

A health perspective in a counter-terrorist environment

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Introduction

Australia has a robust, world-class health care system. However, the number of people injured and in need of urgent medical treatment from a terrorist attack could stretch the capacity of any health system in the world. The Australian and State/Territory Governments, have committed millions of dollars and substantial resources to ensure effective plans are in place and that health agencies are prepared to respond to the health consequences of a terrorist incident.

Australia has taken an all-hazards approach in planning a health response to a terrorist attack or naturally occurring disaster. The hosting of the Sydney 2000 Olympic Games strengthened Australia's health response planning compared to many other countries in the region. Following the Games, a much greater focus to counter-terrorism planning came after the events of September 11, 2001, and that emphasis is continuing in the present day. Since 2003 the Australian Government has provided more than \$170 million on specific health counter-terrorism measures.

Response responsibility

In the federal system, the constitutional responsibility for the front-line emergency response to terrorism rests with individual State and Territory Governments. States and Territories run the hospital systems and are responsible for treatment of injured citizens. All State and Territory health authorities in Australia have health disaster plans in place to co-ordinate

health facilities in their jurisdictions in response to mass casualty situations. These plans are well established and rehearsed and are co-ordinated with other emergency services within the jurisdiction.

The Australian Government recognises that nationally we must also have a capacity to respond, provide national leadership and assist States and Territories should a terrorist attack happen in Australia. Individual jurisdictions are supported by a close collaborative network of health departments across the nation and in the Australian Government. The Australian Government has specialist capabilities, with the Federal Health Department and the Department of Defence, which can be made available to States and Territories should an incident occur. Australia's health network ensures that if the consequences of a bioterrorist event are beyond

the capacity of an individual jurisdiction, a rapid national multi-agency response is possible. The Australian Health Disaster Management Policy Committee (AHDMP) is pivotal in providing a national health response.

Australian Health Ministers' Advisory Council

The Australian Health Ministers' Advisory Council established the AHDMP in February 2003. The AHDMP's membership includes the Australian Chief Medical Officer, senior officials from each State and Territory health jurisdiction and experts in public health, mental health, surgery and emergency and disaster management. The Australian Defence Force, Emergency Management Australia and a senior health officer from New Zealand are also members of the Committee. The Committee is chaired by the



Exercise Canister 2005 Initial FESA decontamination point for walking wounded

Deputy Secretary of the Department of Health and Ageing.

The main purpose of this high level committee is to identify Australia's level of preparedness to respond to the consequences of a terrorist or naturally occurring disaster and to co-ordinate a national response in the event of mass casualties or outbreak of disease. The AHDMPC provides a forum to assess the national capability, identify gaps and advise on a strategic national approach for the development of policy and operational plans. While the AHDMPC is fully cognisant of the need to provide a response to a terrorist threat, broader planning is undertaken

using an all-hazards approach with consultation with clinicians and other experts. The Committee has succeeded in strengthening collaboration in both planning and response across jurisdictions.

To further enhance the committee's planning work, AHDMPC and the Department of Health and Ageing convened a Clinical Stakeholder Forum in May 2004. Clinicians with expertise in areas of intensive care, trauma surgery, anaesthesia, burns, thoracic medicine, infectious diseases, pharmacology, pain management and disaster medicine attended the forum and discussed issues associated with health disaster management. The outcomes

from the Forum led to the formation of a national Clinical Advisory Group that is chaired by the Australian Chief Medical Officer.

One of the earliest tasks undertaken by the AHDMPC was a comprehensive assessment of Australia's national health assets to respond to the consequences of a terrorist incident resulting in mass casualties. This was the first time an audit of Australia's overall emergency medical capacity had been undertaken. This work identified that the factors that could limit a health response in Australia are similar to those identified by other countries and include workforce issues, the efficient use

Preparing for an emergency response

March 2005 – FESA WA successfully conducted its biggest ever multi-agency training exercise at the Perth Convention Centre. The exercise, named *Exercise Canister*, involved approximately 400 personnel from FESA Fire Services, the WA Police Service, St John Ambulance, the WA Chemistry Centre and the Department of Environment, working together in a biological contaminant scenario.

Volunteers from the State Emergency Service and Emergency Service Cadets acted as casualties, suffering a range of 'symptoms' after being exposed to an unidentified gas from a canister located in one of the theatres of the Convention Centre.



FESA WA CBR Responder suited up for Exercise Canister 2005



Exercise Canister 2005 Decontamination Sector Commander and team.

of medical resources, provision of emergency supplies and transport arrangements in a hostile environment. The assessment has been vital for the AHDMP to provide accurate and practical advice on national capacity to ensure adequate resources are in place to support a response to a terrorist attack. The national capacity assessment will be repeated during 2005.

The activities of the AHDMP are currently focused on confirming and providing nationally co-ordinated actions to address issues identified in the audit, particularly those associated with workforce. A working party is now identifying ways of providing surge capacity in the workforce and sustaining a response. This involves promoting disaster medicine training and education opportunities in health training facilities. Since the Asian tsunami disaster, consideration has also been given to the best ways to establish teams of qualified volunteers that can respond to a health emergency either within Australia or overseas.

Australia's capacity to respond effectively

A terrorist attack that involves chemical, biological or radiological materials can have devastating physical and psychological health consequences, which would require specialist healthcare. The Australian Government with States and Territories are ensuring that Australia has appropriate guidelines and treatments available to manage the health consequences of these events with a major focus on biological incidents. An on-going epidemic of an infectious disease poses a considerable threat to the capacity of the health system to respond and, in particular, capacity to provide adequate treatment, decontamination and isolation facilities.

A special sub group of the AHDMP is examining the psychological consequences of a terrorist or naturally occurring health disaster, to ensure that we have appropriate strategies and plans in place to assist victims both during and in the recovery phase of a disaster.

Following the events of September 11, and the subsequent anthrax mail attacks in the USA, the Australian Government has committed more than \$27 million to establish a National Medicines Stockpile. The Stockpile is a national reserve of essential vaccines and specific medications

able to be sent to jurisdictions to support the health response to a terrorist event that involves a chemical, biological or radiological agent. The Stockpile is designed to supplement existing medical stocks kept in the Australian hospital system. It also includes specialist medical supplies, such as the nation's stock of smallpox vaccine.

The Australian Government has also taken a leadership role in supporting the jurisdictions by establishing a National Incident Room (NIR). The NIR has proved to be a focal point for co-ordination of AHDMP, the Communicable Diseases Network of Australia (CDNA), and the Department of Health and Ageing with other agencies during the national response to SARS and avian influenza. Similarly, the NIR would be a focal point for information and advice during a terrorist incident. Through the National Incident Room, the AHDMP was immediately activated to co-ordinate the national health response to the Asian tsunami disaster in December 2004. The AHDMP facilitated the formation of civilian medical teams and supplies and established a public health advisory group.

An effective response to a bioterrorist incident depends upon early warning of a potential event. In the 2004 Federal Budget, \$10.1 million was provided to develop a comprehensive public health surveillance system to provide real-time disease monitoring information for the purpose of early detection. The system will integrate jurisdictional and national surveillance systems, enhance the involvement of general practitioners in surveillance and use secure communications to improve detection. Early warning is supplemented by confirmation and rapid diagnosis. Enhancements are also underway to strengthen security and capacity of Australia's public health laboratories to test disease agents that may be deliberately released by terrorists.

Protection of critical infrastructure

Security around health infrastructure is also vital to ensure stability of health services. Most health infrastructure is in the public domain, but a few important elements are within the private health system. As a result, the Health Infrastructure Assurance and Advisory Group (HIAAG) was established in November 2003. This Group is developing a national strategy for the protection of private sector owned and operated critical health infrastructure and is also providing communication links with Government and owners and operators of private health infrastructure. The HIAAG has undertaken a project to examine vulnerabilities in critical supply chains for essential medical products that would be required in a health disaster.

Australia has many structures in place to effectively respond to a terrorist threat that impacts on the health of its people. Within these structures national plans have

been developed over recent years for health disaster response. These plans include:

- a National Burns Plan;
- Guidelines for the treatment and management of smallpox and anthrax;
- the *Mass Casualty Transport Review*;
- Mental Health Disaster Response plans; and
- the *National Response Plan for Mass Casualty Incidents Involving Australians Overseas (OSMASSCASPLAN)*.

No plan is effective without being properly tested in an exercise. The Department of Health and Ageing along with State and Territory health departments are participating in a number of national operational exercises to test responses to a health disaster.

Conclusion

Ensuring that Australia is prepared to respond to the health consequences of a terrorist event is a continuous process of preparation

and review to ensure health systems are capable of dealing with a variety of scenarios. The current level of preparedness and awareness is strong and has been tested in responses to the threat of SARS and avian influenza outbreaks and the Asian tsunami disaster. In all of these health threats agencies have debriefed and used the lessons learnt to further strengthen preparedness and capacity to respond to a health emergency.

Australia's preparedness and response for a health disaster from any cause requires close collaboration between the Australian Government and States and Territory health authorities, and integration of health plans into broader emergency plans. Involving clinical and disaster management experts has been critical to the planning process. Since 2003, the AHDMPC has proved to be a useful mechanism to undertake this complex co-ordination.