

## DEPARTMENT OF THE PRIME MINISTER AND CABINET

PM&C  
Secretary  
Ms Cross  
Dr Gruen  
Ms Clarke  
Ms Taylor  
Ms Ellison  
Ms Wilkie  
Ms Pearce

To: Prime Minister (for signing)

**STRENGTHENING AUSTRALIA'S DOMESTIC RESPONSE TO THE EBOLA  
EPIDEMIC IN WEST AFRICA**

PMO  
Chief of Staff  
Dr Ng  
Mr MacLachlan

File

**Recommendation - that you:**

1. Sign the letter to the Minister for Health requesting further detailed advice on options for managing the return of health care workers from Ebola affected countries (Attachment A).

Signed / Not Signed

TONY ABBOTT

Date:

Comments:

28/11/14

**Key Points:**

1. We recommend you ask the Minister for Health to provide further detailed advice on two options for managing the return of health care workers (self-monitoring plus restrictions on clinical work; and voluntary in-home quarantine), following further discussions between the Chief Medical Officer, Professor Chris Baggoley, and his state and territory counterparts on this issue. A draft letter is at Attachment A.
  - a. Minister Dutton has advised that all states and territories agree existing arrangements for returning health care workers – self-monitoring and no clinical work for 21 days – are adequate based on the current level of risk.
  - b. Professor Baggoley is continuing discussions with the states on the adoption of a common standard for voluntary in-home quarantine of health care workers.
2. We have confirmed with the departments of Health, Agriculture, and Immigration and Border Protection that the new measures set out in the Minister's briefing on *Strengthening Australia's Domestic Response* have been implemented at airports and will be implemented at sea ports from 1 December 2014 (B14/3240 refers).

**Background**

3. On 11 November, Minister Dutton wrote in response to your letter dated 3 November noting additional measures to strengthen Australia's domestic response would be implemented by Friday 14 November (Attachment B).

s 22

Tania Ellison  
Acting Assistant Secretary  
Health and Education Branch

19 November 2014

Policy Officer: s 22  
Phone no: s 22  
Consultation: Nil



PRIME MINISTER

Reference: C14/91524

28 NOV 2014

The Hon Peter Dutton MP  
Minister for Health  
Parliament House  
CANBERRA ACT 2600

Dear Minister

A handwritten signature in dark ink, appearing to read 'Peter'.

Thank you for your letter dated 11 November 2014 regarding additional measures to strengthen Australia's domestic response to the Ebola epidemic in West Africa and for your work in coordinating and implementing these.

I understand that discussions are continuing with the states and territories on the revised United States Centers for Disease Control and Prevention guidelines and options for managing returning health workers, including self-monitoring and voluntary in-home quarantine arrangements. Your feedback so far has been useful.

I ask that you provide further detailed advice on how both options – the existing approach and voluntary in-home quarantining – would operate in practice. This advice should cover the Commonwealth's role in managing voluntary in-home quarantine for health care workers, the likely compliance and implementation costs, and other implementation details. It should also include advice on how the common standard for voluntary quarantine will be applied in the states.

Yours sincerely

A large, stylized handwritten signature in dark ink, appearing to read 'Tony'.

TONY ABBOTT

## DEPARTMENT OF THE PRIME MINISTER AND CABINET

PM&C  
Secretary  
Ms Larkins  
Ms Clarke  
Ms Wood  
Ms Tsirbas  
Mr Williamson  
Ms Wilson

PMO  
Ms Credlin  
Dr Ng  
File

To: Prime Minister (for signature)

**EBOLA VIRUS DISEASE (EBOLA) AND AUSTRALIA'S DOMESTIC PREPAREDNESS****Recommendation - that you:**

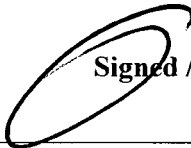
1. SIGN the letter to the Minister for Health noting the advice on options for managing returning health care workers and seeking advice on downscaling domestic arrangements (Attachment A).

TONY ABBOTT

Date:

Signed / Not Signed

Comments:

  
20/8/15**Key Points:**

1. The Minister for Health has written (Attachment B) in response to your letter of 20 February 2015 (C14/101618 refers) providing advice on the possibility of voluntary in-home quarantining of health care workers returning from Ebola affected countries of West Africa.
  - a. Any changes to existing arrangements for risk assessment and monitoring of returning health care workers would require the agreement of state and territory governments. A preliminary estimate of the cost of voluntary in-home quarantine could be up to \$40,000 per person for the 21 day monitoring period.
  - b. Existing arrangements are working well and include protocols for individual risk assessment and development of individualised monitoring and management plans. This may include restriction of movement for health care workers who present a high risk.
  - c. Ms Ley will continue to monitor the situation and will ask the Chief Medical Officer, Professor Chris Baggoley AO, to review the current arrangements in consultation with the states and territories if the risk escalates.
2. We recommend that you ask Ms Ley for advice on downscaling Australia's domestic arrangements implemented to protect Australia from an imported case of Ebola.
  - a. The worst of the Ebola outbreak has now passed and Ms Bishop wrote in March 2015 seeking your agreement to close the Australian-managed Hastings Airfield Ebola Treatment Centre in Sierra Leone by the end of April 2015 (C15/25131 refers).

For Official Use Only

- b. We consider that it is now timely to review our domestic preparedness in light of the changing international situation and the fact that the risk of an outbreak in Australia continues to remain low.

s 22

Emily Martin  
A/g Assistant Secretary  
Health and Education Branch

7 April 2015

Policy Officer: s 22  
Phone no: s 22  
Consultation: International, II&E

For Official Use Only

**ATTACHMENTS**

**ATTACHMENT A   DRAFT RESPONSE**

**ATTACHMENT B   INCOMING CORRESPONDENCE**



PRIME MINISTER

Reference: C15/24754

20 MAY 2015

The Hon Sussan Ley MP  
Minister for Health  
Parliament House  
CANBERRA ACT 2600

Dear Minister

Thank you for your letter dated 19 March 2015 providing advice on voluntary in-home quarantining of health care workers returning from Ebola affected countries of West Africa.

I note your advice that the existing arrangements for returning health care workers are considered sufficient at this time and that if required the Chief Medical Officer, Professor Chris Baggoley AO, will be asked to review these arrangements in consultation with the states and territories.

While I acknowledge the critical medical, social and economic situation facing West African countries affected by the Ebola outbreak, I am encouraged that the worst of the Ebola outbreak has now passed.

Given the outbreak is in decline, I think it would be worthwhile to review our domestic preparedness. Please provide me with advice on what elements of our domestic arrangements can be downscaled now, while ensuring that the Australian community is protected, and a strategy for further de-escalation as appropriate.

I have copied this letter to the Ministers for Foreign Affairs, Agriculture, Defence, and Immigration and Border Protection.

Thank you again for your letter and your ongoing work on the Ebola situation.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tony Abbott', written over a horizontal line.

TONY ABBOTT



**THE HON SUSSAN LEY MP**  
**MINISTER FOR HEALTH**  
**MINISTER FOR SPORT**

Ref No: MC15-002820

The Hon Tony Abbott MP  
Prime Minister  
Parliament House  
CANBERRA ACT 2600

~~Dear Prime Minister~~

*Dear Prime Minister*

Thank you for your correspondence of 20 February 2015 regarding the management of health care workers returning from Ebola affected countries of West Africa.

You asked for advice on two options for managing returning health care workers - the existing approach and voluntary in-home quarantining. The existing approach follows nationally agreed guidelines for the management of people returning from Ebola affected countries. They include protocols for individual risk assessment and development of individualised monitoring and management plans.

The monitoring arrangements in place in Australia continue to be consistent with arrangements by the United States of America's Centers for Disease Control guidelines and the United Kingdom's Public Health England (PHE) guidelines which also use a risk-based approach to monitor returning health care workers. They are also in accordance with the arrangements PHE has in place for assessment and monitoring of health care workers who have had a personal protective equipment breach in an Ebola Treatment Centre, such as those used for the two Australian nurses who were recently evacuated to the United Kingdom for monitoring. Neither of these nurses was placed in home quarantine in London.

It would be necessary to get state and territory government agreement to any changes to arrangements for risk assessment and monitoring of returning health care workers, as health service delivery (including follow-up and monitoring of returning travellers) is the responsibility of the state and territory health authorities. States and territories would require funding to implement any changes to strengthen existing arrangements. Whilst it is difficult to provide an accurate figure of these costs, a preliminary estimate is that costs of voluntary home quarantine (for example including costs of wage supplementation, separate accommodation, delivery of food and other necessities such as medications) could amount to up to \$40,000 per person for the 21 day monitoring period.

My Department and the states and territories had robust discussions on the initial development and implementation of the guidelines. State and territory health authorities have followed the guidelines stringently and on review of operational arrangements, continue to express the view that a management approach based on risk assessment of the individual traveller is more appropriate than a blanket rule requiring home quarantine.



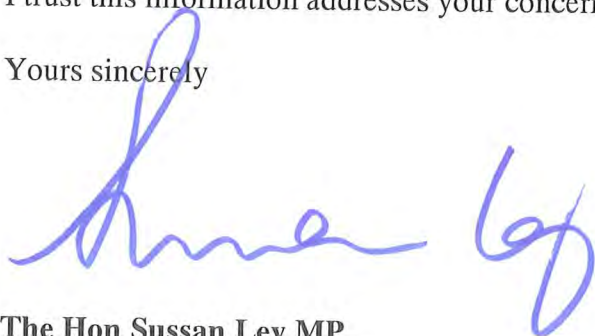
Under existing guidelines, any health care worker who presents a high risk (for example doctors and nurses who have been directly treating Ebola patients) may have their movements restricted to the extent that they are effectively in-home quarantine.

The Chief Medical Officer, Professor Chris Baggoley AO, has advised me that the existing arrangements are working well and that they ensure that returning health care workers do not present a risk to the Australian community. All travellers, including health care workers, who are returning from Ebola affected countries, are being screened and are having their temperature assessed at the border. In addition, travellers are being provided with information packs (which include thermometers) at international airports. The packs include information regarding monitoring arrangements and advice on temperature recording, signs and symptoms of Ebola and what to do if these develop. State and territory public health officials make contact with all travellers returning from Ebola affected countries and establish monitoring arrangements according to the traveller's risk. My Department is in regular communication with non-government organisations including Aspen Medical and with states and territories in relation to returning health care workers to ensure that all individuals are identified and monitoring arrangements are adhered to.

These arrangements are working well and without clear evidence of an increased risk these measures are considered sufficient at this time. If the risk escalates, I will ask Professor Baggoley to review these arrangements in consultation with the states and territories.

I trust this information addresses your concerns.

Yours sincerely



**The Hon Sussan Ley MP**

19 MAR 2015



# EBOLA REGIONAL CONTINGENCY PLAN 2014

---

*AUSTRALIAN GOVERNMENT PREPAREDNESS AND RESPONSE PLAN FOR  
DEALING WITH AN EBOLA VIRUS DISEASE CASE OR OUTBREAK IN  
PAPUA NEW GUINEA, TIMOR-LESTE OR THE  
PACIFIC ISLAND COUNTRIES*

Contents

Section 1 – INTRODUCTION .....	1
Activation of the Plan .....	1
Section 2 – REGIONAL PREPAREDNESS .....	2
Actions already taken.....	2
New actions to strengthen regional preparedness .....	4
Section 3 – EMERGENCY RESPONSE ASSISTANCE.....	7
Annex A – ROLES AND RESPONSIBILITIES.....	15
Annex B – AUSTRALIAN GOVERNMENT PLANS FOR EMERGENCY AND CRISIS MANAGEMENT.....	18
Annex C – GOVERNANCE.....	19
Annex D – REFERENCES .....	21
Annex E – ABBREVIATIONS AND ACRONYMS USED IN THIS PLAN .....	22

## **Section 1 – INTRODUCTION**

- 1.1 While the risk of imported cases of Ebola into the Asia-Pacific region is assessed by the World Health Organization (WHO) as low, it is not zero. s 33(a)

- 1.2 s 33(a) The risk of importation to Australia may also increase, but would remain low due to Australia's robust screening and identification processes. Further, at any given time, there are approximately 22,000 Australians in the near region, excluding New Zealand and French Territories.

- 1.3 s 33(a)

### **Activation of the Plan**

- 1.4 s 33(a)

- 1.5 DFAT is responsible for and will lead the response and implementation of this Plan. It will review arrangements quarterly until June 2015. Should an outbreak occur, DFAT will lead activation of the response with support from relevant agencies under the Australian Government Crisis Management Framework. Activities will be reviewed through weekly ongoing assessment and monitoring until otherwise determined.
- 1.6 The existing activities in this Plan will be implemented within current agency resources. In the event of an increased threat in our region, additional measures may be required. Costs and funding for these additional measures would need to be assessed at that time.

## **Section 2 – REGIONAL PREPAREDNESS**

### **Actions already taken**

- 2.1 The WHO has assessed the risk of imported cases of Ebola for key countries in the Asia- Pacific region and its Western Pacific Regional Office and South East Asia Regional Office has developed a framework and an action plan to support countries in the region.
- 2.2 Australia will assist and support preparedness activities to strengthen the capacity of relevant countries to respond to a suspected, probable or confirmed case of Ebola. Any Australian support will be in line with the WHO's Ebola Virus Disease Framework for Action<sup>1</sup>. This framework includes guidance for affected countries on how to strengthen preparedness to rapidly detect and respond to the potential introduction of Ebola, in order to limit further transmission beyond a localized cluster. Guidance is provided on the arrangements needed for:
  - command and coordination;
  - surveillance;
  - risk assessment and response;
  - laboratory and clinical management;
  - infection prevention and control;
  - public health interventions including points of entry measures; and
  - risk communication.
- 2.3 The following table identifies the lead agency for each regional preparedness activity already taken and the timeframe for delivery.

---

<sup>1</sup> World Health Organisation, *WPRO EVD Framework for Action*, 2014

**For Official Use Only**

Activity	Description	Owner	Timing
Forecast the future risk and impacts of an Ebola outbreak in the region	<ul style="list-style-type: none"> <li>- Conduct an epidemiological scenario analysis on the risks and possible impacts of an Ebola outbreak in East Asia and the Pacific:                             <ul style="list-style-type: none"> <li>a. develop an epidemiological model;</li> <li>b. use model outputs and country-specific information to develop a macro-economic model;</li> <li>c. assess country capacity for control of Ebola.</li> </ul> </li> </ul>	DFAT (contract manager)	Commencing in November 2014 and scheduled for completion in early 2015
Support implementation of the WHO's Asia/Pacific preparedness and response action plan	<ul style="list-style-type: none"> <li>- \$1.7 million funding to strengthen regional preparedness and response capacity by supporting implementation of the WHO's Asia-Pacific action plan</li> <li>- This includes training health officials in PNG, Timor-Leste and Pacific Island Countries on key aspects of Ebola preparedness planning, such as:                             <ul style="list-style-type: none"> <li>a. infection prevention and control;</li> <li>b. use of personal protective equipment (PPE)<sup>2</sup>; and</li> <li>c. International Air Transport Association training that includes review of the role and responsibilities of laboratory staff.</li> </ul> </li> </ul>	DFAT (contract manager)	Commencing in November 2014 and scheduled for completion in mid-2015

<sup>2</sup> The WHO has procured PPE kits and will maintain a regional stockpile (for example, Suva) for access by countries in the region.

**New actions to strengthen regional preparedness**

- 2.4 Further actions to strengthen preparedness will be implemented to **address any increased threats** in the region, such as the return from Ebola affected countries of health care workers to their country of origin in the region. The threat level will be identified through ongoing assessment and monitoring. Australian hands-on support will be subject to the nature of relevant country's request for assistance. Aid programme funding can be re-allocated to deliver in-country measures across the Asia-Pacific region.
- 2.5 Onshore, Australia's Medical Assistance Team (AUSMAT) capability will also be prepared so teams are ready to respond to support a decision to deploy to a country that has requested assistance.



**For Official Use Only**

Activity	Description	Owner	Timing
Further actions to support implementation of the WHO's Asia/Pacific action plan, based on a government request and in the context of an increased threat	<ul style="list-style-type: none"> <li>- Further actions to contribute to the WHO's action plan may include:               <ul style="list-style-type: none"> <li>a. provision of clinical and case management training and simulation exercises to the requesting country's health staff;</li> <li>b. equipping laboratory facilities in the region with materials and protocols to address specimen collection and handling;</li> <li>c. providing assistance with epidemiological surveillance (particularly contact tracing and monitoring) and notification systems to detect outbreaks and institute infectious disease protocols; and</li> <li>d. supporting public awareness and community engagement in the region to promote understanding of Ebola risks and the community's crucial role in the alert, including advice to health care workers.</li> </ul> </li> </ul>	DFAT (contract manager)	Commencing in November 2014 and scheduled for completion in mid-2015
Ready AUSMAT teams	<ul style="list-style-type: none"> <li>- Prepare AUSMAT with clinical and technical capability to scope and/or respond to an Ebola outbreak in the region, including</li> <li>- Equip and train Australian personnel in the appropriate use of Ebola specific Personal Protective Equipment (PPE). This would require additional funding of up to \$250,000.</li> </ul>	Health would lead the Australian Health Protection Principal Committee (AHPPC) in identifying appropriate staff for	December 2014

		<p>AUSMAT teams.</p> <p>Emergency Management Australia would develop response options, contingency, travel and deployment plans in preparation for an AUSMAT deployment. EMA would also coordinate export/import requirements for the deployed capability.</p>	
--	--	--	--

## Section 3 – EMERGENCY RESPONSE ASSISTANCE

3.1 Should a case or outbreak occur, any emergency response from Australia will be based on a request from the affected country, which would also lead the response, in line with the WHO's Ebola Framework for Action.

3.2 This Plan considers three scenarios as identified by the WHO in which a regional government may request assistance from Australia. The scenarios provide a useful guide for planning but any response needs to be flexible and adaptive to changing circumstances, particularly in the event of Ebola spreading quickly. The scenarios include:

- **Scenario 1:** A single suspected, probable or confirmed case (1) of Ebola without ongoing human-to-human transmission;
- **Scenario 2:** A localised cluster of suspected, probable or confirmed cases in a health care facility and/or among household contacts; or
- **Scenario 3:** Widespread and intense transmission.

3.3 s 33(a)



3.4 For each response scenario, the lead agency for relevant response options has been identified in the tables below. Response options listed below are additional and incremental, providing a scale-up in the Australian response if/when we move to a higher level scenario.

3.5 Response options, including the deployment of health personnel such as AUSMAT, would be funded by DFAT from the Australian aid budget if the affected country is deemed eligible for Overseas Development Assistance<sup>3</sup>.

3.6 Any government response to an Australian diagnosed with Ebola in the relevant countries would need to be considered on a case by case basis. There is little clinical value in medically evacuating a symptomatic individual with Ebola if there are appropriate existing or recently established (e.g. through medical and other support provided by Australia) in-country medical facilities. Other relevant factors would include a medical assessment of the patient's condition, the availability of local medical expertise, and the quality of local hospital facilities.

---

<sup>3</sup> This is the case for Timor-Leste, PNG and the Pacific Island Countries, but not for New Zealand or the French Territories.

**For Official Use Only**

Scenario 1 – Single Suspected, Probable, or Confirmed Case, Single Country.

*This scenario focusses on treating a patient in-country and providing additional resources to support the affected country, including deployment of an AUSMAT team.*

*The response option(s) chosen for implementation will depend on the nature of the request, the circumstances of the Ebola case and the level of preparedness of the affected country.*

*Implementation of selected options could commence within 48 hours of receiving a request for assistance.*

Activity/Trigger	Description of response options	Owner	Timing
Notification/request from affected country for assistance in responding to a <b>single suspected, probable or confirmed case</b> of Ebola	<u>Option 1</u> : Patient treated in-country, with Australia to provide additional equipment and medical supplies to the affected country to support local health services.	DFAT would arrange the provision of equipment and supplies and their transport to the affected location.	Dependent upon scale and nature of the request, the location, and the supplies required to be delivered.
	<u>Option 2</u> : Provision of trained staff to support contact tracing and Ebola surveillance activities in the affected country (possibly delivered through the Red Cross Movement).	DFAT would identify, engage and fund appropriate organisations to undertake these activities.	Dependent upon nature of the request and the availability of partners on the ground to implement.
	<u>Option 3</u> : Deployment of a small AUSMAT team to treat the Ebola patient in the case of an unprepared country or health system with no/minimal infectious disease protocols and systems in place.  The Australian Government can also	DFAT would activate the AUSASSISTPLAN to deploy an appropriate AUSMAT with support from whole-of-government partners including EMA and Health.	AUSMAT deployment (“wheels-up”) can be within 24 hours of decision. To achieve this requires the earliest advice

**For Official Use Only**

	engage commercial medical providers, non-government organisations, the Red Cross Movement and United Nation's agencies to assist in an Ebola response.	DFAT would identify, engage and fund appropriate organisations to undertake these activities.	possible to Health, EMA, NCCTRC and state health departments that consideration of AUSMAT as a response option is possible.  AUSMAT members are diverted from staff roles in state hospitals and absences have to be managed.
	<u>Option 4:</u> Provision of supplementary training for staff in the affected country and support for public health programs.	DFAT would identify, engage and fund appropriate organisations to undertake these activities.	Dependent upon scale and nature of the request, the location and the training required.
	<u>Option 5:</u> In rare circumstances, transport the patient to mainland Australia, with Australian states or territories to treat patient.  Any such arrangements would be negotiated by DFAT.	DFAT would negotiate any such arrangements in coordination with other whole-of-government partners.  Immigration would consider a visa application for the person and assist to	As required on a case-by-case basis.

**For Official Use Only**

		<p>facilitate immigration requirements.</p> <p>Health would lead AHPPC decision making regarding appropriate treatment location and facilitate appropriate staffing and transport linkages.</p> <p>Health and Agriculture would facilitate the entry of patients (in limited circumstances) for treatment in Australia.</p> <p>Health would consult with states and territory health services as required if care of a non-Australian resident is required.</p>	
	<p>In support of this, the Australian Defence Force is developing a short-haul (approximately less than 5 hours) Aero-medical Evacuation (AME) capability for patients with a highly infectious disease.</p>	<p>Defence would, if requested and if air assets available, conduct the AME.</p>	<p>December 2014</p>



Scenario 2 – Localised Cluster of Suspected, Probable, or Confirmed cases, Single and Multiple Countries.

*The response option(s) chosen for implementation will depend on the nature of the request, the circumstances of the localised cluster and the level of preparedness of the affected country.*

*This scenario builds on the first scenario and provides additional response options. If scenario 2 is triggered, consideration of response options for scenario 3 should commence to ensure preparedness.*

*Implementation of selected options could commence within 48 hours of receiving a request for assistance.*

Activity/Trigger	Description of response options	Owner	Timing
Notification/request from affected country for assistance in responding to a <b>localised cluster of suspected, probable or confirmed case</b> of Ebola, either in one or more regional countries	<p><u>Option 6:</u> Deployment of medical and other personnel to establish an Ebola treatment centre, including a self-sufficient AUSMAT team.</p> <p>The Australian Government can also engage commercial medical providers, non-government organisations, the Red Cross Movement and United Nation’s agencies to assist in an Ebola response.</p>	DFAT would activate the AUSASSISTPLAN to deploy an appropriate AUSMAT with support from whole-of-government partners including EMA and Health.	AUSMAT deployment (“wheels-up”) can be within 24 hours of decision.
	<p><u>Option 7:</u> May advise Australian citizens to leave the affected country while there are commercial options available.</p>	DFAT would provide updated information and advice through the Smartraveller website.	As required.
	<p><u>Option 8:</u> Compulsory screening at the Australian border for incoming passengers from the affected countries in the region.</p> <p>This option could also be implemented under Scenario 1 if monitoring and advice from</p>	<p>Health would advise Agriculture that passengers from an affected country require health screening at the border.</p> <p>Agriculture would</p>	Within 24 hours of a decision to implement compulsory screening.

**For Official Use Only**

	<p>the Department of Health indicates that there is a risk that a single case of Ebola occurring in the region may quickly spread to a cluster.</p> <p>In the event of a suspected case in one of the relevant countries, the existing profile to screen travellers from Ebola affected countries at Australia's borders will be updated by Australian Customs and Border Protection Service (ACBPS).</p>	<p>work with Customs to ensure appropriate mechanisms are in place to identify relevant travellers (including updating passenger information systems and/or travel history cards).</p> <p>Customs would identify relevant travellers at the first screening point and refer the passengers to Agriculture for health screening.</p>	
--	---	---	--

**For Official Use Only**

Scenario 3 – Widespread Transmission, and/or Multiple Countries.

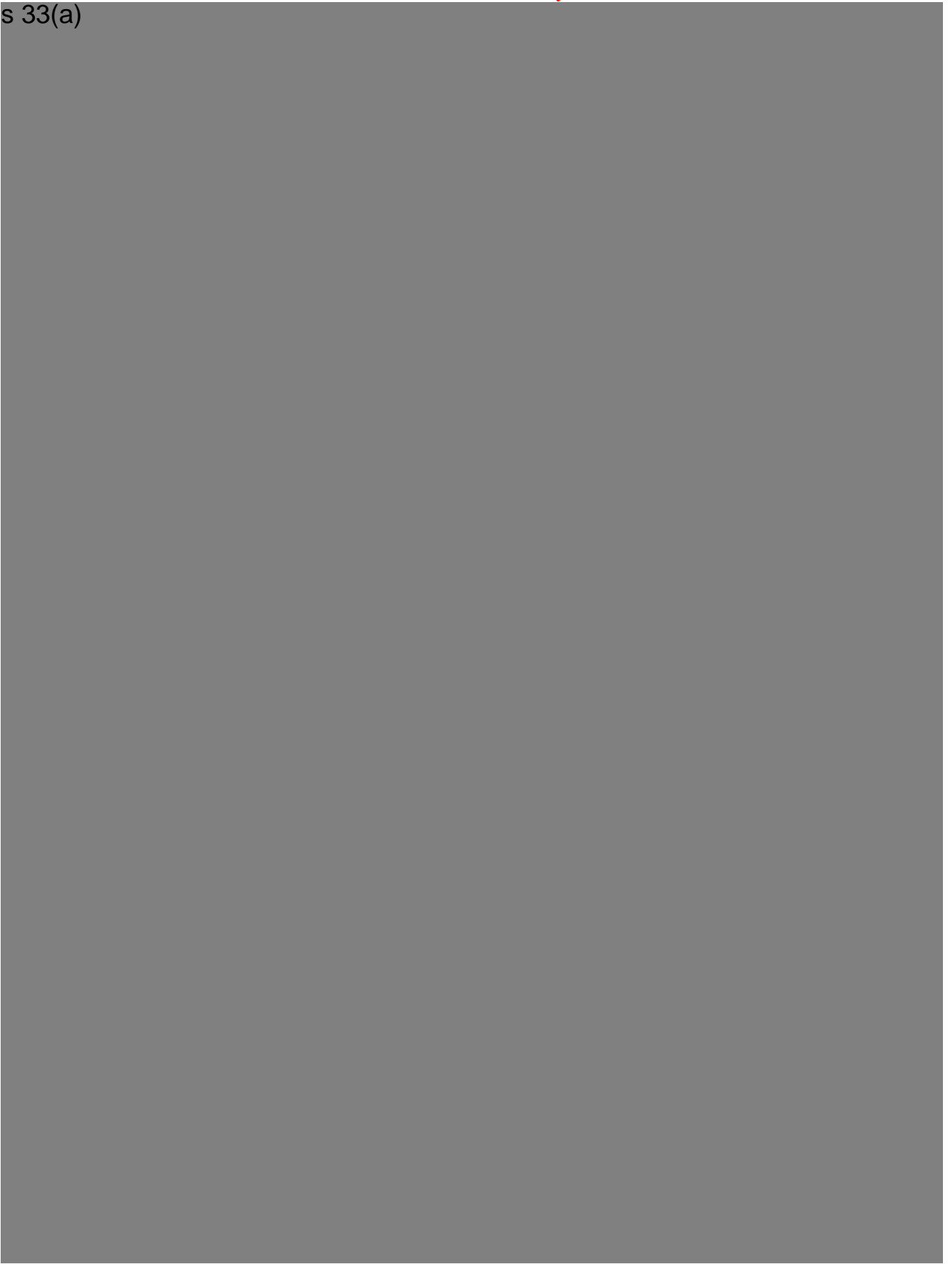
*This scenario builds on the first two scenarios and provides additional response options: travel restrictions and requests for international assistance.*

*The response option(s) chosen for implementation will depend on the nature of the request and the circumstances of the widespread transmission.*

*If scenario 3 arises, the activities in scenario 2 would likely be more extensive and these activities would then build on that enhanced response.*

Activity/Trigger	Description of response options	Owner	Timing
Notification/request from affected country for assistance in responding to <b>widespread transmission of Ebola</b> in one or more regional countries	<u>Option 9</u> : Travel arrangements for incoming passengers (e.g. visa measures) including transiting visitors.	Immigration would consider applying current visa arrangements to visa holders or applicants who are in, or have been in, an Ebola affected country in the 21 days prior to planned arrival in Australia.	Within 24 hours of a decision to introduce revised travel arrangements.
	<u>Option 10</u> : Call on other countries to assist in responding to and containing the spread of Ebola.	Ministerial request.	As required.

s 33(a)



## **Annex A – ROLES AND RESPONSIBILITIES**

### **Department of Foreign Affairs and Trade**

A.1 The Department of Foreign Affairs and Trade will:

- be responsible for the Plan including reviews;
- liaise with partner governments, the United Nations and other humanitarian partners to ensure a coordinated and effective humanitarian response;
- manage overall bilateral relationships and respond to requests from the affected government for assistance or an international appeal;
- lead the whole-of-government response to an international crisis
- manage and lead the deployment of an AUSMAT;
- provide the overseas link through Post and provide consular assistance to affected Australian citizens and Permanent Residents.

### **Department of Health**

A.2 The Department of Health will:

- lead the coordination of, and engagement with state and territory Health Departments and the National Crisis Coordination and Trauma Response Centre (NCCTRC), regarding national health system resources in their application offshore;
- provide the National Focal Point under the International Health Regulations 2005;
- engage with the WHO on broader health policy matters.

### **Attorney-General's Department – Emergency Management Australia**

A.3 Emergency Management Australia will:

- activate AUSASSISTPLAN to deploy an AUSMAT capability;
- support the deployment of AUSMAT through developing response options, contingency plans and projected budgets;
- assist DFAT with an offshore evacuation to Australia of Ebola-infected Australians and Approved Foreign Nationals (AFN) (pending visa arrangements and approval by receiving hospital and relevant state or territory authority);
- ensure regular updates and situation reports are provided to Australian Government agencies via the Australian Government Crisis Coordination Centre.

## Department of Immigration and Border Protection

A.4 The Department of Immigration and Border Protection will:

- manage the free movement provisions of the Torres Strait Treaty and in consultation with DFAT and the Department of Health, recommend the suspension of traditional movements of non-Australian citizens in the Protected Area of the Torres Strait Protected Zone;
- manage visa arrangements for visa applicants and visa holders who are in, or have been in, an Ebola-affected country in the 21 days prior to planned arrival in Australia;
- manage the immigration processing of passengers and crew and provide personal details of passengers and crew to authorised persons.

## Australian Customs and Border Protection Service

A.5 The Australian Customs and Border Protection Service (ACBPS) will:

- profile and identify travellers to Australia who may have visited or arrived from Ebola-affected countries;
- perform border protection, risk assessment and clearance functions, including, in some circumstances, the immigration processing of passengers and crew arriving into and departing from Australia (including in the Torres Strait) on behalf of the Department of Immigration and Border Protection;
- assist the Australian Defence Force in offshore incidents.

## Department of Agriculture

A.6 The Department of Agriculture will:

- inspect, order the treatment of passengers, vessels, goods and equipment from Ebola-affected countries;
- in the absence of Immigration officers in the outer Torres Strait islands, Department of Agriculture biosecurity officers are deputised to perform immigration functions.

## Department of Defence

A.7 The Department of Defence will:

- provide defence assistance to support shortfalls in required capabilities;
- in line with the United Nations Office for the Coordination of Humanitarian Affairs Guidelines on *Humanitarian Civil-Military Coordination and the Use of Military and Civil Defence Assets*<sup>4</sup>, Australian Defence assets will be called upon when there is no comparable civilian alternative assistance available.

---

<sup>4</sup> The "Oslo Guidelines" Rev 1.1 (Nov 2007); the "MCDA Guidelines" Rev 1 (Jan 2006); "Asia-Pacific Regional Guidelines for the Use of Foreign Military Assets in Natural Disaster Response Operations" (21/02/14)



## **Australian Federal Police**

A.8 The Australian Federal Police will:

- maintain a law enforcement presence and respond to any public order incidents or requests for policing assistance from border control agencies involved with the processing of passengers at Australian airports.

## **Annex B – AUSTRALIAN GOVERNMENT PLANS FOR EMERGENCY AND CRISIS MANAGEMENT**

- B.1 The Plan complements the following Australian Government emergency and crisis management plans that can also be drawn on to support an Australian Government response to an Ebola outbreak in our region.

### *Australian Government Crisis Management Framework (AGCMF, 2013)*

- B.2 In the event of an Ebola outbreak in the region, the Australian Government Crisis Management Framework provides arrangements for linking ministers and the work of key officials, committees and facilities to support Australian Governments in responding.

### *Australian Government Disaster Response Plan (COMDISPLAN, 2014)*

- B.3 COMDISPLAN outlines the coordination arrangements for the provision of Australian Government non-financial assistance in the event of a disaster or emergency within Australia or its offshore territories, such as an outbreak of Ebola.

### *Australian Government Overseas Disaster Assistance Plan (AUSASSISTPLAN, 2002)*

- B.4 Following a possible outbreak in the region, AUSASSISTPLAN can be used to detail the coordination arrangements for the provision of Australian emergency assistance, using Commonwealth physical and technical resources.

### *Australian Government Plan for the Reception of Australian Citizens and Approved Foreign Nationals Evacuated from Overseas (COMRECEPLAN, 2010)*

- B.5 COMRECEPLAN can be used for setting out the arrangements for the reception into Australia of Australian citizens, permanent residents, and their immediate dependants and approved foreign nationals evacuated from Ebola affected countries in our region.

### *National Health Emergency Response Arrangements (NHERA, 2011)*

- B.6 The NHERA can direct how the Australian health sector (incorporating state and territory health authorities and relevant Commonwealth agencies) would work cooperatively and collaboratively to contribute to responding to a possible Ebola case or outbreak in our region.

### *National Response Plan for Mass Casualty Incidents Involving Australians Overseas (OSMASSCASPLAN, 2010)*

- B.7 OSMASCCASPLAN is the national overseas mass casualty response plan. If Australians or approved persons in the region are directly affected by an Ebola outbreak, this provides an agreed framework for agencies in all Australian jurisdictions to assess, repatriate and provide for their care.

## Annex C – GOVERNANCE

- C.1 The governance arrangements for the Plan are set out below, including the roles and responsibilities for both committees and coordination centres for emergency and crisis management.

### Committees

#### *Inter-Departmental Emergency Taskforce (IDETF)*

- C.2 In the event that the Australian Government receives a request to provide assistance to an Ebola outbreak, DFAT may convene an IDETF to manage the whole-of-government response to the situation. The IDETF is chaired by a senior DFAT official. The Associate Secretary, National Security and International Policy, Department of the Prime Minister and Cabinet (‘the Associate Secretary PM&C’) may elect to co-chair the IDETF when appropriate.

#### *Ebola Inter-Departmental Committee (IDC)*

- C.3 An IDC may be convened to discuss specific issues about the preparedness, response, or border measures set out in this Plan. The IDC will be co-chaired by the Department of Health and DFAT and include relevant Australian Government agencies who are involved in development and management of this Plan.

#### *Australian Government Crisis Committee (AGCC)*

- C.4 The Associate Secretary PM&C, in consultation with relevant agencies, can decide to convene the AGCC in response to an Ebola outbreak in the region that may pose a domestic threat. Chaired by the Associate Secretary PM&C, or delegate, the AGCC is the Australian Government’s senior crisis management mechanism that is primarily concerned with domestic events.

#### *National Crisis Committee (NCC)*

- C.5 The Associate Secretary PM&C, in consultation with the relevant states and territories, may decide to convene the NCC in the event of an Ebola outbreak in the region, to ensure coordination and communication between the Australian Government and relevant state and territory governments.

#### *Australian Health Protection Principal Committee (AHPPC)*

- C.6 In the event of an Ebola outbreak in relevant countries, meetings will be convened to discuss Australia’s health preparedness and opportunities to assist. Chaired by the Australian Government Chief Medical Officer, the AHPPC is a principal committee under the COAG Health Council consisting of Chief Health Officers from the states and territories and relevant Commonwealth agencies. The role of the AHPPC is to coordinate a national approach to responding to public health emergencies. The AHPPC is currently considering the Ebola outbreak in West Africa and confirming Australia’s domestic preparedness should Ebola reach Australia.

## Coordination Centres for emergency and crisis management

### *Department of Foreign Affairs and Trade Crisis Centre (DFATCC)*

- C.7 The DFATCC is the coordination point in the event of a major overseas crisis affecting Australians or Australian interests, such as an Ebola outbreak in the region. The Secretary of DFAT is the activating authority for the DFATCC and dependent on the scale of the response may be stood up when assistance is requested by another country.

### *Australian Government Crisis Coordination Centre (CCC)*

- C.8 In the event of an Ebola outbreak in the region, the CCC will coordinate information flows and provide whole-of-government situational awareness to inform national decision-making. This includes the coordination of physical assistance as well as briefing and support to executive decision makers. Located within EMA, the CCC is a dedicated all-hazards facility that operates 24 hours a day, seven days a week.

### *National Incident Room (NIR)*

- C.9 The Department of Health maintains a 24 hour NIR that may be activated at any time, such as the occurrence of Ebola in the region. The NIR acts a conduit for response, recovery and communications operations within the Department of Health and between state and territory health authorities, other Commonwealth operations centres and the international health community.

## Annex D – REFERENCES

Additional documents include:

- ‘Asia Pacific Strategy for Emerging Diseases’ (APSED), WHO, 2010;
- ‘Ebola Virus Disease National Guidelines for Public Health Units’, Communicable Disease Network Australia, 2014
- ‘Ebola virus disease: Risk assessment in the Western Pacific Region’, WHO, 2014;
- ‘International Health Regulations’, WHO, 2005;
- ‘Preparedness for potential outbreak of Ebola virus disease: A framework for action in the Western Pacific Region’, WHO, 2014;
- ‘The Treaty between Australia and the Independent State of Papua New Guinea concerning Sovereignty and Maritime Boundaries in the area between the two Countries, including the area known as Torres Strait, and Related Matters’ (the Torres Strait Treaty), entered into force on 15 February 1985.

## Annex E – ABBREVIATIONS AND ACRONYMS USED IN THIS PLAN

ACBPS	Australian Customs and Border Protection Service
AFN	Approved Foreign Nationals
AGCC	Australian Government Crisis Committee
AGCMF	Australian Government Crisis Management Framework
AGPG	Australian Government Planning Group
AHPPC	Australian Health Protection Principal Committee
AME	Aero-medical Evacuation
AMTCG	Australian Medical Transport Coordination Group
AUSASSISTPLAN	Australian Government Overseas Disaster Assistance Plan
AUSMAT	Australian Medical Assistance Team
AUSTRAUPLAN	Domestic Response Plan for Mass Casualty Incidents of National Consequence
CCC	Australian Government Crisis Coordination Centre
CDC	United States Centers for Disease Control
COMDISPLAN	Australian Government Disaster Response Plan
COMRECEPLAN	Australian Government Plan for the Reception of Australian Citizens and Approved Foreign Nationals Evacuated from Overseas
DFAT	Department of Foreign Affairs and Trade
DFATCC	Department of Foreign Affairs and Trade Crisis Centre
EMA	Emergency Management Australia
EMALO	Emergency Management Australian Liaison Officer
EVD	Ebola Virus Disease
FRANZ partners	France, Australia, New Zealand Foreign Ministries
HOM	Head of Mission
IDETF	Inter-Departmental Emergency Taskforce
Medevac	Medical evacuation
NCC	National Crisis Committee
NCCTRC	National Crisis Coordination and Trauma Response Centre
NHERA	National Health Emergency Response Arrangements
NIR	National Incident Room
OCHA	Office for the Coordination of Humanitarian Affairs
OSMASSCASPLAN	National Response Plan for Mass Casualty Incidents Involving Australians Overseas
PPE	Personal Protective Equipment
Protected Area	Migration Zone part of the Torres Strait Protected Zone
Protected Zone	Torres Strait Protected Zone
SEARO	South East Asia Regional Office of World Health Organization
SPC	Secretariat of the Pacific Community
VIDRL	Victorian Infectious Disease Reference Laboratory
WHO	World Health Organization
WPRO	Western Pacific Regional Office (of World Health Organization)