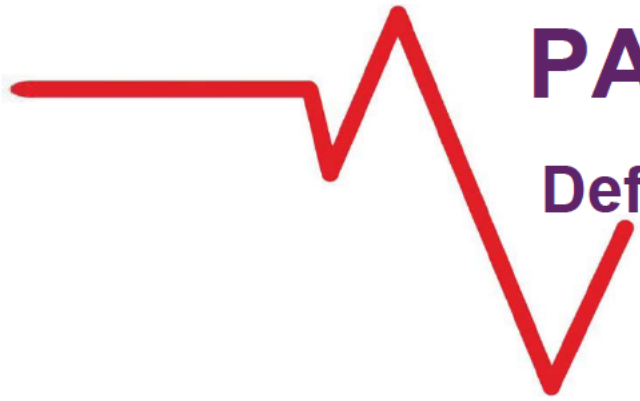
JOINT HEALTH COMMAND



PANDEMIC PLAN

Defence Health Response

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1.0	21 January 2015	
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2.1	23 April 2020	Minor changes in stages of response. Added Annex E about framework for reduction in services

Distribution list

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PANDEMIC PLAN: DEFENCE HEALTH RESPONSE

OVERVIEW

1. The World Health Organisation (WHO) defines a pandemic as an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people. Pandemics are a significant risk for the Australian Defence Force (ADF). Pandemics have the potential to cause high levels of morbidity and mortality among Defence members and to disrupt the delivery of broader Defence business. This strategic health plan provides for a coordinated pandemic response by the Defence health services. It should enable the Defence health services to escalate from business-as-usual (BAU) health care to a proportionate emergency health response.

2. Defence requires an agile and coordinated health response to a pandemic to preserve the health of the ADF and to ensure the ADF's operational capability. This requires the following key tasks:

a. assessment and communication of health risk and health status to Defence commanders to assist in minimising disease transmission and to enable command consideration of the potential disease impact on Defence activity

b. continuity in the delivery of health services to eligible Defence members, with the ability to prioritise services so that Defence optimises on-base health care and minimises the impact on the civilian health sector during a pandemic

c. timely detection and reporting of events to the Australian government to support the national response.

3. As coordination and communication with the civilian health sector is critical during a pandemic, this plan aligns with the Australian Health Management Plan for Pandemic Influenza (AHMPPI), national emergency health response plans and jurisdictional pandemic resources.[1]

4. The WHO is responsible for declaring a pandemic status. Within Australia, the Minister for Health is the lead minister for Australia's response to a pandemic, and the Department of Health manages pandemic response. The Department of Defence's Military Strategic Commitments Division[2] (MSC Div) manages the whole-of-Defence contribution to a whole-of-government pandemic response and maintains procedures for crisis management and response.

Purpose of plan

5. This plan provides strategic tasks for the coordination of an emergency health response within the Defence jurisdiction. It tailors clinical and public health management to the Defence context and forms the basis for the Defence health response to a pandemic. This plan also provides a framework for Groups and Services to establish their response to a pandemic.

6. This plan should be read with the AHMPPI, national response plans for specific pandemics and jurisdictional pandemic resources. The Defence health system has separate

[1] https://www1.health.gov.au/internet/main/publishing.nsf/Content/panflu-plans-1
[2] http://drnet/vcdf/MSCDivision/Pages/Military%20Strategic%20Commitments%20Division.aspx

policies and procedures for the management of infectious disease outbreaks in garrison and deployment contexts (see the *Defence Health Manual*[3]).

7. This plan supports continuity of health care for Defence members. It does not include ADF tasking that may occur under a pandemic-related Defence Aid to the Civilian Community task.

STAGED EMERGENCY RESPONSE

8. Australia's strategy for managing a pandemic comprises prevention, preparation, response and recovery. Within Defence, prevention and preparation for a pandemic is managed within the routine BAU activities of the Defence health services. Annex A provides a summary of the BAU roles and responsibilities that support prevention and preparation for a pandemic.

9. This plan focuses on the response stage to an emerging pandemic. To facilitate a proportionate response, the response is divided into three stages[4]:

a. Standby Stage

b. Action Stage

c. Standdown Stage.

10. The scale, speed and spread of the pandemic may mean that some stages are skipped or that joint health units (JHUs) are placed in different response stages.

Escalation

11. A WHO pandemic declaration triggers the pandemic response in Australia. The Chair of the Australian Health Protection Principal Committee (AHPPC) is the authority for escalating the pandemic response through the AHMPPI stages. The Surgeon General Australian Defence Force (SGADF) is a member of the AHPPC and provides the conduit between the national and Defence health responses to a pandemic. The SGADF is the authority for escalating the Defence health pandemic plan through its stages and reverting the Defence health services to BAU service delivery.

12. When a specific pandemic emerges, SGADF will establish a joint emergency health team (JEHT) to coordinate the Defence health response. The JEHT will function as the health operations centre for as long as the pandemic is in a response stage (Standby, Action or Standdown stages). The JEHT coordinates the Defence health response within the whole-of-Defence response to the pandemic.

13. SGADF retains the role of strategic J07 and lead clinical adviser. Where SGADF is incapacitated or unavailable the JEHT Chair is authorised to provide strategic health advice. Annex B describes the composition and functioning of the JEHT.

Standby Stage

14. The duration of the Standby Stage will vary depending on the circumstance. The AHMPPI, national response plans for specific pandemics and jurisdictional pandemic resources provide the clinical and general actions that occur during the Standby Stage. Table 1 describes the Defence health responsibilities during the Standby Stage.

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[3] http://intranet.defence.gov.au/home/documents/adfdocs/dhm/dhm.htm
[4] These are based on the framework in the AHMPPI

Table 1: Standby Stage

Role	Responsibilities
SGADF	• represent Defence in AHPPC and Commonwealth health forums • formally advise activation of the health pandemic plan to the Senior Leadership Group (SLG), Defence health workforce and broader Defence • primary spokesperson for Defence health pandemic communications • direct any alterations in priorities and provide formal delegation of authority for pandemic-related health tasking • determine conditions for the release of Defence health materiel • establish the JEHT
JEHT	• establish battle rhythm and liaison with MSC Div and the operational-level J07 • establish liaison with relevant national and Defence entities • establish resource requirements for coordination of emergency health response in Defence • establish communications plan • anticipate and mitigate health issues • identify and implement health protection of key personnel
Health Policy, Programs and Assurance (HPPA) Branch	• prepare pandemic advice and communication products for members, command and the Defence health workforce • refine surveillance and clinical reporting protocols and products
Health Business and Plans (HBP) Branch	• ensure contract laboratories support pathology of pandemic strain or establish alternative arrangements if required • maintain visibility of the contracted workforce plan, advise prime contractor of potential short-notice requirements to flex staff at Defence health facilities
Operational Health Branch (OHB)	• maintain visibility of health materiel and consider pre-positioning stocks consistent with Garrison Health Branch (GHB) direction, delivery quantities and locations, impact of quarantine on supply • determine priorities for pandemic-specific immunisation and plan personnel and materiel arrangements to administer vaccines • commence provision of health materiel status reports to JEHT
GHB	• validate local health pandemic plans (see Annex C) and prepare for Initial Action and Targeted Action stages

Role	Responsibilities
	• confirm knowledge of local pandemic response, including points of contact in public health units • validate stock holdings of personal protection equipment (see Annex D), clinical supplies and non-clinical supplies • prepare anticipatory communications and scripts for health personnel and 1800-IMSICK • strategic-level tracking of Defence members in civilian health facilities
Environmental health commands and J07 Headquarters Joint Operations Command (HQJOC)	• validate local health pandemic plans (see Annex C) and prepare for Initial Action and Targeted Action stages • validate stock holdings of personal protection equipment (see Annex D), clinical supplies and non-clinical supplies • advise on and coordinate public health measures and service delivery changes • tracking Defence members overseas in pandemic high-risk countries

Action Stage

15. The Action Stage is divided into two groups of activities: Initial and Targeted. When in the Initial Action Stage, the focus will be on implementing measures to minimise transmission, morbidity and mortality and to manage initial cases. The AHMPPI, national response plans for specific pandemics and jurisdictional pandemic resources provide the clinical and general actions that occur during the Initial Action Stage.

16. The move to the Targeted Action Stage occurs as more is known about the pandemic strain. SGADF will notify the change and status. The JEHT will monitor the strategic situation, assess ongoing risk in the Defence context and provide targeted advice to the Defence health services.

17. Table 2 describes the Defence responsibilities in the Initial and Targeted Action Stages. During these stages, the JEHT coordinates the health response and the responsible work area within Joint Health Command (JHC) and JHUs. Defence units are responsible for supporting and responding to JEHT requests and tasks.

18. Annex E provides a framework for Defence health commanders to restrict BAU services during the Action Stage.

Table 2: Action Stage

Role	Responsibilities
SGADF	• formally trigger the change in Defence health pandemic plan to Initial Action or Targeted Action Stage • primary spokesperson for Defence health pandemic communications • redirect any health priorities due to changes in pandemic

Role	Responsibilities
Commander Joint Health (CJHLTH)	• approve release of health materiel from the Defence contingency stockpile
JEHT	• define potential key decision points and delegated authorities for pandemic-related decision-making within the whole-of-Defence decision-making framework • provide coordinated and consistent approach to build confidence and sustain BAU when possible • support governance, communication and promulgation of clinical best practice for the management of cases • coordinate enhanced surveillance and reporting, including bio-security • assess pre-positioned stocks, distribution plan and potential shortfalls or delays • coordinate health materiel status reports
GHB	• apply the public health measures and service delivery changes as per JEHT guidance and the requirements of the local public health response • identify at-risk Defence members and provide targeted advice and management as indicated • identify, assess and manage cases as per clinical and surveillance guidance • adapt health service delivery to accommodate changes in presentations, demands on health workforce, changes to health materiel needs, laboratory capacity, and management of at-risk groups • report concerns about resources or health facility capacity to JEHT
Environmental health commands and J07 HQJOC	• apply the public health measures and service delivery changes as per JEHT guidance and the requirements of the local public health response • identify at-risk Defence members and provide targeted advice and management as indicated • report concerns about resources or health facility capacity to JEHT

Standdown Stage

19. The AHMPPI, national response plans for specific pandemics and jurisdictional pandemic resources provide the clinical and general actions that occur during the Standdown Stage. When SGADF authorises a move to the Standdown Stage, the health activities in Table 3 will occur.

Table 3: Standdown Stage

Role	Responsibilities
SGADF	• authorise move to Standdown Stage in Defence and advise SLG of the change in risk and health care arrangements • primary spokesperson for Defence health pandemic communications • communicate change in risk/arrangements to Defence members • dissolve the JEHT once it is no longer required
JEHT	• provide guidance for the return to BAU activity • provide guidance on reconstitution of Defence health materiel • evaluate the emergency health response and provide a post-activity report to SGADF
HPPA Branch	• review the strategic health pandemic response plan
GHB	• remain alert to any new or re-emerging issue • provide an after-action report to JEHT • reconstitute PPE and consumables
Environmental health commands and J07 HQJOC	• remain alert to any new or re-emerging issue • provide an after-action report to JEHT • reconstitute PPE and consumables

CONCLUSION

20. Maintaining essential functions and services in the event of a pandemic requires additional considerations beyond traditional continuity planning. A pandemic outbreak response requires agility, speed, communication, proportionality and integration into the national response. Each health facility in the Defence health system (garrison and deployed) must maintain a local health pandemic plan that addresses the specific threats that a pandemic outbreak will create for that health facility. Coordinated activity, robust and maintenance of essential health services will provide the best Defence response to a pandemic.

Annexes:

A. Pandemic prevention and preparation

B. Joint Emergency Health Team

C. Local pandemic plans

D. Health materiel and logistics

E. Reduction in services framework

ANNEX A

PANDEMIC PREVENTION AND PREPARATION

1. Within Defence, prevention and preparedness activities are part of routine BAU Defence health service delivery. The AHMPPI provides the clinical and general actions that occur in support of pandemic prevention and preparedness. Table A–1 describes the Defence health responsibilities of particular relevance to the AHMPPI's requirements for prevention and preparation. JHC, HQJOC and the single-Services are responsible for ensuring the Defence health services meet their responsibilities for pandemic prevention and preparation.

Table A–1: Pandemic prevention and preparation

Role	Responsibilities
SGADF	• provide representation on AHPPC and promulgate AHPPC decisions • provide strategic health advice to SLG • approve the Defence health pandemic plan
HPPA Branch	• represent Defence on the Communicable Diseases Network Australia and communicate recommendations for response action • maintain situational awareness of developments in pandemic surveillance and response by participating in international, national and regional public health forums • maintain health policy related to public health, infectious disease management, vaccinations, surveillance and infection control • provide public health advice to SGADF and health workforce • communicate emergence of disease with health workforce and Defence population, and direct enhanced surveillance measures where indicated
GHB	• ensure JHUs maintain and implement appropriate infection control, surveillance, infectious disease management, and business continuity and health pandemic plans • update/validate health pandemic plans annually (February) • ensure JHUs are aware of the requirements of AHMPPI, national response plans for specific pandemics and jurisdictional pandemic resources • ensure health representation at base management forums and habitual relationships between JHU and the local public health units • update contact list of national and local service enablers annually (February)

Role	Responsibilities
OHB	• maintain stocks and distribution methods for antivirals, antibiotics, vaccines and related consumables, personal protection equipment (PPE), and pathology test equipment/consumables • provide representation on National Medicines Stockpile Task Force and maintain pandemic PPE stocks in the Defence contingency stockpile • maintain medical supply and distribution plans for pandemic scenarios
HBP	• maintain processes for flexing the contract health workforce and managing surge requirements • ensure contracts include the potential requirements in pandemic situations (eg laboratory, maintenance, food, cleaning, security) • develop and maintain predictive analytics solutions to identify leading indicators of emergent Defence epidemics
GHB	• comply with Defence policy on vaccinations, public health, infectious disease management, and infection prevention and control • maintain situational awareness by participating in local public health forums, attending base forums, and ensuring familiarity with the AHMPPI and jurisdictional pandemic plans • maintain and exercise business continuity and health pandemic plans • maintain contact information for the local public health unit • apply routine surveillance practices to report infectious disease to contribute to the national picture and support decision-making • maintain plan for transport of highly infectious persons • maintain capability to respond to pandemic-related tasking
Environmental health commands and J07 HQJOC	• comply with Defence policy on vaccinations, public health, infectious disease management, and infection prevention and control • maintain situational awareness and exercise health pandemic plans • apply routine surveillance practices to report infectious disease to contribute to the national picture and support decision-making • maintain plan for transport of highly infectious persons • ensure operation/deployment orders consider the health care of deployed Defence members during pandemic • maintain capability to respond to pandemic-related tasking

ANNEX B

JOINT EMERGENCY HEALTH TEAM

Standing membership

1. When a pandemic emerges, SGADF will establish and Chair the JEHT. The size and membership will depend on the nature of the pandemic. The standing JEHT will include the members below, or their representatives.

a. Director General Health Policy, Programs and Assurance

b. Director General Health Operations

c. Director General Garrison Health

d. Director General Health Business and Plans

e. Single-Service Directors General Health or Directors Health

f. J07 Joint Operations Command

g. JHC Director Defence Health Policy

h. JHC Senior Medical Adviser – Population Health

i. Communications Adviser

j. JHC Chief of Staff.

2. The JHC Chief of Staff is responsible for arranging the secretariat for the JEHT.

Situational membership

3. Depending on the situation and on guidance from the SGADF, representatives from the following organisations may be needed to support the JEHT in coordinating the Defence health response to a pandemic:

a. Capability Acquisition and Sustainment Group

b. Defence Intelligence Organisation

c. Estate and Infrastructure Group

d. JHC Director Health Materiel Logistics and Pharmacy

e. JHC Director National Operations

f. JHC Chief Health Information Officer

g. JHC Directorate ADF Health Services Contract

h. Australian Defence Force Malaria and Infectious Disease Institute.

4. These organisations should remain on standby for JEHT notification.

Tasks

5. The JEHT is responsible for planning and coordinating the Defence health response to a pandemic. The JEHT is a committee meant to be scaled to fit the pandemic. It must

remain flexible and responsive to support the needs of the Defence health services and the SGADF. The general tasks of the JEHT (which are not all-encompassing) are as follows:

a. defining the key decision points and triggers for escalation within the pandemic-specific strategic plan

b. providing strategic health advice and situation reports to Defence SLG

c. tasking JHC branches under SGADF/CJHLTH authority for direct pandemic support

d. providing health liaison and coordination between HQJOC, MSC Div and the Department of Health

e. advising the SGADF during the pandemic response

f. determining priority of movement

g. notifying changes in AHMPPI and pandemic plan stage to the Defence SLG, MSC Div and the health workforce

h. coordinating with the joint task force if required

i. maintaining emergency operations function based on situation, up to 24 hours/day

j. monitoring and reporting garrison and operational surveillance activities

k. advising on classification/security of aggregated health information

l. promulgating clinical advice when required.

ANNEX C

LOCAL PANDEMIC PLANS

1. Routine health care and management practices form the basis for clinical and public health management in Defence. Each JHU is to maintain a local health pandemic plan that is informed by the AHMPPI, national response plans for specific pandemics, jurisdictional pandemic resources and any strategic Defence pandemic plans. The single-Services and HQJOC should also maintain health pandemic plans that integrate with the whole-of-Defence response.

2. Local plans should be revised/updated annually.

3. Planners should anticipate potential pandemic scenarios and consider training on the following key tasks at the local level:

a. enhanced infection control procedures and use of PPE for health workforce

b. base-specific social distancing measures

c. protecting key personnel and those Defence members at increased clinical risk

d. stock levels and locations for antivirals, antibiotics, associated consumables and PPE

e. initial assessments and sample collection for pathology tests

f. patient flow, increased acute presentations, triage and cohort identification

g. isolation and exclusion arrangements/options

h. triggers for handover of cases to the civilian health system and subsequent patient tracking

i. continuity of key functions if there are staff absences/shortages or disruption to support services (eg transport, logistics, cleaning, waste disposal)

j. communication with base commanders and the local public health unit.

ANNEX D

HEALTH MATERIEL AND LOGISTICS

Planning factors

1. Every health facility should have appropriate stocks of PPE and non-clinical supplies (such as cleaning products, disinfectant wipes and alcohol-based hand rub) to ensure continued operations during a pandemic. This includes stock on hand to manage the first presentations. The following planning factors should be considered when determining stock levels:

a. number of facility staff (clinical/non clinical): clinical staff will require the highest volume of PPE, but consider reception/administrative staff who have direct patient contact

b. size and nature of the supported population

c. extent of support to/from other health facilities and non-garrison units

d. availability of suitable storage space

e. historical usage from influenza seasons.

2. Health facilities should hold 14–21 days of initial response stock of PPE but should not exceed 21 days stock. Health facilities should allow for 10 days of transportation time when ordering additional supplies.

PPE and non-clinical supplies

3. All health practitioners should be familiar and comply with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.[5] Selection of PPE must be based on the following:

a. assessment of the risk of transmission of infectious agents to the patient or carer

b. risk of contamination of the clothing or skin of health personnel or other staff by blood, body substances, secretions or excretions.

4. PPE will largely consist of masks (both surgical masks and N95/P2 respirators), fluid-resistant gowns, gloves and eye/face protection. Preparatory stock holdings should include all of these items, as well as alcohol-based hand rub and appropriate cleaning products.

5. Specific PPE use will be dictated by the situation: the mode and ease of transmission of the pathogen and clinical severity of the illness. Advice on pandemic-specific PPE will be issued by the JEHT.

6. N95/P2 masks should be reserved for clinicians in the following circumstances:

a. when assessing or caring for suspected cases early in the pandemic where the transmissibility and clinical severity are not yet well understood

b. when undertaking aerosol generating procedures

c. when caring for highly infectious patients.

7. Surgical masks are appropriate for contact and droplet precautions.

[5] https://www.nhmrc.gov.au/health-advice/public-health/preventing-infection

8. The majority of PPE items are routine consumables that are ordered as needed through the prime vendor for Defence health materiel. If authorised by SGADF during a pandemic, PPE may be released from the Defence contingency stockpile. In addition to PPE recommended for dealing with a highly infectious patient, the following cleaning items should be routinely available within the health facility:

a. alcohol based hand rub

b. alcohol based hand rub tissues

c. biological waste bins/bin liners

d. chlorine disinfectant solution.

Highly infectious patients

9. The recommended PPE for dealing with one highly infectious patient is below.

a. NSN 661540831 Clear fog-resistant ¾ face shield

b. NSN 010635996 Polycarbonate fog-resistant goggles

c. NSN 661572292 Disposable polyethylene apron

d. NSN 661336784 Disposable footwear covers

e. NSN 014997201 N95 face mask

f. Not catalogued, disposable polyethylene coveralls with hood

e. Not catalogued, nitrile gloves with extended cuff.

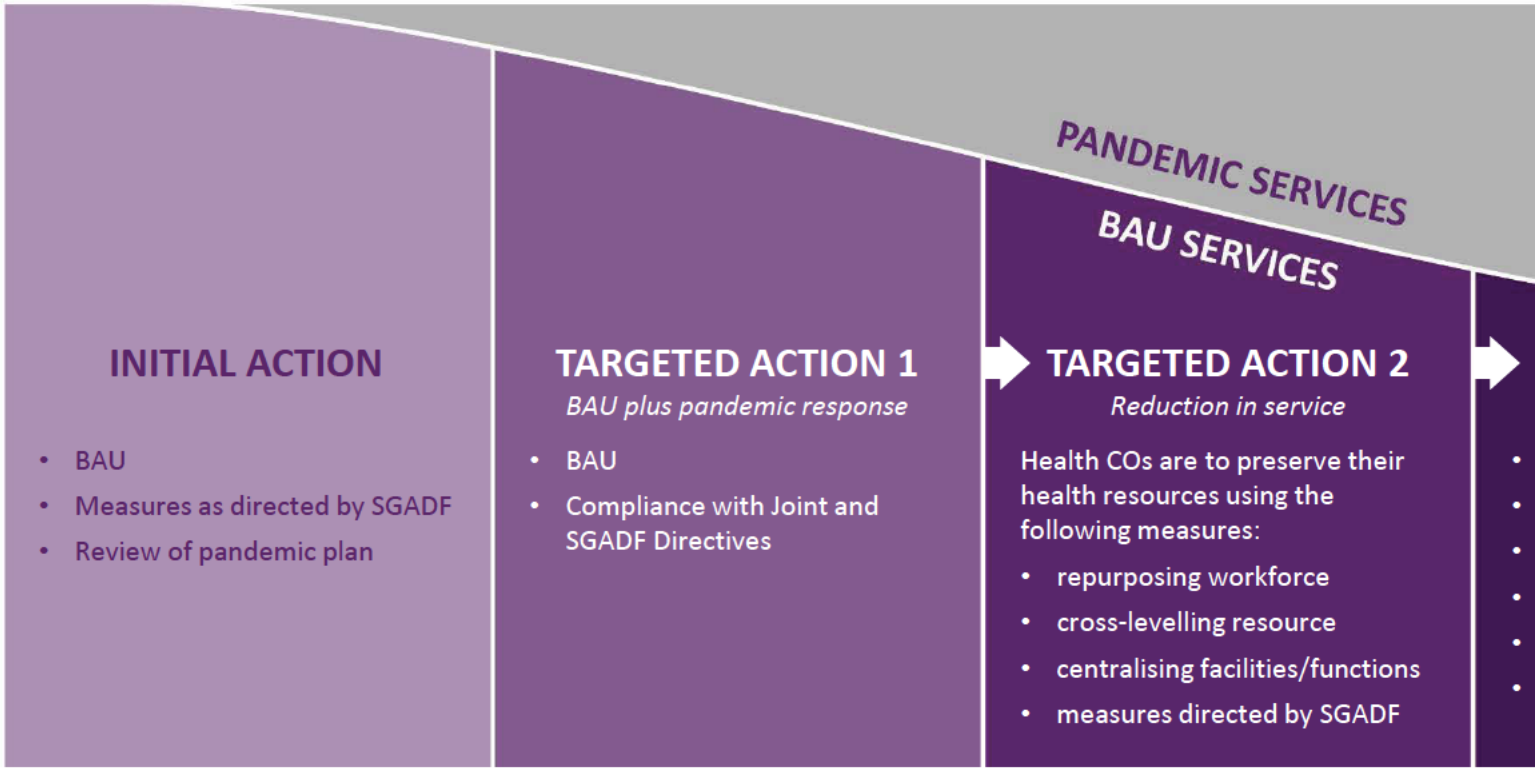
REDUCTION IN SERVICES FRA

Defence health facilities have finite capacity. An increase in pandemic-related demand may require changes to business as usual services (BAU). This annex provides the framework for commanding officers of health units (Health COs) to reduce BAU as pandemic demand increases.

Garrison Health, Joint Operations Command and the Services are to take a regional/local approach. This enables Health COs to take local action to care for Defence members while optimising health resources and complying with the local public health requirements.

Regions will be at different response stages. This is due to the pandemic's progress, the public health jurisdiction and the available resources. Health COs are to implement service delivery changes in proportion to the local risk and needs.

Director General Garrison Health approval is mandatory when shifting from one level to another.



ACRONYMS AND ABBREVIATIONS

Abbreviation	Full form
ADF	Australian Defence Force
AHMPPI	Australian Health Management Plan for Pandemic Influenza
AHPPC	Australian Health Protection Principle Committee
BAU	business as usual
CJHLTH	Commander Joint Health
GHB	Garrison Health Branch
HQJOC	Headquarters Joint Operations Command
HBP	Health Business and Plans
HMLP	Health Materiel Logistics and Pharmacy
JEHT	Joint Emergency Health Team
JHC	Joint Health Command
JHU	Joint Health Unit
JLC	Joint Logistics Command
OHB	Operational Health Branch
MSC Div	Military Strategic Commitments Division
PPE	Personal Protective Equipment
SGADF	Surgeon General, Australian Defence Force
SLG	Senior Leadership Group
WHO	World Health Organization