

Disaster and Emergency Management

Disasters and public health emergencies are becoming increasingly frequent, harsher, and more impactful every year due to climate change. Disasters and emergencies can include natural disasters, health pandemics, animal disease, terrorist incidents, and overseas incidents impacting Australians.

Involvement of the health system in all aspects of prevention, preparation, response, and recovery from emergencies and disasters is crucial to building Australia's disaster resilience.

Disasters and emergencies present both short- and long-term mental (e.g. PTSD, anxiety, depression) and physical health (e.g. injuries, respiratory illness, water contamination, air pollution exposure) challenges. As the incidence and severity of emergencies and disasters increase, Australia's health system will increasingly face greater demand for health services and resources.

Disaster and emergency management, including hospital, community and ambulance services coordination, is primarily the responsibility of state and territory governments. The Australian government has a support and coordination role, responsible for national health security, biosecurity, primary care coordination, disease surveillance and national coordination of public health emergencies (e.g. pandemics).

Whole of government arrangements for crisis prevention, preparedness, response, and recovery are outlined in the Australian Government Crisis Management Framework (AGCMF), with the Australian Government nonfinancial assistance protocols outlined in the 2017 endorsed Australian Government Disaster Response plan (COMDISPLAN).

The Australian Institute for Disaster Resilience (AIDR) supports disaster resilience and preparedness through developing and sharing knowledge.

Inquiries are currently underway at both the federal and state and territory levels into recent disaster and emergency management responses.

AHHA POSITION:

- ✧ Regional governance structures supported by coordinated, comprehensive strategic action across all levels of government, along with timely, flexible, appropriately allocated health funding, must be supported to ensure the Australian health system is adequately prepared, resourced and agile to protect the health of Australians and respond effectively to disasters and emergencies.

- ✧ Existing health inequities and cultural diversity should be recognised and considered in the development of disaster planning and response strategies to protect against further exacerbation of health issues.
- ✧ Enhancing health system participation in shared decision-making processes and scenario exercises, across local, state/territory and national levels, must be prioritised for capability development and coordinated strategic planning.
- ✧ There should be greater inclusion of primary health care providers in disaster planning committees, disaster plans and responses at local, state/territory and national levels.
- ✧ Disaster planning, response and recovery strategies should build capacity through promoting strengths-based approaches that recognise the inherent strengths and assets of individuals and communities.
- ✧ Harmonised data governance, national data standards and investment in digital health infrastructure, connectivity and interoperability must be prioritised to enhance health information sharing and support flexible healthcare delivery during disasters and emergencies.
- ✧ A strong telecommunications, surveillance and warning system is necessary to communicate real time, nationally consistent public messaging, via a variety of communication channels, on important health and safety issues (e.g. air quality) to communities at risk.
- ✧ Australian, state and territory governments should agree on a minimum dataset of metrics and invest in data development, linkages and funding for coordinated research to build an evidence base on the immediate and long-term physical and mental health-related impacts of disasters and emergencies. This work should inform future planning and recovery efforts.
- ✧ Governance and coordination of medical supply chains must ensure appropriate, timely and efficient allocation of resources during disasters and emergencies.
- ✧ The health workforce must be provided with adequate training and resources to respond to disasters and emergencies safely and effectively, with regulation and funding models that enable responsiveness in distribution.
- ✧ The physical and mental health impact on health professionals, first responders and communities must be recognised and comprehensively addressed at all stages of disaster and emergency preparation, planning, response, and recovery.