

Federation Funding Agreement (2024–2027) 6-month performance Report

1 January to 30 June 2026



Equipped. Prepared. Ready.



Australian Government
Department of Health,
Disability and Ageing



NATIONAL CRITICAL
CARE AND TRAUMA
RESPONSE CENTRE

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*Cover page photograph: participants in the AUSMAT Health Logistics course held at Bees Creek in June 2026

Abbreviations

AAR	After-Action Review
ACCHO	Aboriginal Community Controlled Health Organisation
Australian CDC	Australian Centre for Disease Control
ACHS	Australian Council on Healthcare Standards
AHPC	Australian Health Protection Committee
AHPRA	Australian Health Practitioner Regulation Agency
ANZTQIP	Australia and New Zealand Trauma Quality Improvement Program
ANZTS	Australian and New Zealand Trauma Society
ATTT	Australian Trauma Team Training
AUSMAT	Australian Medical Assistance Team
CBRN	chemical, biological, radiological, nuclear
X CDC	Centre for Disease Control (NT, WA, SA etc)
CHO	Chief Health Officer
CMO	Chief Medical Officer
CNR	Centre for National Resilience
CRM	Clinical Review Meetings
DFAT	Department of Foreign Affairs and Trade
DHAC/DHDA/Health*	Department of Health, Disability and Ageing
DPRT	Disaster Preparedness and Response Team
ED	Emergency Department
EMT	Emergency Medical Team
EMTCC	Emergency Medical Team Coordination Cell
EOI	Expression of Interest
FTE	Full-Time Equivalent
GOARN	Global Outbreak Alert and Response Network
HADR	Humanitarian Aid and Disaster Relief
HEAT	Hostile Environment Awareness Training
HEPR	Health Emergency Preparedness and Response
HMIMMS	Hospital Major Incident Medical Management and Support
JGG	Joint Governance Group
MCI	Mass Casualty Incident
MDT	Multidisciplinary Team
MEL	Monitoring, Evaluation and Learning
MIMMS	Major Incident Medical Management and Support

MoH	Ministry of Health
MRF	Marine Rotation Force Darwin
MXGP	Motocross Grand Prix
NCCTRC	National Critical Care and Trauma Response Centre
NEMA	National Emergency Management Agency
NHEMS	National Health Emergency Management Sub-committee
NSW	New South Wales
NT	Northern Territory
NTG	Northern Territory Government
NZMAT	New Zealand Medical Assistance Team
P.A.R.T.Y.	Prevent Alcohol and Risk-related Trauma in Youth
PHEOC	Public Health Emergency Operations Centre
PHOENIX	Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific
PNG	Papua New Guinea
PNG EMT	Papua New Guinea Emergency Medical Team
PRH	Palmerston Regional Hospital
QLD	Queensland
RACS	Royal Australasian College of Surgeons
RATE	Remote Area Trauma Education
RDH	Royal Darwin Hospital
RECSI	Regional Emergency and Critical Care Strengthening Initiative
REP	Regional Engagement Program
RFDS	Royal Flying Doctor Service
RPHTDC	Remote Pre-Hospital Trauma Disaster Course
SJANT	St John Ambulance NT
SPC	South Pacific Community
TAS	Tasmania
TGR	Trauma Grand Rounds
TMC	Trauma Management Committee
ToT	Training of Trainer
TWG	Technical Working Group
USA	United States of America
VIC	Victoria
WA	Western Australia
WDMS	Workforce and Deployment Management System
WHO	World Health Organization
WPRO	Western Pacific Region Office

* On 15 May 2025, the Department of Health and Aged Care (DHAC) was renamed the Department of Health, Disability and Ageing to reflect a change in portfolio responsibilities. This report includes reference to DHAC as reflected in the Federation Funding Agreement signed in 2024.



Executive summary

A defining achievement during this reporting period was the deployment of the Australian Medical Assistance Team (AUSMAT) Emergency Medical Team (EMT) field hospital to Katherine in the Northern Territory (NT) following severe flooding and the threat of Tropical Cyclone Narelle. This represented the first domestic deployment of Australia's deployable field hospital capability and the first-time use of the replicated EMT Type 1 cache. More than 330 patients received care through the field hospital, ensuring continuity of essential health services for the Big Rivers region during the temporary closure of the Katherine Hospital. It also demonstrated the value of a nationally coordinated health capability in supporting vulnerable communities during complex emergencies.

The National Critical Care and Trauma Response Centre (NCCTRC) also led nationally significant quarantine operations at the Centre for National Resilience (CNR) in Bullsbrook, Western Australia (WA), following the repatriation of passengers potentially exposed to hantavirus aboard the MV *Hondius*. The successful coordination of quarantine, welfare, and clinical support arrangements showcased the Centre's capacity to manage complex public health operations and reinforced Australia's national biosecurity preparedness and response capability.

In response to the ongoing diphtheria outbreak in the NT, WA and SA – NCCTRC was asked by DHDA to assist by providing a response workforce and vaccines and treatments. I have also been asked to chair the Diphtheria Governance Committee, with the Australia's CMO, CHOs from NT, SA, WA, Australian CDC, First Nations Health Services and DHDA. NCCTRC continues to provide critical workforce coordination and deployment support, deploying multiple NCCTRC, then AUSMAT vaccination teams to affected communities to assist with vaccination and outbreak control measures. Working in partnership with NT, SA and WA Health and Aboriginal Community Controlled Health Organisations (ACCHO), it demonstrated the NCCTRC's growing role in supporting public health emergency responses and protecting vulnerable populations in remote and regional settings.

At Royal Darwin Hospital (RDH), the Trauma Service continued to strengthen specialist trauma care, clinical governance and workforce capability across Northern Australia. Significant progress was made towards Royal Australasian College of Surgeons (RACS) Level II Trauma Verification, with verification scheduled for November 2026. The service expanded multidisciplinary trauma simulation programs, strengthened regional trauma networks across all 5 NT regions, progressed integration of the Trauma Registry into the Acacia electronic medical record system, and advanced major burns capability through specialist workforce development partnerships with Alfred Health.

Workforce development remained a strategic priority across the organisation. The NCCTRC delivered specialist AUSMAT logistics training, supported participation in international disaster exercises in Japan, expanded Emergency Medical Team Coordination Cell (EMTCC) capability, and enhanced preparedness for higher-risk international deployments through Hostile Environment Awareness Training (HEAT). These initiatives strengthened operational readiness and interoperability across the national disaster health workforce. As of 30 June 2026, the AUSMAT workforce comprised more than 570 active members representing every Australian jurisdiction, maintaining readiness for both domestic and international deployments.

Internationally, the NCCTRC continued to strengthen Australia's leadership role in regional health security through the Regional Engagement Program (REP) and the Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific (PHOENIX) program. Activities delivered across the Pacific and Indo-Pacific regions supported EMT development, emergency operations centre capability, rehabilitation preparedness, outbreak response systems and workforce development.

Collectively, the achievements of this reporting period demonstrate NCCTRC's unique contribution as Australia's Centre of Excellence for health disaster response. Through operational deployments, specialist clinical services, workforce development, regional partnerships and continuous improvement, NCCTRC remains equipped, prepared and ready to respond to health emergencies of national and international significance.

Professor Len Notaras AO
Executive Director

AUSMAT MISSIONS

1 July 2024 to 30 June 2026

Northern Territory - Diphtheria Response

15 June - 30 June 2026



20 Team members

4 deployment roles

- 4 Doctor
- 12 Registered Nurse
- 1 Logistician
- 3 Operational Support

7 deployments

- 1 week - Alice Springs
- 1 week - Borroloola
- 1 week - Alice Springs
- 2 weeks - Tennant Creek
- 1 day - Numbulwar
- 1 day - Alice Springs Show
- 2 weeks - Timber Creek



Katherine, NT - Tropical Cyclone Narelle

21 March - 2 April 2026



25 Team members

56 Expressions of interest

4 deployment roles

- 4 Medical
- 10 Nurse and Midwifery
- 4 Allied Health
- 7 Logistician



Samoa - Dengue Outbreak

27 August - 13 September 2025



4 Team members

3 deployment roles

- Infectious Disease, Public Health and Epidemiology Specialist
- Paediatrician
- Emergency Specialists



NZMAT deployed a total of 31 personnel across two rotations bringing expertise in emergency medicine, paediatrics, public health and clinical logistics (New Zealand Ministry of Health 2025). AUSMAT's contribution included four specialists.

Myanmar - Earthquake Response

April 2 - 14 2025



5 Team members

4 deployment roles

- Nurse and Midwife
- Medical
- Logistician
- Allied Health

Vanuatu - Earthquake Response

December 2024 - January 2025



197 Expressions of interest

27 deployment roles

3 Teams deployed

- Nurse
- Medical/Doctor
- Logistician
- Allied Health



Response capability

a) Maintenance of the Trauma Service capability at northern Australia's primary tertiary reception hospital (Royal Darwin Hospital), critical to NCCTRC operations

i. Maintaining the Trauma Service in accordance with Royal Australasian College of Surgeons accreditation standards

The Trauma Service at the Royal Darwin Hospital (RDH) aims to enhance communication and coordination in trauma care by strengthening relationships with regional hospitals across the NT. These enhancements have led to better access to surgical services and more efficient activation of trauma calls, significantly improving the effectiveness of trauma notifications and strengthening collaborative care delivery throughout the region. The appointment of dedicated medical and trauma directors to 1.0 full time equivalent (FTE) positions has strengthened clinical leadership, governance and strategic oversight of trauma services across the Top End, supporting consistent standards of care, multidisciplinary collaboration and ongoing service delivery. The medical director role is further supported by the appointment of a part-time Deputy Medical Director (0.42 FTE), who provides operational medical support, clinical governance, education, research and quality improvement. This role also leads translational simulation and multidisciplinary initiatives that drive improvements in trauma care. A dedicated Trauma Fellow position was identified as an important component of the service's preparation for the RACS Level II reverification. Recruitment for this role was completed, and the successful applicant commenced in February 2026. Since starting, the Trauma Fellow has become an integral member of the Trauma Service, providing senior clinical support, contributing to governance processes, leading quality improvement and education initiatives, and supporting preparation for the RACS Level II reverification scheduled for November 2026.

ii. Engaging, training, exercising and maintaining a clinical workforce prepared to respond to all hazards and all incidents of health emergencies of national and international significance

The Trauma Service offered specialised outreach education on trauma care across all 5 regions of the NT to assist healthcare clinicians in regional and remote areas. These educational initiatives aim to improve clinicians' knowledge and skills in trauma care, enhancing the quality of care provided to trauma patients. During the reporting period, the following educational programs were delivered; a total of 486 clinicians from regional, rural and remote areas successfully participated in these trauma education programs.

- Australian Trauma Team Training (ATTT) course in Darwin and Nhulunbuy in April and June 2026 (24 participants)
- Remote Pre Hospital Trauma Disaster Course (RPHTDC) in Darwin, May 2026 (9 participants)
- Remote Area Trauma Education (RATE) course in Darwin and Katherine March and May 2026, (36 participants)
- Multiple trauma clinical education to staff at RDH (102 participants)
- Triage links with RDH and Palmerston Regional Hospital (PRH), bimonthly
- Orientation of surgical registrars at RDH (beginning of the 6-month rotation)
- Monthly Trauma Grand Rounds (TGR) at RDH (164 participants) to discuss advancements in trauma care, presented by senior specialists within the NT health system including visiting specialists. This provides an opportunity for multidisciplinary teams to promote collaborative efforts and networking among members of the trauma community and highlight the expertise and available resources in trauma care in the NT
- Fortnightly trauma multidisciplinary in-situ simulation program at RDH in the updated simulation lab (151 participants over 11 sessions).

The in-situ trauma simulation program, introduced in 2025 as a monthly initiative, was expanded to fortnightly delivery from February 2026 in response to strong engagement and growing demand. The program provides multidisciplinary teams with opportunities to practise trauma assessment and management in the clinical environment using familiar equipment and workflows, while strengthening communication, teamwork, role clarity and human factors skills. In this reporting period, 151 staff members participated directly in simulation training, with additional clinicians attending as observers and gaining valuable insights into trauma team dynamics and clinical decision-making.

The Trauma Service was also invited to contribute to the Learning Together Program, coordinated by the RDH Division of Surgery. This included delivery of a multidisciplinary Code Crimson simulation, attended by an estimated 100 staff members from anaesthesia, surgery, emergency department, operating theatre nursing, blood transfusion staff and Patient Care Assistant groups, further strengthening interdisciplinary collaboration and emergency preparedness.

Beyond education, the program has increasingly been used as a translational simulation initiative to identify and address system-level issues affecting trauma care.

A new emergency nursing education initiative commenced in April, delivering 8 dedicated trauma education sessions focused on trauma team scribing, primary and secondary survey, blood transfusion, trauma equipment familiarisation and updates to local trauma protocols. These sessions were developed in response to learning needs and latent safety threats identified through the in-situ trauma simulation program.

The Director Public Health contributed to the public health and chemical, biological, radiological and nuclear (CBRN) exercises at the Indo-Pacific Health Alliance for Security Summit in Kuala Lumpur, Malaysia, for civil-military collaboration in health emergency response. This exercise was facilitated in collaboration with the United States Centre for Disease Control, United States Defence, and Australian Defence Force with 22 participating countries across the Asia-Pacific.

Trauma courses and participant numbers from 1 January to 30 June 2026



iii. Supporting, facilitating and advising on health emergency response planning

The Trauma Service has continued to enhance its comprehensive care model for managing complex, multi-injury trauma cases. This approach aims to reduce the patient's length of stay; minimise rehabilitation needs and ensure the consistent application of evidence-based best practices and high standards of care throughout each patient's admission.

The service has taken a leadership role across the top end region by chairing and coordinating the Top End Region Trauma Management Committee (TMC), hosting trauma Clinical Review Meetings (CRM), formerly known as Trauma Morbidity and Mortality Reviews, and contributing to key committees, including RDH Emergency Management, and the Division of Surgery and Critical Care Executive. During this reporting period, 2 CRMs and 2 TMC meetings took place. These meetings resulted in the development of interdisciplinary Trauma Management Guidelines based on actionable evidence-based practices. Additionally, substantial work is in progress to enhance major burns care at RDH.

During the reporting period, the Public Health, Disaster Preparedness and Response Team (DPRT) and Education directorates collaborated with NT Health and national stakeholders to review preparedness arrangements for high-consequence infectious diseases, including Ebola. Activities included review of escalation pathways, clinical management protocols, isolation capability requirements, workforce preparedness, education planning and interagency coordination arrangements. This work strengthened jurisdictional readiness and supports Australia's capability to respond safely and effectively to future high-consequence communicable disease events.

In addition, the Public Health team was involved in the diphtheria incident management team and planning for diphtheria outbreak response activities in the NT.

iv. Building an integrated Northern Australia trauma network in collaboration with key stakeholders improving access across the care continuum

Integrated Trauma Network for the Top End of the NT

The Trauma Service continues to play a critical role in building an integrated Northern Australia Trauma Network through strong partnerships with prehospital, hospital, primary healthcare, emergency management and Defence stakeholders. In addition to providing specialist trauma care to patients admitted to RDH, the Service maintains a regional focus through ongoing collaboration with St John Ambulance NT (SJANT), CareFlight, Royal Flying Doctor Service (RFDS), Katherine Hospital, Gove District Hospital, primary healthcare networks, and remote health services across the NT. During the reporting period, the Trauma Service continued to support trauma networking, clinical governance, education and capability development across all 5 regions of the NT. Through link activities, simulation training, mentorship, and professional development initiatives, the Trauma Service strengthened local workforce capability and promoted sustainable, regionally led trauma care models. A total of 43 multidisciplinary staff members from prehospital, primary healthcare and hospital settings participated in the Trauma regional

networking link. These initiatives supported ongoing professional development and enhanced trauma care capabilities among the healthcare workforce in the Top End of the NT.

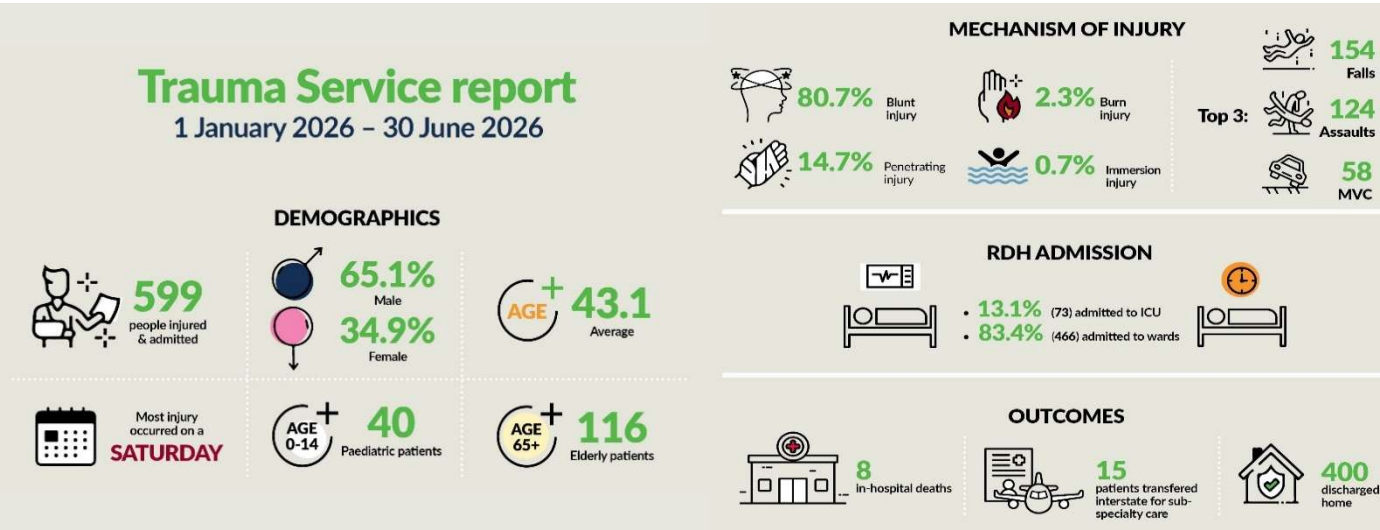
A significant priority during the reporting period has been progressing RDH's application for RACS Level II Trauma Verification, with verification dates now confirmed for 19 and 20 November 2026. Preparatory activities are well underway, including the establishment of a multidisciplinary working group to identify service gaps, implement mitigation strategies, and strengthen trauma system governance and performance in line with verification requirements. A further achievement has been the establishment of Trauma Multidisciplinary Team (MDT) meetings for patients with complex trauma presentations requiring coordinated input from multiple subspecialties. These meetings are convened as clinical need arises.

During 2025 and early 2026, the Trauma Service coordinated and facilitated specialised burns upskilling placements at Alfred Health in Melbourne for 2 senior nurses from RDH, including a Trauma Clinical Nurse Consultant and an operating theatre nurse. A third placement, involving an Intensive Care Unit nurse, was successfully completed in February 2026. These clinicians also gained valuable experience in paediatric burns management through clinical exposure at the Royal Children's Hospital Melbourne, enhancing capabilities not otherwise available within the NT.

The Trauma Service continues to work closely with RDH Executive and NT Health to strengthen disaster preparedness and emergency response capability. This includes participating in Incident Management Teams, reviewing and enhancing disaster preparedness plans, and developing and updating of action cards and response procedures to support RDH's readiness for incidents of significance. During the 2026 Katherine flooding events, the Trauma Service supported RDH's emergency preparedness and response activities, including planning for patient evacuations, coordinating priority patient transfers and working with key stakeholders to manage surge capacity requirements. Further strengthening system preparedness, Trauma Service participated in multiagency planning and rehearsal activities for the 2026 Northern Australia dry season Defence exercises, including Exercise Pitch Black. The Nursing Director continued to act as a key liaison between NT Health and Defence partners.

Notably, the service is supporting the integration of an international medical contingent from the United States Marine Rotational Force – Darwin at RDH. This represents a first-of-its-kind initiative in Australia, enabling supervised clinical placements for international defence medical personnel. Preparatory work is ongoing, including credentialing and compliance processes, with commencement anticipated in early July.

In terms of academic and professional contributions, the Trauma Service team presented a poster at the SWAN Conference in Sydney (March 2026) and has submitted multiple abstracts for the upcoming Australian and New Zealand Trauma Society (ANZTS) Conference in October 2026 (Sydney).



Prevent Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y.) Program

The NCCTRC has continued to provide funding support for the P.A.R.T.Y. Program, a licensed injury awareness and prevention initiative aimed at high school students aged 15 years and older. The program explores potential consequences of risk-taking behaviours, helping teenagers recognise situations that may result in injury, make informed choices and adopt behaviours that minimise risk. By engaging students in real-world scenarios, the

program fosters awareness and empowers youth to make safer choices. The P.A.R.T.Y. Program is coordinated by the Trauma Service and is delivered across the NT, with sessions offered in Darwin, Katherine, Nhulunbuy and Alice Springs.

The P.A.R.T.Y. Program has completed Phase 1 of its evaluation, analysing participant survey data collected before, immediately after, and 3 to 5 months following program participation between 2017 and 2023.

Findings were published in the P.A.R.T.Y. Program Evaluation Report in June 2026 and include recommendations to support future program enhancement and targeted delivery. Qualitative analysis is currently underway as Phase 2 of the project and is expected to be completed in December 2026, providing a comprehensive evaluation of the program's impact.

P.A.R.T.Y. Program participant numbers



Contribution to the reduction of injury in the community

Injury prevention remains a key focus in promoting the health and wellbeing of the Top End population. Data gathered from the RDH Trauma Registry and the Paediatric Injury Surveillance Database offer critical insights that help shape policies and guide the development of effective injury prevention strategies and healthcare management guidelines.

Following completion of data collection and data quality assurance processes, 2 consecutive years of paediatric injury surveillance data have been finalised and provided to the Public Health Directorate for analysis and reporting.

Based on a formal research agreement between the Public Health directorate and the Trauma Service on 19 January 2026, the following 3 research projects, currently at different stages, have been launched:

1. A retrospective cohort study of Older Person at the Northern Territory (OPT-NT) Major Trauma Centre (2019-2014)
2. The epidemiology of trauma-related emergency presentations among children and young adults in the Northern Territory: A retrospective analysis, 2015–2025 (The TEPAG Study)
3. The epidemiology of childhood injuries in the Northern Territory: A retrospective analysis of the Paediatric Injury Surveillance (PIS) data between 2016 and 2024.

In collaboration with the Health Statistics and Informatics Division (NT Health), the Public Health directorate has developed and reviewed a jurisdictional report titled *Injury in the Northern Territory (2005 – 2022)* which will inform injury prevention strategies and policies in the NT. The NCCTRC was represented by the Public Health directorate at the Cross Jurisdictional Injury Group meetings held on 13 February and 8 May 2026. The meetings focused on injury surveillance and prevention across jurisdictions and, in collaboration with the Australian Institute of Health and Welfare, set priorities for the year ahead.

b) Maintenance, ongoing development and operation of the Australian Medical Assistance Team (AUSMAT) capability

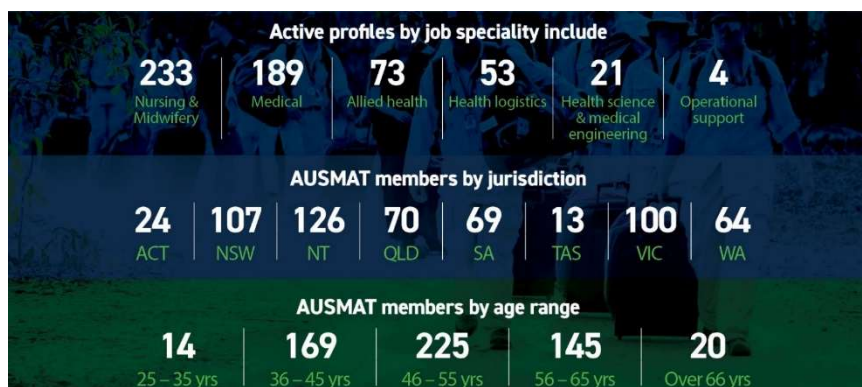
- i. **In accordance with AUSMAT guiding principles, providing 24/7 response capability and support to the Australian Government via the Department of Health, Disability and Ageing (DHDA/Health) through domestic and/or international deployments, or potential deployments of AUSMAT as requested**

The ongoing enhancement and management of AUSMAT's deployable capability rely on collaborative planning and an integrated, multidisciplinary approach to meet technical and specialised operational needs. The NCCTRC remains dedicated to readiness, ensuring the capacity for timely and effective responses to health emergencies, domestically and globally, through the provision of skilled personnel, essential equipment, consumables and deployment kits.

NHEMS – AUSMAT guiding principles update

NCCTRC continues developing and updating AUSMAT guiding principles for endorsement by the National Health Emergency Management Sub-committee (NHEMS) in late 2026.

AUSMAT trained personnel – deployment readiness status



*This data extracted on 9 January 2026 is subject to change noting circumstances of AUSMAT members.

Disaster Response:

Katherine Tropical Cyclone Narelle Response (19 March - 1 April 2026)

In 2026, Katherine experienced significant flooding when the Katherine River peaked at 19.2 metres on 7 March, the town's worst flooding in 28 years, resulting in the evacuation and temporary closure of the Katherine Hospital. This event affected Katherine Hospital and delivery of healthcare services in the region. Flooding rendered roads inaccessible, requiring patient evacuation to RDH. Katherine Hospital was subsequently closed, leaving the community with severely restricted health services.

Katherine Hospital was reopened on 18 March 2026 in a staged fashion and patients returned from RDH. However, the situation remained dynamic with a compounding disaster effect. At the time, Tropical Cyclone Narelle was predicted to make landfall in the Top End region on the evening of 20 March 2026. This was expected to disrupt ongoing recovery efforts in Katherine and significantly affect Katherine Hospital, which necessitated the requirement to activate AUSMAT.

Following consultation between the NCCTRC and DHDA, the decision was made to pre-position the AUSMAT EMT field hospital in Katherine ahead of the cyclone's anticipated impact. This deployment represented a significant milestone for AUSMAT, marking the first domestic deployment of its EMT field hospital capability and the first operational use of road-train transport to mobilise approximately 35 tonnes of equipment and consumables into a disaster-affected area. The AUSMAT EMT field hospital included a 20-bed emergency department and primary healthcare service with acute and resuscitation capability, a maternity delivery suite for urgent birthing needs, onsite laboratory, rehabilitation and radiology services, and additional inpatient surge capacity for adult and paediatric patients.

Staffed by AUSMAT personnel working alongside Katherine Hospital clinical and operational staff, the field hospital ensured the continuity of essential healthcare services for the Katherine community throughout the period of hospital closure and ongoing emergency response. The deployment was successful, with the AUSMAT EMT field hospital providing care to 339 patients during its operation and ensured uninterrupted access to emergency and essential healthcare services while Katherine Hospital was temporarily closed, demonstrating the effectiveness of nationally coordinated emergency medical.

Public Health Response:

Hantavirus quarantine operations at the Centre for National Resilience (CNR), Bullsbrook (12 May to 23 June 2026)

In May 2026, 6 passengers from the MV *Hondius* cruise ship were successfully repatriated to Australia from the Netherlands and admitted to quarantine at the CNR in Bullsbrook, WA. The operation was managed by the NCCTRC, with passengers initially undertaking a 21-day quarantine period following potential exposure to hantavirus. This deployment represented the first use of the purpose-built quarantine facility for its intended function and the first implementation of mandatory quarantine arrangements for international repatriates since the COVID-19 pandemic.

NCCTRC personnel deployed to CNR on 12 May 2026 to establish quarantine facilities and operational management arrangements. The passenger reception operation was conducted under controlled conditions at RAAF Base Pearce, Bullsbrook, WA. Prior to passenger arrival on 15 May 2026, NCCTRC provided operational briefings to all participating agencies and stakeholders, including training in personal protective equipment requirements and infection prevention and control procedures.

On 28 May 2026, following advice from the Australian Health Protection Committee (AHPC) and in consultation with public health authorities, the quarantine period was extended by an additional 17 days.

Strong communication and rapport between staff and passengers contributed to effective engagement and adherence to quarantine requirements and public health measures. All passengers remained asymptomatic and tested negative for hantavirus by PCR and serology throughout the quarantine period and were formally cleared from quarantine on 23 June 2026.

Support the national multi-jurisdictional diphtheria outbreak response (commencing May 2026).

The NCCTRC supported the national response to a significant multi-jurisdictional diphtheria outbreak affecting remote and very remote communities across northern Australia, with increasing transmission identified among Aboriginal and Torres Strait Islander populations. The outbreak has involved both cutaneous and respiratory diphtheria cases, with transmission occurring in communities experiencing challenges associated with low vaccination coverage, geographic isolation and limited workforce capacity to rapidly expand immunisation activities. The scale and complexity of the outbreak required coordinated action across Commonwealth, state and territory governments, health services, and Aboriginal Community Controlled Health Organisations.

On 22 May 2026, Australia's Chief Medical Officer, Professor Michael Kidd, declared diphtheria a Communicable Disease Incident of National Significance. This declaration enabled enhanced national coordination arrangements, surge workforce support and Commonwealth assistance to strengthen outbreak control measures. During the reporting period, the Diphtheria Coordination Group (DCG) was established to support coordinated national oversight and response activities across affected jurisdictions.

In response to the outbreak, the Australian Government provided an additional \$10 million in funding to the NCCTRC to support jurisdictions through workforce surge capacity, vaccine and treatment procurement, and strengthened outbreak control activities, including population vaccination, clinical management, community engagement, surveillance and public health operations.

During this reporting period, the NCCTRC deployed four teams in support of outbreak response activities in the Northern Territory, including the Barunga Festival, Alice Springs, Borroloola and Tennant Creek. The NCCTRC also engaged with affected and at-risk jurisdictions, including Western Australia and South Australia, to support planning, preparedness and response activities. The NCCTRC continues to coordinate and collaborate with local communities, health services and partner organisations to ensure the availability of suitably qualified personnel to deliver and support vaccination, screening, treatment and other outbreak control measures.

ii. Maintaining resources for at least 2 domestic AUSMAT Type 1 Mobile or Fixed deployments, in accordance with the WHO standards, of up to 30 people for a period of no greater than 28 days each financial year as requested

The NCCTRC continues to plan and maintain resources for 2 domestic deployments. The national AUSMAT Workforce and Deployment Management System (WDMS) database of trained personnel continues to support deployment readiness by maintaining current records of trained AUSMAT personnel. EMT Type 1 Alpha and Bravo capabilities remain fully configured, maintained and deployment-ready, with all core components accounted for to support rapid mobilisation in line with operational requirements.

EMT Type 1 replication

The Katherine deployment in March 2026 marked the first operational use of the replicated EMT Type 1 logistics capability, demonstrating the successful culmination of several years of strategic planning, procurement and capability development to establish a second fully deployable Type 1 cache.

The establishment of this additional deployable capability has strengthened organisational resilience by enhancing deployment readiness, increasing surge capacity in providing greater flexibility to support simultaneous, bespoke or prolonged emergency operations. It also ensures consistent delivery of logistics support in both caches in accordance with WHO EMT Type 1 standards.

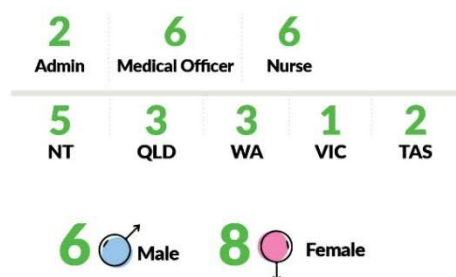
iii. In accordance with AUSMAT guiding principles, maintain, develop and enhance the AUSMAT capabilities by training, exercising and preparing AUSMAT personnel and ensuring team selection and training optimises overall cohort capability to respond effectively

The below infographic demonstrates the courses held over this reporting period.



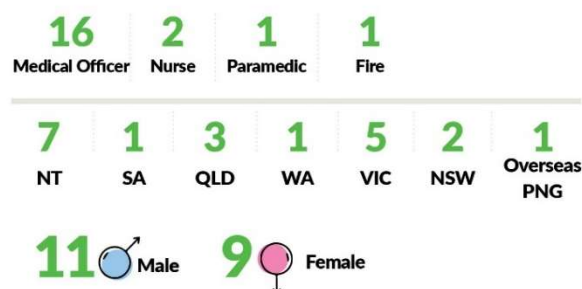
MIMMS AUSTRALASIA
GIC - April

14
Participants



MIMMS AUSTRALASIA
Advanced - May

20
Participants



Course Totals
- 2026

70
Participants



Expressions of interest AUSMAT opportunities

2026 International Emergency Medical Team (I-EMT) Earthquake Response Exercise

Eight (8) AUSMAT personnel participated in a multinational tabletop exercise hosted by the Japan Institute for Health Security and the Japan DMAT Secretariat in Osaka, Japan. The exercise simulated a large-scale Nankai Trough earthquake affecting multiple prefectures, including tsunami impacts and widespread infrastructure disruption. International medical teams were deployed to support Shizuoka Prefecture under the direction of the Government of Japan, providing participants with the opportunity to strengthen coordination, planning, and response capabilities. The exercise reinforced relationships between AUSMAT and regional emergency medical partners while enhancing preparedness for large-scale health emergencies in the Indo-Pacific region.

HEAT – RedR (VIC Emergency Management Institute)

AUSMAT personnel participated in 2 HEAT courses delivered by RedR in 2026. From 4 to 8 March 2026, 3 participants completed the course - one AUSMAT health logistician (NT), 2 AUSMAT clinical leadership (both from South Australia). From 17-21 June 2026, 6 participants completed the course, comprising 3 AUSMAT health logisticians (1 VIC and 2 NSW) and 3 AUSMAT clinical leadership personnel (from VIC, WA and TAS).

These courses increased the number of AUSMAT personnel who have completed HEAT training to 11 over the past 12 months, strengthening the team's preparedness to deploy safely in complex and high-risk environments.

It is anticipated that an Expression of Interest (EOI) will go out for 2026 and 2027 and continue to target both logistics and leadership personnel.

AUSMAT Health Logistics Course 22 to 29 May 2026

A total of 6 AUSMAT logisticians completed the AUSMAT Health Logistics Course, a specialist capability development program designed for AUSMAT trained logistics personnel. Delivered at the NCCTRC headquarters and the NCCTRC Bees Creek Training Facility as part of the 2026 AUSMAT training calendar, the intensive residential 8-day course focused on the core duties and responsibilities of an AUSMAT logistician. This included the establishing, operating and sustaining key components of an EMT Type 2 field hospital.

The course built on participants' existing skills, knowledge, operational experience and introductory AUSMAT team member training, focusing specifically on the advanced technical and operational requirements expected of deployable health logisticians. The training enhanced participants' capabilities in EMT-specific health logistics, in line with WHO Minimum Standards for EMTs, with a focus on management of the deployable cache of specialised equipment.

The cohort comprised 6 AUSMAT logisticians, 5 of whom are fulltime professional firefighters from jurisdictions across Australia. Participants were selected based on highly sought-after skill sets relevant to AUSMAT operations such as trade qualifications (e.g. plumber, electrician, mechanic) or additional specialist skills (e.g. IT/Comms, dangerous goods certification). The course also included 2 New Zealand Medical Assistance Team (NZMAT) and 2 Papua New Guinea Emergency Medical Team (PNG EMT) logisticians supporting regional engagement, cross border interoperability and the development of EMT logistics capability across partner teams.

The AUSMAT Health Logistics Course represents a strategic investment in strengthening workforce capability and sustaining AUSMAT's operational readiness.

PHOENIX program training activities

PHOENIX AUSMAT trainers

The Public Health Operations in Emergencies for National Strengthening in the Indo-Pacific (PHOENIX) program includes a pool of AUSMAT public health practitioners trained to support and deliver PHOENIX activities and courses. The PHOENIX AUSMAT pool of trainers supports engagement and enhances relationships with country Ministries of Health (MoH) in the Indo-Pacific region. This relationship building supports future AUSMAT deployments in the region.

Over the reporting period Dr Maya Cherian, AUSMAT Public Health Physician, and PHOENIX Director Education, and Anthony Cooke, AUSMAT nurse and Director of REP, delivered a Training of Trainer (ToT) course in Honiara, Solomon Islands. The team then supported the Public Health Emergency Operations Centre (PHEOC) training delivered by WHO as well as a PHEOC Training in Tulagi, Solomon Islands.

Dr Anu Anuradha, AUSMAT Public Health Physician, worked with Dr Ana Mahe, Senior Medical Officer, Tonga MoH, to adapt the ToT course to the Tongan PHEOC context. The ToT course was delivered by Dr Anuradha,

followed by a PHEOC course delivered by WHO. These activities have strengthened relationships with Pacific MoH as well as with WHO country post and WHO Western Pacific Region Office (WPRO).

REP training activities

Through close collaboration with MoH and key partners in 7 countries, plus Palau and Tuvalu through the Department of Foreign Affairs and Trade (DFAT) and the Pacific Community (SPC), REP is working to strengthen integration, coordination and inclusivity in national health emergency preparedness, response and system development. Program delivery is structured around 4 core work streams: emergency and critical care, rehabilitation in emergencies, health emergency management and the development of national EMTs. Together, these efforts are foster a growing regional community of practice. REP is creating linkages, promoting collaboration, strengthening networks and embedding evidence-based, locally-led approaches to health emergency response – ultimately contributing to more resilient health systems across the Pacific and Timor-Leste.

NCCTRC and WHO Rehabilitation in Health Emergency Preparedness and Response (HEPR) Toolkit Workshop, Nadi, 14 to 17 April 2026

The Rehabilitation in HEPR Toolkit Workshop, held in Nadi, Fiji, in April 2026, marked a significant milestone in advancing emergency preparedness across the Western Pacific Region and Timor-Leste. Convening 23 participants from 12 countries and 16 organisations, the workshop provided a platform to strengthen regional capacity through the introduction and practical application of the World Health Organization's Rehabilitation in HEPR Toolkit. Participants developed the skills and knowledge required to assess rehabilitation needs, support preparedness planning and advocate for the systematic integration of rehabilitation services within national health emergency frameworks. The workshop addressed a critical and well-recognised gap in emergency management, acknowledging that while rehabilitation is an essential health service during emergencies, it has historically been under-represented in preparedness, response and recovery planning.

A notable strength of the workshop was its strategic design and alignment with global and regional policy priorities. The workshop was firmly grounded in World Health Assembly Resolution 76.6, the Western Pacific Regional Framework on Rehabilitation, and the Pacific Framework for the Rights of Persons with Disabilities, reinforcing the importance of embedding rehabilitation within health emergency preparedness and response systems.

EMT rehabilitation in emergencies expert secondment to WHO

The secondment of an AUSMAT rehabilitation specialist commenced on 7 July 2025 to support the WHO EMT Secretariat in delivering the EMT 2030 Strategy and the WHO Rehabilitation Strategy. The secondment provides specialist rehabilitation expertise to strengthen country preparedness and readiness, and to support leadership, coordination, training and capacity-building activities related to rehabilitation in emergency contexts.

Ms Erica Bleakley completed a 12-month secondment from 7 July 2025 to 6 July 2026, making a significant contribution to WHO's EMT work, particularly in the delivery of training and capacity-building initiatives supporting verification and rehabilitation in emergencies.

iv. Regularly reviewing and updating training materials and resources to reflect best practice WHO Type 1 and Type 2 standards for EMT

Clinical engagement and validation

The NCCTRC operational staff and clinicians played a pivotal role in refining the checklist and configuration guides. Their contributions ensured that clinical equipment and supplies were appropriately prioritised. Clinicians also participated in validation exercises, providing practical feedback to ensure that setups meet real-world clinical needs and comply with EMT standards.

Specialist cell development and technical working groups

As highlighted in other sections of this report, DPRT has continued to develop and refine EMT specialist cell capabilities, including:

- Surgical
- Maternal health
- Biomedical support
- Public health
- Laboratory

The AUSMAT Technical Working Groups continue to advance the EMT Type 1 and EMT Type 2 capabilities through:

- regular collaboration and feedback: engaging technical experts, clinicians, logisticians and operational personnel to review equipment, protocols and deployment strategies
- equipment and technology updates: recommending upgrades to medical equipment, communication systems and logistical support tools to ensure teams have access to the most effective resources
- incorporating lessons learned: conducting post-deployment and exercise debriefs to capture insights and apply them to training, equipment configuration and operational protocols.

AUSMAT Health Logistics course training package

- The 2026 AUSMAT Health Logistics course training package was reviewed and enhanced to support its delivery as a standalone emergency management capability development program.
- The training package was originally developed in 2025 in response to the absence of a dedicated training course for deployable health logisticians, which had been identified as a significant capability gap within the AUSMAT preparedness framework. It provides a structured approach to developing the capabilities of AUSMAT-trained logistics personnel through practical, competency-based training focusing on EMT-specific and health emergency logistics.
- The course was initially designed to support the construction of a complete facility at the commencement of the 2025 AUSMAT National Field Exercise, contributing to the validation and exercising of the full AUSMAT Type 2 capability.
- Building on this foundation, minor enhancements were incorporated into the 2026 course package to support its delivery as a standalone capability development program. Continuing to focus on the core roles and responsibilities of an AUSMAT logistician, the training emphasises the practical application of skills while maintaining alignment with emergency management principles, deployable workforce requirements and broader AUSMAT operational objectives.

Logistics cache and update

AUSMAT equipment and infrastructure enhancements

Incinerator upgrade

A new 50kg capacity medical waste incinerator, sourced internationally, has been delivered to the NCCTRC warehouse and commissioned by the manufacturer's technician. The unit will enhance the existing healthcare waste management capability provided by the Turbo Burn Mark 2 units within the 2 AUSMAT caches. The upgraded unit will provide a more efficient, sustainable and environmentally compliant solution for managing healthcare waste during deployments. Its modular design will allow it to be dismantled for transport, significantly improving deployment flexibility and logistical efficiency.

At 1000kg the unit is classified as a compact medical incinerator and represents one of the most suitable commercially available systems of its type for deployment in austere environments. The unit is not yet operationally deployable, with further readiness activities still to be completed before it enters service.

Generator capability enhancement

An additional 2 diesel generators have been received and commissioned by trade qualified logisticians within the NT logistics team. With these additions, the NCCTRC warehouse now holds a total of seven 22KVA diesel generators. This has enabled the replacement of the original generator pre-2010 unit with a 65L fuel tank. As a result, the deployable Type 2 cache now includes 6 generators, each equipped with a custom built 175L fuel tank, with an extra unit retained as a redundancy.

Oxygen capability

During the reporting period, no additional project activities were progressed, with effort directed towards other organisational priorities. Work on the remaining compliance and implementation activities will continue as scheduling and operational capacity permit.

Local NT logistics engagement

The NT logistics team, comprising AUSMAT-trained NT Fire and Rescue Service firefighters, continues to provide critical support to the NCCTRC. Through their ongoing involvement in the management, maintenance and preparation of the AUSMAT deployable capability, the team continues to strengthen its knowledge of the equipment, systems and operational requirements, enabling it to provide expert guidance across all aspects of the deployable cache.

The NT logistics workforce is typically the first logistics element deployed on AUSMAT missions due its local presence. This was clearly demonstrated during the Katherine deployment, where the predicted weather required the rapid preparation, loading and pre-positioning of the deployable cache, as well as the timely construction of the field hospital. The team's responsiveness, operational experience and local knowledge were instrumental in enabling the deployment to proceed within the compressed timeframe.

Other notable engagements included:

- supporting delivery of the AUSMAT Health Logistics Course (May) by contributing as faculty members, assisting with course delivery, facilitating practical training activities and preparing the equipment and facilities needed to ensure the course ran successfully
- providing logistical and technical support to NCCTRC teams at exercises and events including BASSINTHEGRASS and the V8 Supercars, through activities such as outfitting the Special Needs Multi Casualty bus with the stretcher frame system and establishing the mass decontamination shower capability
- maintaining AUSMATs deployable capability through regular inspecting, testing and maintaining cache equipment including load testing generators, pumps, environmental control units and other powered assets
- restocking, refurbishing and reconstituting equipment and assets within the deployable cache following the Katherine deployment, ensuring all capability components were inspected, replenished, serviced as required and returned to a state of operational readiness.

Timor-Leste cache

NCCTRC is exploring support to update the Timor-Leste cache following a formal request from the Office of the President of the Republic of Timor-Leste to provide medical support for the 2026 Dili Marathon, scheduled for 8 August.

As the pre-positioned equipment in the NCCTRC shipping container had not been utilised for an extended period, maintenance and equipment checks on the infrastructure and logistics systems were required to ensure operational readiness. This activity formed part of the preparations to stage the necessary equipment and consumables to deliver medical coverage for the event.

v. Operating and maintaining a Monitoring, Evaluation and Learning (MEL) framework, which includes AARs for all deployments, major trauma responses at RDH and other emergency responses

The Monitoring, Evaluation and Learning (MEL) Framework continued to support the capture of lessons learned and continuous improvement across NCCTRC activities.

Consultation and debrief discussions were held between the DFAT and the NCCTRC following the Samoa deployment to review operational outcomes and identify lessons to inform future international responses. DFAT's formal AAR process remains underway.

Following the Katherine Tropical Cyclone Narelle deployment, the NCCTRC undertook a comprehensive AAR in collaboration with the DHDA, the National Emergency Management Agency (NEMA) and the NT Government (NTG). The review included consultations with key stakeholders from participating agencies to identify strengths, challenges and opportunities for improvement. The findings will be used to inform future domestic deployments and support the ongoing refinement of NCCTRC planning, coordination and response arrangements.

vi. In accordance with AUSMAT guiding principles, maintaining the AUSMAT volunteer database by annually reviewing information stored in the database and updating when required

AUSMAT WDMS administrators and coordinators meeting

During this reporting period, 2 meetings were held with interstate AUSMAT WDMS administrators and coordinators as video conference calls: on 4 February 2026 and on 20 May 2026. The NCCTRC was represented by the Acting Director DPRT the Director Emergency Management and Logistics, the WDMS manager and support officer, AUSMAT operations managers and representatives from Pharmacy and Education.

These meetings support ongoing collaboration between the NCCTRC and the jurisdictions, covering topics such as personnel changes within local coordination teams, current operational needs and deployments, upcoming training and expression of interest opportunities, progress update on pending WDMS upgrade and emerging priorities.

In June 2026, works associated with phase 1 of the AUSMAT WDMS rebuild and upgrade project was paused temporarily during the AUSMAT diphtheria outbreak and response deployments.

Phase 1 works include:	
Volunteer applications	Removal of separate volunteer portal
	Interactive form to be used as initial application questionnaire
	Addition of mandatory fields to facilitate accurate assessment of applications
Deployment boards	Redesign to incorporate all team rotations on one deployment page
	Design of interactive EOI submission and endorsement process
	Improved information capture and reporting capability
Volunteer summary page	Improved naming, display, search and sort, and reporting capability
	Updated workflows

vii. Providing access to the AUSMAT volunteer database as requested by DHDA

There were no requests from DHDA to access the AUSMAT WDMS during this reporting period. AUSMAT WDMS administrators and coordinators from each state and territory continue to be supported with their access and training to manage their AUSMAT cohort and data.

viii. Maintaining fit-for-purpose office spaces and a purpose-built training facility that complies with the WHO EMT standards

and

ix. Maintaining the AUSMAT cache warehouse in Darwin and investigating establishing a second minor site to support the supply and access for the national AUSMAT capabilities that comply with the WHO EMT standards

Bees Creek Training Facility

The Bees Creek Training Facility plays a critical role in supporting AUSMAT training, capability development and deployment preparedness, ensuring the workforce is equipped to respond to national and international health emergencies. To strengthen this capability, Construction of a new warehouse and associated road upgrades at the Bees Creek facility is scheduled for the latter half of 2026 and early 2027. Key project milestones include:

- Civil design completion anticipated by September 2026
- Warehouse design completion anticipated by November 2026
- Tender release anticipated in December 2026
- Tender close anticipated in January 2027
- Contract award anticipated in February 2027
- Project completion anticipated by June 2027

These infrastructure enhancements will improve training, logistics, storage and operational readiness capabilities, supporting the ongoing development and deployment of AUSMAT and other emergency response functions.

Pharmacy updates

The Pharmacy team plays a vital role in maintaining and enhancing the AUSMAT medicine cache and supporting staff health and deployment readiness. Key activities during this reporting period are outlined below.

Clinical Governance and Technical Working Groups (TWGs)

The Pharmacy team continued its contribution to the NCCTRC Clinical Governance Committee and participated in relevant TWGs to support medicine governance, policy development and operational oversight. The Clinical Governance Committee met in February 2026. It is due to meet again in August 2026.

Review of medicine kits

The current EMT1 medicine kit was trialled during the deployment to Katherine, NT, following Tropical Cyclone Narelle. Many potential improvements were identified. The team will review and update the cache according to these findings in the near future.

Cold-chain options

The requirement for portable, reliable cold chain storage has increased this year due to the many vaccination deployments related to the diphtheria outbreak. A total of 4 smaller vaccine refrigerators and one larger ice-lined refrigerator have been purchased to assist for mobile and stationary deployments.

Cross-collaboration with domestic agencies

The Pharmacy team continues to assist in the training of the Territory Response Group of the NT Police and assist in their medicine management. Work also progressed towards harmonising immunisation requirements for Disaster Assistance Response Teams. Meetings were held with Queensland and New South Wales DART teams to discuss alignment of immunisation recommendations. The teams are awaiting the approval of the 2026 Immunisation Schedule for adoption.

Cross-collaboration with international teams

The Pharmacy team continues to liaise with Mr Truc Nguyen (NZMAT pharmacist). The teams are comparing rapid preparation of passive cold chain solutions in different climates to develop protocols for use worldwide. The AUSMAT team is also adapting the NZMAT medicine zip-lock bags for use by AUSMAT.

Completion of mSupply project

The Pharmacy department has adopted mSupply for dispensing and stock recording at NCCTRC and for deployments. The Pharmacy department continues to work with the mSupply team to address ongoing improvements and resolve identified system issues.

Vaccines

Vaccines are provided to interstate AUSMAT members with no charge when they are visiting Darwin, with the majority administered during AUSMAT team member courses (this includes Logistician, Surgical and Refresher). The costs outlined below reflect the base price of the vaccines only. When AUSMAT members receive these vaccines at a community pharmacy or a GP, the cost is up to double due to additional expenses including consulting fees, prescription mark-ups and administration fees.

The planned study investigating the feasibility of reimbursing interstate AUSMAT members for the cost of specific vaccines has been postponed indefinitely due the operational requirements of the diphtheria outbreak response.

Vaccines administered 1 January to 30 June 2026

STATE	NUMBER OF PEOPLE	NUMBER OF VACCINES	TOTAL COST
ACT	1	3	\$354.89
NSW	4	8	\$798.58
NT	54	101	\$4,929.99
QLD	7	15	\$1,212.38
SA	6	15	\$1,716.90
TAS	2	2	\$7.94
VIC	8	22	\$1,958.08
WA	4	9	\$596.24
TOTAL	86	175	\$11,575.00

Immunisation readiness of members

As of December 2025, AUSMAT members across all jurisdictions demonstrated the following levels of immunisation readiness for deployment within Australia, as recorded in the WDMS,

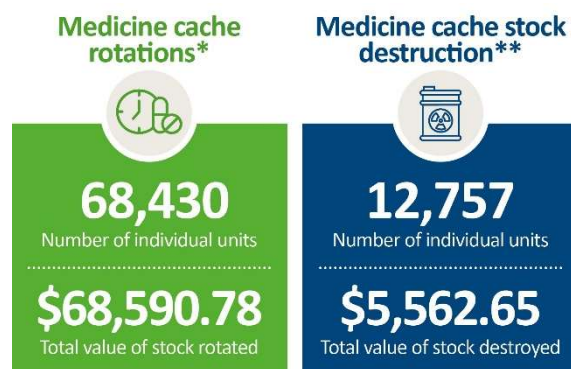
ACT	NSW	NT	QLD	SA	TAS	VIC	WA
37.5%	33.7%	43.2%	47.9%	40.9%	30.8%	35.7%	39.7%

Domestic vaccine requirements include:

- COVID-19
- Diphtheria/tetanus/pertussis
- Hepatitis A
- Hepatitis B
- Influenza
- Measles/mumps/rubella
- Varicella

Medicine cache rotations and stock destruction (1 January to 30 June 2026)

AUSMAT medical cache



* The reporting of medicine rotations changed from July 2025 to record the number of individual medicine units (i.e. tablets or ampoules) that were rotated or destroyed. Previously this has been reported as number of line items.

** Reasons for destruction:

- low usage within RDH, making stock rotation unfeasible
- short-dated stock only available at the time of procurement
- stock shortages not allowing rotation of stock
- overseas-purchased stock unable to be used locally due to Australian licensing requirements.

The onsite Specialist Clinical Workforce maintained the operational readiness of the AUSMAT medical cache through routine equipment testing, maintenance, stocktakes, expiry monitoring and the development of supporting resources and standard operating procedures.

The team also supported deployment planning, specialist planning cell activities, medical kit preparation, equipment packing and logistics coordination, ensuring the medical cache remained deployment ready and compliant with clinical governance and operational standards.

Food cache

The food cache was actively managed to maintain operational readiness through proactive stock rotation and expiry management. Food items approaching their best before dates were redistributed through approved donation programs, including Foodbank, and utilised during NCCTRC training activities, minimising waste while supporting community needs. Food is procured with the longest available shelf life and, in accordance with the Australia New Zealand Food Standards Code, products are retained for up to 6 months beyond their best before date where appropriate and safe for consumption.



Medical consumables

Medical consumables approaching expiry were proactively rotated through RDH Top End Stores, direct ward rotations, NCCTRC training and approved donation pathways.



This ensured deployment kits remained within acceptable expiry limits, maintained clinical governance and inventory standards, minimised wastage and maximised the use of clinically suitable consumables.

c) Maintenance of the NCCTRC's role as Australia's Centre of Excellence for health disaster response

- Retaining WHO EMT Type 1 (Mobile and Fixed) and Type 2 accreditation and other relevant EMT or emergency response classification standards**

The NCCTRC continues to maintain WHO EMT 1 fixed and mobile and Type 2 accreditation and continues to refine and enhance specialist cells capabilities.

ii. Maintaining the Australian Council on Healthcare Standards accreditation

NCCTRC maintained its Australian Council on Healthcare Standards (ACHS) accreditation during the reporting period, continuing to meet the governance, clinical and organisational standards expected of Australia's Centre of Excellence for health disaster response. Following confirmation of ACHS EQULP6 accreditation through to 2028, NCCTRC updated its accreditation cycle and began preparations for ongoing accreditation activities extending to 2030. The Quality Team worked closely with Directorate leads to prepare for Self-Assessment 1, including reviewing and updating key documentation, evidence, the Risk Register, Quality Improvement Plan and criterion responses within the Electronic Assessment Tool. These activities support ongoing compliance with ACHS requirements and ensure governance, quality improvement and organisational systems remain effective and up to date. NCCTRC continues to maintain strong clinical governance, quality assurance and continuous improvement frameworks that support the delivery of safe, evidence-based care in deployed and austere environments.

iii. Providing dedicated resources to maintain and update the AUSMAT guiding principles for consideration by the National Health Emergency Management Sub-committee (NHEMS) of the Australian Health Protection Committee (AHPC) and any changes agreed to by DHDA

In coordination with DHDA, AUSMAT guiding principles have been reviewed, edited and updated as part of the NHEMS work plan. An initial review of the previous NHEMS endorsed and drafted principles (AHPC endorsed in 2018–19) was undertaken. Following this work DHDA has been working with NCCTRC on proposed changes, edits, updates and required AUSMAT guiding principles. This work is ongoing.

iv. Examining national and international models of practice in disaster and health emergency response capabilities to update AUSMAT guiding principles, training and education programs where relevant

AUSMAT training programs remain contemporary, evidence informed and regionally relevant, continuously evolving through the analysis of global and regional best practice. The curriculum is informed by lessons gained from operational AUSMAT deployments and has been expanded to include public health as a core component. Ongoing engagement with the WHO Emergency Medical Team (EMT) initiative and international counterparts continues to strengthen program design and delivery. Lessons identified through the REP and PHOENIX activities are routinely reviewed to ensure the training remains adaptable and responsive to emerging needs.

During the reporting period, an external evaluation of the AUSMAT Team Member Refresher Course was undertaken by Deakin University in collaboration with the NCCTRC Education and Public Health Directorates. The evaluation report was delivered and presented to the Jurisdictional Governance Group (JGG) in March 2026. Findings from the evaluation are informing ongoing course refinement and quality improvement activities. Manuscripts arising from the evaluation are being submitted to peer-reviewed journals for publication. In parallel, AUSMAT operational guidelines are undergoing a formal review. Revisions are being informed by current evidence, operational experience and international standards, with updated guidelines to be submitted to the National Health Emergency Management Standing Committee (NHEMS) for endorsement. It is also noteworthy that the AUSMAT Training Review commenced during the reporting period, with the final report scheduled for delivery in late 2026.

v. Ensuring NCCTRC and AUSMAT team members engage with exercises and courses held by partner organisations

RedR Australia HEAT

These events were held from 4 March to 8 March, with 3 AUSMAT participants, and from 17 June to 21 June with 6 AUSMAT participants.

Queensland Fire Department – Forum Seismic Matters: Exploring Risks Beneath Our Feet Forum, 3 February 2026

Four (4) NCCTRC staff attended the forum to discuss earthquake risk across the Australian region, with a particular focus on the potential impacts of a large-scale geological hazard event anticipated to impact New Zealand in the coming years. The forum brought together emergency management practitioners, responders and community leaders to explore regional seismic risks, including local site amplification effects, structural resilience

and disaster preparedness strategies. Discussions supported greater understanding of shared regional challenges and opportunities to strengthen collaboration and resilience across the emergency management sector.

vi. Providing expertise, advice and other assistance on national and international emergencies and public health response matters as requested by Health

The NCCTRC continues to provide expertise, advice and operational assistance on national and international emergency and public health response matters as requested by DHDA. This includes strategic input into planning, preparedness and capability development activities, as well as support for work being undertaken by DHDA and AHPRA regarding the registration of incoming foreign medical personnel, ensuring readiness, interoperability and compliance for future deployments and exercises. These contributions reflect the NCCTRC's ongoing commitment to strengthening Australia's emergency medical response capabilities and enhancing coordination across government, health sector and regional partners.

Governance and national collaboration

d) Reporting on NCCTRC and AUSMAT activities, agreed work plan items, MEL framework outputs and staffing at the quarterly Joint Governance Group (JGG) meetings between the NT Government, the NCCTRC and DHDA

Monitoring, Evaluation and Learning (MEL) framework update

The MEL Framework continued to support governance, performance monitoring and reporting across NCCTRC and AUSMAT activities during the reporting period. The framework provides a structured mechanism for monitoring progress against the NCCTRC Strategic Plan 2024–2027 and Annual Work Plan priorities, tracking key performance indicators and capturing lessons learned to inform continuous improvement.

Progress against agreed work plan deliverables, operational activities, MEL Framework outputs and workforce matters was regularly reported through the JGG, supporting oversight and informed decision-making by the NTG, the NCCTRC and DHDA.

The 2026–27 Annual Work Plan has also been drafted, which will guide priorities and reporting for the next reporting period while maintaining alignment with the NCCTRC Strategic Plan 2024–2027.

e) Establishing the function of a Deputy Executive Director within the NCCTRC

The Executive Director of the NCCTRC continues to provide strategic leadership for Australia's emergency medical response capability, overseeing national and international disaster preparedness, response and health emergency operations.

During the reporting period, the NCCTRC and the DHDA continued discussions regarding the establishment of a Deputy Executive Director function to strengthen leadership capacity across disaster preparedness and response activities. Consideration of the role has been informed by previous reviews, including the Functional and Efficiency Review, which identified the benefits of enhanced executive support in managing the increasing complexity and breadth of NCCTRC's operational responsibilities.

The proposed Deputy Executive Director function would provide senior leadership and oversight across preparedness, readiness and response programs, supporting the coordination of operational planning, capability development, deployment management and stakeholder engagement.

f) Ensuring all relevant policy decisions related to AUSMAT capabilities, including AUSMAT guiding principles, are determined in consultation with NHEMS and agreed to by DHDA

The NCCTRC continues to focus on further developing and enhancing the Specialist Surgical Cell capability. As part of this key work activity, the NCCTRC has procured specialised surgical equipment to further augment the surgical capability.

g) Participating as a member on NHEMS and JGG, including the provision of dedicated resources to complete requested committee work

NCCTRC has continued to actively support NHEMS through meeting participation and ongoing implementation of the NHEMS 2022–2025 work plan core streams. NCCTRC attended NHEMS meetings (online) on 25 February 2026 and 6 May 2026. Updates from these meeting include a presentation of public health, updates from each of the key directorates within the NCCTRC, updates on recent AUSMAT deployments in addition to mapping governance, capability, capacity and operational processes.

NCCTRC staff also joined meetings of the NCCTRC JGG and Whole of Government Partners, both face-to-face and online, on 5 March 2026 and 26 June 2026.

h) Participating in other relevant national committees to ensure consistent, strategic and effective response to health emergencies

The Medical Director is a board member of the Australasian College for Emergency Medicine (ACEM) Trauma Emergency Network, while the Nursing Director holds a position as a board director at the Australia and New Zealand Trauma Society (ANZTS). Both directors are also members of the Australia and New Zealand Trauma Quality Improvement Program (ANZTQIP), contributing to strategic leadership and quality improvement initiatives and providing expert guidance on evidence-based trauma care management at a binational forum.

The Acting Director DPRT is a member of the NEMA Deployment Working Group and proxy for Professor Notaras on the NT Northern Region Medical Group.

i) Timely responses to requests for information, technical advice and assistance from Health

Requests for information, technical advice or assistance were not received from DHDA during this reporting period.

j) Establishing and maintaining collaborative relationships with jurisdictional health departments and relevant local, national and international organisations or countries, to enhance NCCTRC's role as a hub for health emergency response

NCCTRC continue to maintain existing relationships.

REP

The NCCTRC's Regional Engagement Program (REP), funded by the Department of Foreign Affairs and Trade (DFAT), continued to strengthen health emergency response capability across the Pacific and Timor-Leste through targeted activities in emergency and critical care, rehabilitation, disaster management, and Emergency Medical Team (EMT) development.

Regional activities

- NurseTOK webinars bimonthly
- 14 to 17 April Rehabilitation in Health Emergency Preparedness and Response Toolkit Workshop in Fiji with REP countries and many other organisations
- ongoing support of the Tokushukai EMT (Japan) and the PNG EMT (PNG) with mentorship and expertise
- ongoing collaboration with SPC on developing a health component to their Pacific Incident Management System (PacIMS) Course
- Timor-Leste
 - 23 to 27 March ECCC/TIPS
 - 8 to 12 June MIMMS/HMIMMS
- PNG
 - 13 to 15 May ECC in Lae
 - ongoing support for the PNG EMT verification journey
 - ongoing research with PNG MOH for the Ten Years of MIMMS Courses in the Pacific: A Multicentre Impact Evaluation Study Proposal
- Fiji
 - 16 to 20 March MIMMS GIC and HMIMMS
 - 14 to 17 April Rehabilitation in Health Emergency Preparedness and Response Toolkit Workshop in Fiji
 - ongoing research with Tongan Minister of Health for the Ten Years of MIMMS Courses in the Pacific: A Multicentre Impact Evaluation Study Proposal
 - 2 to 5 June DISPLAN workshop in collaboration with PHOENIX and Fijian Minister of Health
- Tonga
 - ongoing research with Tongan Minister of Health for the Ten Years of MIMMS Courses in the Pacific: A Multicentre Impact Evaluation Study Proposal
- Samoa
 - 29 June to 3 July MIMMS/HMIMMS
- Solomon Islands
 - 22 to 26 June RIDE Course in Honiara

PHOENIX

The NCCTRC, through the DFAT-funded PHOENIX program, continues to work with 22 countries in the Indo-Pacific to strengthen pandemic preparedness and outbreak response systems and capacity.

During the reporting period, the following activities were undertaken:

- 23 to 27 February 2026 National ToT course delivered and support provided to WHO PHEOC training in Honiara, Solomon Islands
- 3 to 5 March support to WHO PHEOC training in Tulagi, Central Province, Solomon Islands
- 13 to 17 April 2026 Supported a Health Emergency Operations Centre assessment conducted by WHO in Apia, Samoa
- 1 May Support to Department of Disease Control, Ministry of Health Thailand for an e-learning risk assessment module
- 1 to 5 May 2026 Climate Change and Disaster Risk Management Training course supported in Fiji
- 9 to 12 June 2026 sponsored 14 participants from 12 countries across the Indo-Pacific: Fiji, Indonesia, Laos, Malaysia, Palau, the Philippines, Papua New Guinea, Samoa, Timor-Leste, Tonga, Tuvalu and Vanuatu to attend the Global Health Security Conference in Kuala Lumpur, Malaysia.
- 15 to 17 June 2026 sponsored 11 participants from Laos, Malaysia, Niue, Palau, the Philippines, Samoa, Thailand, Tonga, Tuvalu and Vanuatu to attend the Communicable Diseases and Immunisation Conference in Melbourne. The sponsorship enabled participants to learn from and engage with national and international experts, exchange experiences in communicable disease control and immunisation, and build knowledge and professional networks to strengthen public health preparedness and response in their own countries
- 22 to 26 June 2026 adapted the ToT course to the Tongan PHEOC context. The ToT course was delivered by PHOENIX with Tonga MoH and WHO and was followed by a WHO PHEOC course.

Partnerships

University of Newcastle

The PHOENIX program signed an agreement with the University of Newcastle to support Papua New Guinea's Rapid Response Team (RRT) Training Program, strengthening local capability to respond to public health threats. Delivered by National Department of Health Papua New Guinea with technical support from the Field Epidemiology in Action team at the University of Newcastle, Australia, the program equips teams to detect, investigate and respond to outbreaks quickly and effectively. Funded by the Australian Government through PHOENIX, this support is enabling Phases 3 and 5 of the training.

NCCTRC representation at regional meetings

EpiNET meeting, Fiji, March 2026

Dr Maya Cherian, PHOENIX Director Education, represented the NCCTRC's PHOENIX program at the Pacific Public Health Surveillance Network (PPHSN) EpiNet Technical Working Group meeting in Fiji in March 2026. Hosted by SPC, the meeting brought together country representatives from across the Pacific and partners to advance regional public health surveillance priorities. Representatives from Fiji, French Polynesia, Guam and Tonga shared country experiences in outbreak response, highlighting lessons learned and strategic directions to strengthen EpiNet and regional collaboration.

Asia Pacific Health Security Action Framework (APHSAF) stakeholders meeting for the Western Pacific, 11 June 2026

Ms Melissa Kleine Bingham, Senior Policy Advisor, attended the Asia Pacific Health Security Action Framework (APHSAF) Stakeholders Meeting in Kuala Lumpur, Malaysia, on 11 June 2026 on behalf of the PHOENIX Program. The meeting focused on regional priorities including emergency-ready health workforce strengthening, operational readiness, the Joint Emergency Risk Management Action Plan and multisource surveillance.

- k) [Consulting with and reporting to the JGG on activities undertaken by the NCCTRC that involve other Commonwealth agencies, Australian jurisdictional governments and international organisations or governments](#)

Key updates were provided at the JGG meetings on 5 March and 26 June 2026, highlighting collaboration with various partners.

- l) [Providing advanced notice to the JGG when publications, reports or other relevant documentation are to be released](#)

Nil publications were provided in advance to the JGG by NCCTRC in this reporting period.

Training and research

- m) Organising and conducting exercises (including tabletop) and training programs in multiple major/regional cities across Australia over the period of the agreement, to support the development of essential healthcare workforce competencies and capabilities required for health emergency responses

Incident management room

NCCTRC continues to stand-up and utilise an incident management room at HQ, to support operational and deployment requirements when AUSMAT is activated.

- n) Facilitate and organise training exercises, for example Humanitarian Assistance and Disaster Relief (HADR) exercises, as mutually agreed by NCCTRC and DHDA

No information to provide in this reporting period.

- o) Leading, coordinating and conducting research activities that inform and influence protocols and decision-making processes for health emergency responses

NCCTRC research strategy

To enhance NCCTRC's research agenda, the NCCTRC Research Strategy 2025–2030 was developed. This work will prioritise research undertaken at NCCTRC to ensure evidence-based policies and procedures in emergency preparedness and response in the future. The outcomes of this research will directly inform the comprehensive AUSMAT training review scheduled for completion by the end of November 2026. This creates a valuable opportunity to integrate findings into the forward work of the Functional and Efficiency Assessment, particularly in relation to workforce capability, training efficacy and deployment readiness.

The NCCTRC, in partnership with the WHO, conducted the first formal evaluation of the WHO EMTCC Course for the Western Pacific, held in Darwin from 7 to 10 October 2025. The evaluation report was finalised on 11 June 2026, and manuscripts are being developed for publication by end of 2026. This evaluation will inform future curriculum development and implementation of the course globally by WHO and specifically for the Pacific region.

Clinical audits and clinical trials

During this reporting period, findings from the Trauma Team Activation (TTA) project, which commenced in November 2025, identified older people presenting following low energy falls as the largest cohort of trauma patients not triggering a TTA response. These findings were presented at the SWAN Trauma Conference in March 2026 and directly informed the development and implementation of specialised older person TTA criteria within the Emergency Department. This initiative aims to improve the timely identification, review and management of older trauma patients. A post-intervention audit is planned for December 2026 to assess the impact of the new criteria, with publication of the findings in a peer-reviewed journal anticipated.

- p) Supporting the development, implementation and/or review of international initiatives that facilitate timely and effective health emergency responses domestically and internationally (for example the WHO EMT initiative)

Defence Force collaboration

During this reporting period, the NCCTRC Trauma Service contributed to planning and preparedness activities associated with the 2026 Northern Australia dry season Defence exercises, including Exercise Pitch Black 2026. Further engagement activities are scheduled for July 2026, including the coordination and delivery of orientation programs for international Exercise Pitch Black health planners. These collaborative initiatives continue to strengthen interoperability, enhance emergency preparedness and support a coordinated health response capability across Northern Australia.

- q) In consultation with DHDA, developing new capability areas for AUSMAT

During the reporting period, no new AUSMAT capability areas were developed. Efforts during this period were focused on consolidating and strengthening existing capabilities to ensure continued readiness and alignment with operational and governance requirements.

Publications

Poster publications

- Neilson M et al. PHOENIX: A partnership-driven model strengthening public health emergency response across the Indo-Pacific. Global Health Security Conference 2026, Kuala Lumpur, Malaysia.
- Morrow M, McWiggan J, McDermott K, Balasubramanya B. “Mosquito bite prevention guidelines for the Australia’s Medical Assistance Team Samoa dengue deployment”; Communicable Diseases & Immunisation Conference (CDIC) 2026, Melbourne, Australia
- Marfurt J, Were K, Layton E, Winter R, Balasubramanya B. “Public Health Education Is Essential for Australian Medical Assistance Teams (AUSMAT)”; CDIC 2026, Melbourne, Australia

NCCTRC key events and engagements

18 February 2026 Somerville Disability Services – the visit focused on understanding NCCTRC's role in emergency response, disaster health capabilities, and patient support systems. Discussions focused on supporting vulnerable populations, including people living with disability, during disasters and large-scale emergencies. Somerville is one of the Northern Territory's leading disability service providers

24 February 2026 National Emergency Management Australia – this visit focused on strategic engagement to discuss NCCTRC's national deployable health capabilities, disaster preparedness, and emergency response systems. The visit would support collaboration between health emergency response and Australia's broader emergency management framework.

03 March 2026 Guido Valadares National Hospital (HNGV), Timor-Leste. HNGV is Timor-Leste's national referral and tertiary hospital. The visit aimed to strengthen regional cooperation and clinical capability discussions

03 March 2026 1st Health Battalion Command NT Clinical Network Visit The 1st Health Battalion is based in Darwin and provides combat health support capabilities. This visit focused on engagement with Australian Defence Force health leadership to strengthen military-civilian health partnerships, deployable medical capabilities, trauma care systems, and opportunities for joint training and operational collaboration.

17 March 2026 The Royal Flying Doctor Service this visit highlighted provided a briefing to RFDS staff and included discussions around remote health challenges, patient retrieval pathways, surge capacity, and emergency response across northern and remote Australia.

01 May 2026 Timor-Leste Clinicians. This visit aimed to strengthen regional clinical partnerships between Australia and Timor-Leste.

14 May 2026 Foreign Defence – Service Attaches and Advisers Group Tour international defence delegation exploring Australia's civilian disaster response and medical emergency capability. Visitors were briefed on NCCTRC's role in Indo-Pacific health emergencies, humanitarian assistance, medical deployments, and disaster coordination arrangements.

18 May 2026 Foreign Defence – Service Attaches and Advisers Group Tour international defence delegation exploring Australia's civilian disaster response and medical emergency capability. Visitors were briefed on NCCTRC's role in Indo-Pacific health emergencies, humanitarian assistance, medical deployments, and disaster coordination arrangements.

20 May 2026 RACS and NCCTRC Partnership 2026 Meet and Greet focused on strengthening collaboration in trauma care, surgical leadership, workforce development, education, research, and disaster health preparedness.

23 June 2026 Charles Darwin University Meet and Greet This was an opportunity to strengthen collaboration between NCCTRC and CDU in health education, research, disaster preparedness, workforce development, student placements, and future health leadership initiatives for the Northern Territory.

24 June 2026 CareFlight Tour. The CEO was briefed on NCCTRC's role at Royal Darwin Hospital. CareFlight plays a major role in Top End medical retrieval and remote patient transport