation:** Using feedback to make continuous improvements in training, coordination, and resource allocation.

8. Inclusivity and Diversity:

- **Inclusive Recruitment:** Ensuring that recruitment efforts are inclusive and diverse, representing various age groups, backgrounds, and skills. This can enhance the adaptability and effectiveness of volunteer teams.

- **Cultural Competence:** Providing cultural competence training to volunteers and civilian groups to ensure they can effectively engage with diverse communities.

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

The Commonwealth models should supplement existing state, territory, and local-level models by providing additional resources, expertise, and coordination mechanisms without duplicating their functions. This can be achieved by:

1. **Clear Differentiation of Roles:** Clearly defining the roles and responsibilities of each level of government and partner organisations to avoid duplication. Ensuring that the Commonwealth's capabilities complement, rather than replace or interfere with, the capabilities of state and local entities.

2. **Resource Augmentation:** The Commonwealth should focus on providing resources and support that are beyond the capacity of state and local governments to manage effectively. This could include specialised expertise, additional personnel, and strategic stockpiles.

3. **Coordination and Collaboration:** Developing strong coordination and collaboration mechanisms that facilitate the integration of Commonwealth capabilities with state and local response efforts. These mechanisms should be well-defined and practiced through regular exercises.

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

Commonwealth models should act as an addition to the existing crisis response framework, addressing identified gaps and challenges while avoiding duplication:

1. **Identifying the Gaps:** Identifying the gaps and challenges that currently exist in the emergency health management system is essential to understand where the Commonwealth can make the most significant impact:

- **Lack of Centralized Coordination:** One of the primary gaps in crisis response is often the absence of centralized coordination. Emergency services, including ambulance sector at the state and local levels may work independently, leading to inefficiencies and overlapping efforts during a crisis.

- **Resource Limitations:** State and local governments may have limited resources and expertise to handle large-scale crises, particularly in the healthcare and ambulance sectors. This can result in delays in response and inadequate care.

- **Inconsistent Preparedness:** Emergency preparedness levels can vary widely between states and territories, leading to disparities in crisis response capabilities. Some regions may struggle to cope with emergencies due to inadequate training, infrastructure, or resources.

- **Interagency Communication:** Effective communication and collaboration between different levels of healthcare system and emergency sector can be challenging. This can hinder the swift sharing of critical information and resources during a crisis.

- **Logistical Challenges:** Coordinating the distribution of resources, including medical supplies and personnel, during a crisis can be logistically complex. This can result in delays in reaching affected areas with the necessary support.

2. **Clear Differentiation of Roles:**

- To avoid duplication and interference, it's crucial to clearly define the roles and responsibilities of each level of government and partner organizations. Specifically, this should pertain to the healthcare system and ambulance sector.

- Commonwealth models should focus on roles and functions that enhance the overall response, rather than substituting or duplicating existing efforts. For example, they can provide expertise in crisis management, epidemiology, or specialized medical services that may not be readily available at the state or local level.

3. Resource Augmentation:

- The Commonwealth should concentrate on providing resources and support that go beyond the capacity of state and local governments. This includes specialized expertise, additional personnel, and strategic stockpiles of critical medical supplies.

- By identifying resource gaps at the state and local levels, the Commonwealth can ensure that its contributions are targeted and strategic, addressing specific shortcomings.

4. Coordination and Collaboration:

- Establishing robust coordination and collaboration mechanisms is essential. These mechanisms should facilitate seamless integration between Commonwealth capabilities and state/local response efforts.

- Regular exercises and drills involving all levels of government and partner organizations can help refine these coordination mechanisms and ensure that they are well-practiced.

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

The private sector can play a significant role in enhancing emergency management capabilities:

1. **Resource Contribution:** Private sector companies can contribute resources, such as transportation, communication, and equipment during crises. This can be facilitated through PPPs.

2. **Technology and Innovation:** Private sector firms often possess cutting-edge technology and innovation capabilities. They can develop and provide technology solutions for disaster management, including early warning systems, data analytics, and communication tools.

3. **Logistical Support:** Private logistics and supply chain companies can assist in the efficient distribution of relief supplies and resources during crises.

4. **Funding and Sponsorship:** Private sector companies can provide funding and sponsorship for disaster preparedness and recovery initiatives. This could include financial support for community resilience programs or research and development of new emergency management technologies.

To attract increased investment from the private sector, the government can:

1. **Offer Incentives:** Providing tax incentives or other financial benefits for private sector companies that invest in disaster preparedness and response efforts.

2. **Public-Private Partnerships:** Creating a conducive environment for public-private partnerships by streamlining regulations and offering clear guidelines for collaboration.

3. **Recognition and Publicity:** Recognising and publicly acknowledging private sector contributions to emergency management, which can enhance a company's reputation and brand.

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

Gaps in state and territory emergency management capability may include:

1. **Resource Limitations:** States and territories may lack sufficient resources, especially in rural and remote areas, to respond effectively to large-scale or complex disasters.
2. **Specialised Expertise:** Some states and territories may have limited access to specialised expertise, such as medical specialists, engineers, or logistics professionals, during crises.
3. **Interoperability Challenges:** Ensuring seamless coordination and interoperability among different agencies and organisations can be a challenge.
4. **Volunteer Recruitment and Retention:** There may be difficulties in recruiting and retaining enough volunteers, particularly in areas with declining volunteer numbers.
5. **Infrastructure and Technology:** Inadequate infrastructure and technology may hinder communication, data sharing, and information management during emergencies.
6. **Community Resilience:** Some communities may have limited resilience-building programs and may not be adequately prepared for disasters.
7. **Cross-Border Coordination:** Challenges in coordinating responses that span multiple jurisdictions can exist, particularly when different states or territories are affected by the same crisis. The challenges include:
 - **Local Medication Legislation:** Local medication legislation can pose significant challenges in cross-border coordination for ambulance services. Paramedics, while registered with AHPRA (Australian Health Practitioner Regulation Agency), may still require additional authorization to practice outside their home agency. This additional authorization or licensing can be time-consuming and expensive, particularly when it is only needed for crisis response situations. Streamlining this process across jurisdictions could enhance the rapid deployment of paramedic resources during emergencies.
 - **Differing Clinical Practice Protocols:** Differences in clinical practice protocols between jurisdictions can complicate cross-border coordination. These variations can lead to discrepancies in the availability of certain medications and equipment in different regions. In the event of a major incident that spans multiple jurisdictions, ensuring consistent clinical standards and access to necessary supplies becomes challenging. Harmonizing clinical practices and standardizing equipment could improve coordination during crises.
 - **Varying Jurisdictional Policies on Pre-Hospital Support:** The presence and integration of pre-hospital support within taskforces vary between jurisdictions. Some taskforces include embedded pre-hospital support from local agencies, while others do not. This discrepancy can impact the seamless collaboration of paramedics in disaster response efforts. Establishing common practices and protocols for integrating pre-hospital support within taskforces could facilitate more effective coordination.
 - **Handover of AHPRA Skillset:** When pre-hospital support is embedded in a taskforce, the transfer of AHPRA-regulated skillsets to the host jurisdiction is sometimes overlooked by non-health agencies. This

oversight can create legal and administrative challenges. Ensuring that the necessary regulatory requirements and skillset transfers are addressed can enhance the interoperability of paramedic teams across jurisdictions.

- **Non-Standard Policy and Protocols:** Differences in policy and protocols across jurisdictions related to specialist response areas, such as CBR (Chemical, Biological, Radiological), HAZMAT (Hazardous Materials), USAR (Urban Search and Rescue), wilderness, aquatic, air, winching, and fire response, can lead to poor interoperability. Common standards and protocols for these specialized response units are essential to ensure that teams from different regions can effectively collaborate during emergencies.

- **Non-Standard Fleet and Major Equipment:** Variations in fleet and major equipment, such as CBR/Hazmat personal protective equipment (PPE) and arrangements, can require incoming personnel to undergo extensive briefings and familiarization when deploying to different jurisdictions. While some level of briefing and training is essential for safety, promoting common standards and equipment specifications could reduce the time and resources needed for personnel to become operationally ready when assisting in other jurisdictions during crises.

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

Replicating the capabilities provided by the ADF demands a holistic approach that emphasises the integral roles of the healthcare sector and emergency services. Strengthening these sectors and their involvement is crucial for a resilient response to a wide range of crises. Here are several potential options and considerations that can be explored while integrating the importance of the healthcare sector and emergency services:

1. **Emergency Services and First Responders:** Strengthening and further professionalising existing emergency services, such as state and territory police, fire, and ambulance services, is essential. These agencies play a pivotal role in healthcare response during crises, including medical evacuations and triage.

2. **Reserve and Volunteer Forces:** Expanding the capacity of existing reserve and volunteer forces, including medical reserve units, can significantly enhance healthcare response capabilities. Investment in training and equipping these forces, especially in medical expertise, is critical for healthcare-related crises.

3. **Private Sector Partnerships:** Collaborating with the private sector, especially healthcare providers, can ensure a rapid and robust medical response during healthcare emergencies. Private healthcare institutions can contribute expertise, personnel, and medical supplies.

4. **Civilian Response Corps:** Establishing a dedicated civilian response corps, comprising healthcare professionals, paramedics, and medical logistics experts, can bolster healthcare response efforts. These civilians can be trained to provide critical medical support during crises.

5. **International Collaboration:** Building partnerships with international healthcare organisations and neighbouring countries is vital for securing additional medical resources, expertise, and supplies during large-scale healthcare crises.

6. **Investing in Technology:** Leveraging advanced healthcare technologies, such as telemedicine, medical drones, and data analytics, can improve healthcare situational awareness, patient care, and coordination during healthcare emergencies.

7. **Public-Private Partnerships (PPP):** Establishing PPPs with healthcare companies, pharmaceutical manufacturers, and medical equipment providers can ensure a steady supply of essential medical resources and expertise during healthcare crises.

8. **Community Resilience:** Fostering community resilience through healthcare education, training, and access to local healthcare resources can alleviate pressure on the healthcare system during smaller-scale healthcare emergencies, allowing healthcare professionals to focus on larger crises.

9. **Enhanced Training and Exercises:** Regularly conducting joint training and exercises that involve healthcare providers, emergency services, and other stakeholders can improve healthcare coordination and medical response capabilities.

10. **Legislative and Policy Frameworks:** Updating legislation and policies to streamline cooperation and resource-sharing between healthcare providers, emergency services, and other sectors during healthcare crises can facilitate a more efficient healthcare response.

11. **Research and Innovation:** Encouraging research and innovation in healthcare emergency response technologies, methodologies, and best practices can lead to more effective and cost-efficient healthcare response capabilities.

12. **National Healthcare Volunteer Database:** Establishing a comprehensive national healthcare volunteer database that includes healthcare professionals' skills, availability, and willingness to participate can aid in quickly mobilising healthcare volunteers in times of healthcare emergencies.

7. 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?

The Commonwealth Government's role in disaster relief and recovery should encompass a wide range of functions, all aimed at supporting local, state, and territory governments in their efforts to protect and assist communities during crises. Flexibility, adaptability, and a proactive approach to disaster management are key in the face of increasing challenges posed by climate change and the evolving threat landscape.

1) Coordination and Resource Allocation:

- **Resource Mapping:** Maintaining comprehensive maps of resources, including healthcare personnel, equipment, and medical supplies, to effectively allocate resources where needed.
- **Interagency Cooperation:** Encouraging collaboration and establishing clear communication channels between government agencies, NGOs, volunteer organisations, and healthcare and emergency services to ensure efficient resource deployment.

2) National Leadership:

- **Strategic Planning:** Developing and regularly updating a national disaster response and recovery strategy that outlines priorities, including healthcare needs, and sets clear objectives.
- **Policy Guidance:** Providing policy guidance to states and territories, helping them align their efforts, especially in healthcare response, with national priorities.

3) Financial Support:

- **Grant Programs:** Offering competitive grant programs for disaster recovery projects, ensuring that funding is distributed based on need and impact assessments, including healthcare infrastructure and services.
- **Rapid Funding:** Establishing mechanisms for expedited financial support in the early stages of a disaster to address immediate healthcare needs.

4) Logistical and Resource Support:

- **Inventory Management:** Maintaining a well-organised inventory of critical healthcare supplies and medical equipment that can be quickly deployed during healthcare emergencies.
- **Pre-positioned Healthcare Assets:** Strategically pre-positioning healthcare assets, such as mobile medical units and medical supplies, in areas prone to disasters to reduce response time.

5) Communications Infrastructure:

- **Redundancy:** Ensuring redundancy in communication systems, especially those used by healthcare and emergency services, to withstand disruptions caused by disasters, including satellite and mobile communication alternatives.
- **Public Healthcare Communication:** Implementing a public healthcare communication strategy to disseminate critical healthcare information to affected populations and the broader public.

6) Specialised Healthcare Capabilities:

- **Training:** Investing in ongoing training for specialised healthcare personnel, including paramedics and medical logistics experts, to maintain their skills and readiness.

- **Resource Coordination:** Establishing a central coordination unit for Specialised healthcare resources to ensure they are deployed effectively during healthcare crises.

7) Information Sharing and Healthcare Situational Awareness:

- **Data Integration:** Implementing data-sharing protocols and technologies that enable real-time information sharing among all relevant stakeholders, with a focus on healthcare data.

- **Healthcare Dashboards and Reporting:** Developing situational awareness dashboards and reporting tools for healthcare decision-makers.

8) Support for Vulnerable Communities:

- **Healthcare Needs Assessment:** Conducting thorough needs assessments in vulnerable communities to tailor healthcare support and interventions accordingly.

- **Cultural Competency:** Training healthcare response teams to be culturally sensitive and responsive to the healthcare needs of diverse communities, including Indigenous populations.

9) Resilience Building:

- **Community Healthcare Engagement:** Promoting community-based healthcare risk reduction efforts, including healthcare education, training, and access to local healthcare resources, to alleviate pressure on the healthcare system during smaller-scale healthcare emergencies, allowing healthcare professionals to focus on larger crises.

10) Collaboration and Capacity Building:

- **Training and Exercises:** Training exercises and workshops involving healthcare providers, emergency services, and other stakeholders to build capacity and enhance coordination, especially in healthcare response.

11) Research and Innovation:

- **Research Funding:** Allocating funding for research into healthcare risk reduction, early warning systems, and innovative healthcare technologies and methodologies that enhance healthcare response capabilities.

12) Cross-Border Healthcare Assistance:

- **Mutual Aid Agreements:** Establishing mutual aid agreements between neighbouring states and territories for seamless cross-border healthcare assistance, especially for healthcare providers and emergency medical services.

- **Resource Sharing Protocols:** Defining clear protocols for sharing healthcare resources across borders, including healthcare personnel, equipment, and medical supplies.

13) Long-Term Healthcare Planning:

- **Climate Resilience:** Integrating climate change projections into long-term healthcare management plans to ensure the resilience of healthcare infrastructure and services.

- **Infrastructure Resilience:** Developing guidelines for healthcare infrastructure resilience to withstand future healthcare-related crises.

- **Sustainability Strategy Integration:** Incorporating the Australian Government's new sustainability strategy into disaster relief and recovery efforts to promote environmental sustainability and resilience in healthcare systems and infrastructure.

14) Community Healthcare Engagement:

- **Healthcare Education Programs:** Utilising ongoing public healthcare education programs on healthcare preparedness, response, and recovery, including the importance of personal healthcare resilience and self-sufficiency during healthcare emergencies.
- **Community Feedback:** Establishing mechanisms for community healthcare feedback to continuously improve healthcare management strategies.

15) Environmental Sustainability:

- **Environmental Impact Assessment:** Conducting environmental impact assessments for healthcare response and recovery operations to minimise environmental harm.
- **Green Healthcare Practices:** Promoting environmentally sustainable healthcare practices in rebuilding and recovery efforts.

16) Capacity for Concurrent Healthcare Crises:

- **Scenario Planning:** Developing scenario-based response plans that account for multiple concurrent healthcare crises, especially those that require significant healthcare resources.
- **Resource Pools:** Creating resource pools that can be mobilised quickly to address concurrent healthcare crises, including healthcare personnel, medical equipment, and supplies.

17) Evaluation and Improvement:

- **After-Action Healthcare Reviews:** Conducting thorough after-action healthcare reviews following each healthcare crisis to identify strengths and areas for improvement in healthcare response, with a focus on healthcare providers and emergency medical services.
- **Benchmarking:** Benchmarking healthcare performance against international best practices to drive continuous improvement in healthcare management.

18) Public Healthcare Communication and Transparency:

- **Transparency Healthcare Portal:** Establishing a dedicated online healthcare portal for real-time updates, incident reports, and transparent healthcare information sharing with the public, including healthcare providers and emergency services.
- **Community Healthcare Liaison Officers:** Appointing community healthcare liaison officers, including healthcare professionals and emergency responders, to maintain open channels of healthcare communication with affected populations.

19) International Healthcare Collaboration:

- **International Healthcare Agreements:** Promoting collaboration with neighbouring nations and international healthcare organisations through bilateral and multilateral agreements for mutual support during healthcare-related crises, leveraging healthcare expertise and resources.
- **Resource Sharing:** Exploring opportunities for sharing healthcare resources and expertise with neighbouring countries, particularly in the healthcare sector.

20) Legislation and Policy Framework:

- **Regular Healthcare Review:** Conducting regular reviews of legislation and policies related to healthcare management to ensure they remain relevant and effective, including healthcare-related liability and accountability frameworks.

8. 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?

To make it financially viable for other sectors to contribute to a Commonwealth crisis response capability, several legislative, regulatory, and policy changes could be considered. These strategies can help create an environment where the private sector actively engages in crisis response and recovery efforts, ensuring a more effective and resilient response system.

1. **Public-Private Partnerships (PPPs):** Public-Private Partnerships can be structured as formal agreements between government agencies and private sector organisations. These partnerships can take various forms, such as joint ventures, service contracts, or concession agreements. In the context of crisis response and recovery, PPPs can involve private sector contributions in terms of logistics, transportation, communication, and resource management.

2. **Tax Incentives:** Governments can implement tax incentives to motivate businesses to invest in crisis response capabilities. For example, businesses that conduct regular disaster preparedness drills, invest in emergency response equipment, or provide training to employees on crisis management could receive tax deductions or credits.

3. **Insurance Reforms:** Encourage businesses to invest in crisis preparedness by working with insurance companies to provide reduced premiums for those with comprehensive disaster plans. Insurance providers can offer incentives for policyholders who take proactive measures to mitigate risk and have contingency plans in place.

4. **Government Grants and Subsidies:** Establishing grant programs or subsidies for businesses can provide financial support for investments in crisis response capabilities. These funds can cover the cost of purchasing equipment, conducting training, or developing disaster recovery infrastructure.

5. **Regulatory Streamlining:** Simplifying regulatory processes during emergencies is crucial for swift response. Governments can create streamlined emergency permitting procedures that allow businesses to deploy resources quickly without bureaucratic delays.

6. **Liability Protections:** Legal protections or immunities can be enacted to shield businesses and volunteers from liability when assisting in crisis response efforts. This can encourage more companies and individuals to get involved without the fear of legal repercussions.

7. **Resource Sharing Agreements:** Standardised resource-sharing agreements between the government and private sector can define roles, responsibilities, and reimbursement mechanisms. These agreements can clarify how businesses can contribute resources and services during crises, ensuring a smoother collaboration.

8. **Training and Certification Programs:** Governments can establish official training and certification programs specific to crisis response and recovery. These programs can cover areas such as first aid, disaster

management, and emergency communication, providing individuals and businesses with recognised qualifications.

9. **Disaster Bonds:** Disaster bonds, also known as catastrophe bonds, are financial instruments that provide the government with funding in the event of a catastrophe. Private sector investors purchase these bonds, and the funds are released to the government when predefined disaster conditions are met. This can provide additional financial resources for crisis response efforts.

10. **Market-Based Incentives:** Create a marketplace for crisis response services where businesses can offer their expertise and resources for a fee. Government agencies can use this marketplace to quickly source services and materials during crises, while businesses can access a new revenue stream.

11. **Transparency and Accountability:** Ensuring transparency in the allocation and use of funds during crisis response is crucial for maintaining public trust. Establishing oversight mechanisms, audits, and reporting requirements can help monitor the effectiveness of private sector contributions.

12. **Long-Term Contracts:** Government agencies can offer long-term contracts to businesses that commit to maintaining crisis response capabilities over an extended period. These contracts provide stability for businesses while ensuring ongoing support during crises.

13. **Innovation Prizes:** Innovation prizes or competitions can stimulate the development of novel technologies and solutions for crisis response. These prizes can be awarded to individuals or businesses that create innovative tools, software, or processes that enhance crisis management.

14. **Research and Development Funding:** Government funding for research and development in crisis response technologies can support private sector innovation. Grants and incentives can encourage businesses to invest in developing cutting-edge solutions for disaster preparedness and recovery.

15. **Local Business Engagement:** Local businesses play a vital role in community-based crisis response efforts. Governments can encourage local businesses to participate via offering incentives like tax breaks, awards, or public recognition for their contributions to community resilience.

Flowchart 1

Enhancing Australia's Capacity for Handling Concurrent Crises

|--- [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?]

| |

| |--- [Enhanced Coordination and Communication]

| | |

| | |--- [Establishing a robust and centralised coordination mechanism within the Commonwealth]

| | |

| | |--- [Investing in advanced communication systems and information sharing platforms]

| |

| |--- [Resource Stockpiles and Logistics]

| | |

| | |--- [Expanding and maintaining national stockpiles]

| | |

| | |--- [Developing a comprehensive logistics strategy]

| |

| |--- [Disaster Relief Australia and Volunteers]

| | |

| | |--- [Continuing to support and strengthen Disaster Relief Australia]

| | |

| | |--- [Promoting volunteerism and engaging with volunteer organizations]

| |

| |--- [Climate Resilience and Adaptation]

| | |

| | |--- [Investing in research and development]

| | |

| | |--- [Collaborating with state and local governments]

| |

| |--- [National Crisis Exercise Program]

| | |

- | | |--- [Expanding and updating the National Crisis Exercise Program]
- | | |
- | | |--- [Involving industry experts, governments, and healthcare providers]
- | | |
- | |--- [Technological Innovation]
- | | |
- | | |--- [Investing in emerging technologies]
- | | |
- | | |--- [Establishing partnerships with the private sector and academic institutions]
- | | |
- | |--- [Community Engagement and Education]
- | | |
- | | |--- [Developing and implementing comprehensive public awareness campaigns]
- | | |
- | | |--- [Promoting a culture of community involvement]
- | | |
- | |--- [Financial Preparedness]
- | | |
- | | |--- [Securing substantial financial resources]
- | | |
- | | |--- [Maintaining flexibility in resource allocation]
- | | |
- | | |--- [Leveraging public-private partnerships]
- | | |
- | | |--- [Implementing Crisis-Resilient Insurance Mechanisms]
- | | |
- | |--- [International Collaboration]
- | | |
- | | |--- [Strengthening international partnerships]
- | | |
- | | |--- [Collaborating with neighbouring countries and international organizations]
- | | |
- | |--- [Regular Review and Adaptation]
- | | |
- | | |--- [Establishing a continuous improvement framework]
- | | |
- | |--- [Legislative and Regulatory Framework]
- | | |
- | | |--- [Reviewing and updating emergency management legislation]

| | |
| | |--- [Facilitating Cross-Border ambulance deployment]

| | |
| | |--- [Ensuring Legal Clarity]

| |--- [Barrier Removal and Incentives]

| |
| |--- [Identifying and addressing barriers]

| |
| |--- [Facilitating Unhindered Deployment]

| |
| |--- [Encouraging Cross-Border Collaboration]

|

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

| |
| |--- [Resource Allocation and Prioritization]

| |
| |--- [Interagency Coordination]

| |
| |--- [Capacity Building]

| |
| |--- [Scalability]

| |
| |--- [Information Sharing and Situational Awareness]

| |
| |--- [Community Engagement and Expectations]

| |
| |--- [Climate Change and Environmental Impact]

| |
| |--- [Risk Reduction and Preparedness]

| |
| |--- [Resource Constraints and Opportunity Costs]

| |
| |--- [Indigenous and Vulnerable Communities]

| |
| |--- [Cultural Competency and Multilingual Communication]

| |
| |--- [Regulatory and Legal Frameworks]

| |
| |--- [Public-Private Partnerships]

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

| |

| |--- [Investment in Disaster Preparedness and Education]

| |

| |--- [Enhancement of Local Government Capacities]

| |

| |--- [Community Engagement and Involvement]

| |

| |--- [Public-Private Partnerships]

| |

| |--- [Research and Innovation]

| |

| |--- [National Coordination Mechanism]

| |

| |--- [Capacity Building for Volunteers]

| |

| |--- [Early Warning Systems]

| |

| |--- [Community-Based Risk Assessments]

| |

| |--- [Climate Change Adaptation]

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

| |

| |--> Interagency Coordination and Collaboration

| | |

| | |--> Establish National Crisis Coordination Centre (NCCC)

| | |

| | |--> Invest in Technology and Data Sharing

| | |

| | |--> National Disaster Response Reserve (NDRR)

| | |

| | |--> Emergency Management Committee (EMC)

| | |

| | |--> Enhance Volunteer Engagement

| | |

| | |--> Public-Private Partnerships

- | | |
- | | |--> **National Disaster Relief Fund**
- | | |
- | | |--> **Climate Resilience Investment**
- | | |
- | | |--> **Education and Training**
- | | |
- | | |--> **Community Engagement**
- | | |
- | | |--> **National Crisis Communication Strategy**
- | | |
- | | |--> **Legislative and Policy Reform**
- | | |
- | | |--> **International Cooperation**
- | | |
- | | |--> **Continuity Planning for Critical Healthcare Infrastructure**
- | | |
- | | |--> **Regular Simulation Exercises**
- | | |
- | | |--> **Feedback Mechanisms**
- | | |
- | | |--> **Resilience Metrics and Reporting**
- | | |
- | | |--> **Transparency and Accountability**
- | | |
- | | |--> **Long-Term Planning**
- | | |
- | | |--> **Public Awareness Campaigns**
- | | |
- | | |--> **Comprehensive Risk Assessment**

Flowchart 2
The Commonwealth's exploration of models, addressing the gaps in state and territory emergency management capability and attracting private sector investment.

|--> Gaps in State and Territory Emergency Management Capability

- | |
- | |--> Resource Limitations
- | |
- | |--> Specialized Expertise
- | |
- | |--> Interoperability Challenges
- | |
- | |--> Volunteer Recruitment and Retention
- | |
- | |--> Infrastructure and Technology
- | |
- | |--> Community Resilience
- | |
- | |--> Cross-Border Coordination
- | |
- | |--> Local Medication Legislation
- | |
- | |--> Differing Clinical Practice Protocols
- | |
- | |--> Varying Jurisdictional Policies on Pre-Hospital Support
- | |
- | |--> Handover of AHPRA Skillset
- | |
- | |--> Non-Standard Policy and Protocols
- | |
- | |--> Non-Standard Fleet and Major Equipment

Flowchart 3
Critical functions the Commonwealth Government should continue to perform in disaster relief and recover.

- | --> **Critical Functions in Disaster Relief and Recovery**
- | |
- | | --> **Coordination and Resource Allocation**
- | |
- | | --> **National Leadership**
- | |
- | | --> **Financial Support**
- | |
- | | --> **Logistical and Resource Support**
- | |
- | | --> **Communications Infrastructure**
- | |
- | | --> **Specialized Healthcare Capabilities**
- | |
- | | --> **Information Sharing and Healthcare Situational Awareness**
- | |
- | | --> **Support for Vulnerable Communities**
- | |
- | | --> **Resilience Building**
- | |
- | | --> **Collaboration and Capacity Building**
- | |
- | | --> **Research and Innovation**
- | |
- | | --> **Cross-Border Healthcare Assistance**
- | |
- | | --> **Long-Term Healthcare Planning**
- | |
- | | --> **Community Healthcare Engagement**
- | |
- | | --> **Environmental Sustainability**

- | |
- | |--> **Capacity for Concurrent Healthcare Crises**
- | |
- | |--> **Evaluation and Improvement**
- | |
- | |--> **Public Healthcare Communication and Transparency**
- | |
- | |--> **International Healthcare Collaboration**
- | |
- | |--> **Legislation and Policy Framework**

Flowchart 4 Evaluation of the ADF Replication Possibilities

- |-- Evaluate ADF Replication Possibilities
 - | |
 - | |-- Strengthening Healthcare and Emergency Services
 - | | |
 - | | |-- Emergency Services and First Responders
 - | | | |
 - | | |-- Reserve and Volunteer Forces
 - | | | |
 - | | |-- Private Sector Partnerships
 - | | |
 - | |-- Establishing a Civilian Response Corps
 - | | |
 - | | |-- Recruitment and Training
 - | | |
 - | | |-- Medical Support Capabilities
 - | | |
 - | |-- International Collaboration
 - | | |
 - | | |-- Partnerships with Healthcare Organisations
 - | | |
 - | | |-- Neighbouring Countries Collaboration
 - | | |
 - | |-- Leveraging Healthcare Technologies
 - | | |
 - | | |-- Telemedicine
 - | | |
 - | | |-- Medical Drones
 - | | |
 - | | |-- Data Analytics
 - | | |
 - | |-- Public-Private Partnerships (PPP)

- | | |
- | | |-- Collaboration with Healthcare Companies
- | | |
- | | |-- Pharmaceutical Manufacturers
- | | |
- | | |-- Medical Equipment Providers
- | |
- | |-- Community Resilience
- | | |
- | | |-- Healthcare Education and Training
- | | |
- | | |-- Access to Local Healthcare Resources
- | |
- | |-- Enhanced Training and Exercises
- | | |
- | | |-- Joint Training Involving Healthcare Providers
- | | |
- | | |-- Emergency Services
- | |
- | |-- Legislative and Policy Frameworks
- | | |
- | | |-- Cooperation and Resource-Sharing Policies
- | |
- | |-- Research and Innovation
- | | |
- | | |-- Healthcare Emergency Response Research
- | | |
- | | |-- Innovation in Healthcare Response
- | |
- | |-- National Healthcare Volunteer Database
- | |
- | |-- Volunteer Information Collection
- | |
- | |-- Skills and Availability
- | |
- | |-- Quick Mobilisation

Flowchart 5
Critical Legislation Changes of the Commonwealth Government for disaster relief and recovery

|-- Legislative, Regulatory, and Policy Changes for Financial Viability

- | |
- | |-- Public-Private Partnerships (PPPs)
- | | |
- | |-- Tax Incentives
- | | |
- | |-- Insurance Reforms
- | | |
- | |-- Government Grants and Subsidies
- | | |
- | |-- Regulatory Streamlining
- | | |
- | |-- Liability Protections
- | | |
- | |-- Resource Sharing Agreements
- | | |
- | |-- Training and Certification Programs
- | | |
- | |-- Disaster Bonds
- | | |
- | |-- Market-Based Incentives
- | | |
- | |-- Transparency and Accountability
- | | |
- | |-- Long-Term Contracts
- | | |
- | |-- Innovation Prizes
- | | |
- | |-- Research and Development Funding
- | | |
- | |-- Local Business Engagement