Submission to:
Commonwealth Government
COVID-19 Response Inquiry Panel
Department of the Prime Minister and Cabinet

Harmony during Havoc: Connecting Emergency, Crisis and Disaster Management in the Health Domain

Without training, they lacked knowledge.
Without knowledge, they lacked confidence.
Without confidence, they lacked victory.

Gaius Julius Caesar

Christopher J Ainsworth
MBA CEM Fulbright Alumnus
Ver 1.0 15 December 2023

The COVID-19 Response Inquiry
Department of Prime Minister and Cabinet
Parliament House
CANBERRA ACT 2600

Dear Panel Members,

Subject: Harmony during Havoc: Connecting Emergency, Crisis and Disaster Management in the Health Domain

I welcome the opportunity to submita response to the COVID-19 Response Inquiry.

I am a passionate emergency management professional with over 20 years of experience in organisations, agencies, and vocational and higher education environments.In my experiences as a 2001 Flexible Learning Leader, 2008 Fulbright Scholar, volunteer first responder, educator, and practitioner, the emphasis has been on providing the professional development space for "the next generation of emergency managers." I have often been referred to as a "pracademic."

As an author and developer, I have consulted with numerous skilled professionals who have helped with the development and improvement of various Public Safety, Emergency Management and Community Safety qualifications for Swinburne University (2005-2007), Australian College of Community Safety (2008-2015), and Central Queensland University (2017-2020). This includes managing and facilitating these programs within each institution.

Contributions to the sector include extensive involvement in reviewing and updating several Public Safety Training Package,Emergency Management qualifications including theinternational research and benchmarking of accredited vocational Emergency Management and Recovery Management qualifications against applied world practices.

I have been previously engaged with the WA Country Health Service as the Regional Emergency Operations Centre (REOC) Lead – COVID-19 Pilbara Region in 2020-2021 and the Director, Emergency Management, NT Health in 2022. COVID-19 operational Preparedness, Response and Recoverywas a central focus during these periods.

I am an internationally credentialed Certified Emergency Manager (CEM) and sit on the iAEM[1] Certification Commission appointed as the Vice-Chair Certification Commissioner for Oceania, Europe and Asia regions for 2024.

Sincerely,

[redacted]

Christopher J Ainsworth MBA CEM Fulbright Alumnus

MBA (*Adl*), GradDipBus (Emergency & Disaster Comms) (*USQ*), GradCertPM (*UniSA*), GradCert (Crisis Mgt) *(USQ)*,
AdDipPS(EM) - (FM) - CS), AdDipCSM(VM), Dip TAE (TD&D)
CEM (*iAEM Certification Commissioner 2021 - 2023, & 2024 -2026, Vice Chair 2024*)
EMPS[2] (RIC, RPO)

[redacted]

15 December 2023

[1] International Association of Emergency Managers https://www.iaem.org/

[2] AFAC Emergency Management Professionalisation Scheme

Harmony during Havoc: Connecting Emergency, Crisis and Disaster Management in the Health Domain

This submission looks through the lens of: Insights, Observations and Opportunities.

Several of my professional acquaintances who work in Health Emergency Management roles have stated, given the seriousness of the potential consequences, none are currently prepared to contribute to a formal submission on COVID-19. Access to varying supporting organisational documentation outside of what has been disclosed through the public domain is highly restricted. I am respecting the confidentiality of my collective sources of information. Even in my previous role as Director, Emergency Management, at NT Health, access to several areas of the COVID-19 response documentation within NT Health was both guarded and restricted. I therefore draw many of my responses through actual operational experience and leadership in this area.

Key Concern One: Personnel working in Health Emergency Management roles are reluctant to discuss issues outside their organisation due to the potential repercussions. What do organisations have to hide?

Key Concern Two: The dearth of professional development opportunities and pursuits, combined with the notable absence of institutions and programs providing fundamental base-level quality professional development.

Key Concern Three: Government-framed Emergency Management language adds additional layers of confusion to an already disorientated sector.

Confusion: Definition[3]

1. "Uncertainty about what is happening,intended or required,
2. The state of being bewildered or unclear in one's mind about something,
3. A disorderly jumble."

Confusion and disorientation within the sector are driven by a range of terminologies in which professionals struggle to align withapplied work practices. The definitions of Emergency - Disaster Management, Emergency Management Continuum, Disaster Management Continuum, the 4 phases of Prevention, Preparation, Response, Recovery(PPRR) and the seven stages of Response, Relief, Recovery, Reconstruction, Risk Reduction, Prevention and Preparedness are not standardized across different Departments, Agencies or organizations in Australia. The Department of Prime Minister and Cabinet: Australian Government Crisis Management Framework 2022 [4], the National Emergency Management Agency: Statement of Strategic Intent 2023[5], and Australian Institute of Disaster Resilience: Australian Emergency Management Arrangements 2023[6] all have different interpretations of these same terms.Many operatives and managers have differing interpretations of the government-derived expressions.

While the simplified 4 Phase PPRR was in place during COVID-19, inconsistent interpretations and non-standard policies, systems, and procedures hindered the dissemination of clear and effective health messaging, affecting all jurisdictions and federal health agencies. This created a great deal of uncertainty amongstthe Australiapopulation on how they should effectively approach and manage daily life around COVID-19.

Agency executives are free to interpret and apply phase options in a manner that maximisescost recovery within their jurisdiction, agency/organization and geographic area. It is important to remember that these statements refer to important actions that need to be taken to manage emergencies, disasters and crises. To guarantee efficient coordination and communication across various entities, both inside and across jurisdictional boundaries, they must be used appropriately and regularly. Inconsistent operational policies, procedures, and protocols stem from the inconsistent interpretation of these terms, which ultimately lead to misunderstandings, confusion, and inefficient crisis, emergency, and catastrophe management. A large number ofdepartments, agencies, and organizations lack the necessary number of skilled personnel to perform critical emergency, disaster and crisis management functions, particularly for campaign events like Influenza and COVID-19.

---

[3] https://www.oxfordlearnersdictionaries.com

[4] https://www.pmc.gov.au/sites/default/files/resource/download/australian-government-crisis-management-framework.pdf

[5] https://nema.gov.au/sites/default/files/inline-files/NEMA%20Statement%20of%20Strategic%20Intent%202023.pdf

[6] https://knowledge.aidr.org.au/media/10162/handbook_aema_web_2023.pdf

2023 Emergency Manager:'Emergency management professionals manage the most complex, diverse risk portfolio of any field. All too often they do this in relative anonymity, with limited resources, while dancing around political land mines that make our efforts more difficult and stressful.'[7] Emergency Management practitioners are involved in partial community Preparedness, Response, Relief, organisational Recovery and Preparedness within the Emergency Management Continuum.

2023 Crisis Manager: A person who proactively identifies possible threats, develops overarching crisis management plans and ensures that the crisis management runs smoothly[8]. A crisis manager is involved inthe Response, Relief, organisational Recovery and Preparedness within the yet-to-be-defined Crisis Management Continuum based on the Emergency Management Continuum during and after an event at the organisational executive level.

2023 Disaster Manager: A person who is responsible for planning and preparing communities for disasters and emergencies.[9]In the modern era of Disaster Management, qualified practitioners are involved in all components within the Emergency and Disaster Continuums.

The ultimate objective of emergency, crisis and disaster management should be to enable communities to ensure timely and informed decisions about their safety during periods of previously unheard-of turmoil and confusion by providing high-quality decision-making based on reliable intelligence within a timeframe through prearranged communication channels.

Professionals working in the present situations across the whole Emergency/Disaster Management continuum can only attain high-quality results through professionally developed programs that are well-designed, integrated, extensively disseminated, and centrally assessed. Training was mentioned as an issue in the 2020 Bushfires Royal Commission suggestion, which could result in the introduction of better Public Safety certifications into the industry and remains a significant issue within the Health domain.

Key Insights and Observations:

- States elected to implement their constitutional Emergency Management arrangements, where the respective Police and EM Commissioners maintained coordination control.
  Through implementing Disaster Declarations, each State and Territory ensured they maintained control of their jurisdiction.
  All State Premiers and Territory Chief Officers ensured they were the key representative face of their respective State and Territory and supported by their respective Chief Health Officers. Health services were a secondary consideration after Command and Control. Coordination was a tertiary consideration.
- Health Emergency Management is generally not recognised outside of legislative requirements of Australian Standards AS3745 and AS4083 – Preparing for emergencies in facilities/health facilities.
  Legislative reguirements influence the high level of serviceability in this area of Emergency preparedness to manage incidents. Experience across two jurisdictions witnessed the reliance on short-term irregular training and on task cards to manage incidents. Incident documentation and After Action Reviews rarely exist. In one jurisdiction, no incident management level log books could be located which hampered the application of Lessons Management continuous improvement culture.
- Application of the Australasian Inter-service Incident Management System is almost non-existent, yet was the core system implemented during COVID-19 response management.
  Within the two jurisdictions I have undertaken an operational role, neither has endorsed AIIMS as an Incident Management System.When each jurisdiction transitioned to their Disaster Management Arrangements, AIIMS was adopted as the Incident Management System.
- Hospital Major Incident Medical Management Support (HMIMMS) which is appropriate for managing within a hospital-based response is the primary system used. The system is not well understood within the AIIMS system nor the Emergency Services sector who provided COVID-19Incident Management.

---

[7] Cwiak, C. (2022). Forging our own Path: Emergency Management's Pathway to Power. *iAEM Bulletin*, *39*(2), 15 - 20. https://www.iaem.org/LinkClick.aspx?fileticket=AeX0ZPkSjxo%3d&portalid=25

[8] https://studyonline.port.ac.uk/blog/what-does-a-crisis-manager-do

[9] https://knowledge.aidr.org.au/resources/handbook-community-recovery/

HMIMMS is the nationally recognised and adopted system that provides a structured approach to delivering care in the hospital environment during a mass casualty incident or event not Pandemics.

- Health Departments were understaffed and not prepared for non-BAU organisational-wide emergencies.

  Health agencies as Lead Hazard Agency required outside assistance from the beginning to manage fundamental COVID-19 Incident Management roles. The lack of organisational depth and professional developmentoutside of the reguirements of AS 3745 and AS4380 – Preparing for emergencies facilities/health facilities remains almost non-existent within the sector.

- Many Health Departments have inadequate Emergency Coordination Centres / Crisis Coordination Centresand associated frameworks in place.

  In the two jurisdictional areas I operated in between 2020 -and 2022, neither had a full-time basic Emergency Operations / Coordination Centre established. Both utilized multi-purpose offices if a need arose. For COVID-19, one jurisdiction maintained a Health Operational / Coordination Centre, the other the State/Territory managed facility. Post-COVID-19, there remain no co-dedicated areas that could be rapidly transitioned into an EOC from a BAU stance.

- Health leadership fails to recognise non-health emergency/disaster/crisis management expertise.

  Across two jurisdictions, Health Leadership chose to use non-health EM specialists to meet organisational reguirements, whilst at the same time, not respecting the contributions they make during difficult operational challenges. On several occasions, incidents were left to the individuals to manage with the expectationsof a successful outcome without leadership input.

- There remains a disconnect between Health Services and Public Health.

  In the two jurisdictions where I was operational, there was a distinct disconnect between Health and Public Health services. This became very apparent in Regional Australia where both groups were vying for the same human capital and difficult to obtain logistical resources.

  As agencies transitioned from the COVID-19 campaign to BAU, new warning systems, for fire, flood and heatwave were gradually introduced to Health agencies which reguired adjustment to hospital and public health systems.

- A significant lack of understanding of Health Logistics requirements by the respective State Emergency Operations Centres. (incorrect sanitiser, PPE types/ordering etc)

  With the varying State and Territory declarations, primary staffing reguirements were fulfilled from jurisdictions' normal EOC staffing allocations from the emergency services. Emergency management practice traditionally revolves around bushfires, storms and floods. None of the agencies had ever managed a campaign health event. Logistical reguirements in a health environment are significantly different and challenging from normal emergency logistics to the demands of a health pandemic. Health agencies themselves were overwhelmed, yet many were not fully consulted resulting in procurement contracts not aligned to reguirements. Eg. alcohol sanitiser was initially provided as a liguid rather than a gel. Liguid-based products create an additional health hazard risk.

- Staffing levels of respective State Emergency Operations / Health Incident Coordination Centres were excessively high. On reflection, these numbers could have been reduced by at least 50% if appropriately trained personnel were engaged in key roles.

  Observed in two jurisdictions were the staffing levels of the State Health Incident Coordination Centre and Emergency Operations Centre where staffing levels could have been reduced by at least 50% and still achieved the same management outcomes. Many jurisdictions when the respective declarations were made fully staffed their operations centres to maximum numbers as it was financially viable. This was seen by many as an opportunity to gain experience when other operational opportunities were limited.

- Whilst this was a responsibility for Health as the Lead Hazard Agency, all State Premiers chose to "take control"of their jurisdictional constitutional responsibilities.

  Drawing from my NT Health experience, NT Health in 2022 had insufficient trained or gualified staff who had minimal competency which would enable the agency to undertake a Lead Hazard Agency role in either a campaign event or a heatwave activation. No one was gualified to undertake any of the primary AIIMS roles. At best, the agency could maintain a monitoring and advisory service to the communities of the Northern Territory during the summer / wet season 2022-2023.