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Role of the Australian Health Protection Committee and the National Health Emergency Response Arrangements

Dr Robyn Walker
12 October 2011
Australian Health Protection Committee

- The Australian Health Disaster Management Policy Committee (AHDMPMC) was established in 2003.
- It was replaced by the Australian Health Protection Committee (AHPC) in June 2006.
- The AHPC’s role is to:
  - provide advice to the Australian Health Minister’s Advisory Council (AHMAC) on Australia’s preparedness for health emergencies and approaches to addressing any deficits, and health protection priorities.
  - manage health emergencies including coordinating the national health response to significant events.
  - ensure consistent, timely and accurate communications between jurisdictions and other relevant organisations.
Governance of the AHPC

Australian Health Ministers’ Conference

Australian Health Ministers’ Advisory Council

Australian Health Protection Committee

CDNA
PHLN
enHealth
NHEMS
Working Groups as required
Membership of the AHPC

The AHPC is chaired at Deputy Secretary level by the Australian Government Department of Health and Ageing and has as its core members:

- the Commonwealth Chief Medical Officer
- Chief Nursing and Midwifery Officer
- State and territory Chief Health Officers
- health disaster officials nominated by states and territories or the Commonwealth
- the Chairs of each AHPC Sub Committee (CDNA, PHLN, enHealth and NHEMS)
- Emergency Management Australia
- Australian Defence Force
- the New Zealand Ministry of Health
- the National Mental Health Disaster Response Committee
- clinical experts
The National Health Emergency Response Arrangements (NatHealth Arrangements)

- Outlines the strategic authorities, responsibilities and mechanisms that enable a coordinated national health sector response to incidents of national consequence.
- Details the national health sector coordination arrangements to mass casualty incidents of national consequence, including identifying the roles and functions of the AHPC and states and territories.
NatHealth Arrangements

1. Domestic Response Plan for Mass Casualty Incidents of National Consequence
   - Severe Burn Injury Annex
   - Terrorism Annex
   - Paediatric Annex

2. Chemical, Biological, Radiological and Nuclear Counter-Terrorism Plan
   - Anthrax* Guidelines
   - Smallpox* Guidelines
   - Radiological Guidelines

3. Emerging Issues of National Significance
   - Pandemic Influenza*

*Examples of current plans with new plans to be developed
NatHealth Arrangements

**Enablers**
- Australian Health Protection Committee
- National Health Emergency Management Subcommittee
- Australian Medical Assistance Teams
- Disaster Mental Health Working Group
- Public Health Laboratory Network
- Australian Bioterrorism Laboratory Network
- Communicable Disease Network Australia
- Environmental Health Committee
- National Medical Stockpile
- National Incident Room
- National Critical Care Trauma Response Centre in Royal Darwin Hospital
- *Australian Emergency Hospital Response*
National Incident Room
National Incident Room (NIR)

- Opened 7 September 2006 in current form
- The NIR may be activated for national health emergencies in which the Australian Government has a role, including
  - Natural disasters
  - Acts of terrorism
  - Communicable disease outbreaks
- The NIR provides a centralised hub from which responses to national health emergencies are coordinated
NIR Activations

- SARS (2003)
- Indian Ocean Tsunami (2004)
- Yogyakarta Aviation Disaster (2007)
- Importation of Wild Polio Virus (2007)
- Severe Seasonal Influenza (2007)
- Mumbai Terror Attacks (2008)
- Victorian Bushfires (2009)
- SIEV 36 Ashmore Reef (2009)
- Jakarta Bombings (2009)
- Sumatran and Samoan Tsunami (2009)
- Pandemic (H1N1) 2009
- Operation Pakistan Assist II (2010)
- SIEV 221 Christmas Island (2010)
- Queensland Floods (2011)
- TC Yasi (2011)
- Christchurch Earthquake (2011)
- Japan earthquake, tsunami and radiation concerns (2011)