

### Future Ideas

- Planning a Predeployment Clinical Placement Stream – The clientele issues, clinical cases and language barriers are similar to what ADF personnel will experience on deployment or humanitarian missions.
- Clinical Placements for interstate ADF Health Personnel
- Provide Postgraduate Training for ADF Health Personnel

Overall, the ADF Clinical Placement Program has been very well received within NT DoH facilities.

---

*Corresponding author: Jessica Burton*  
*Email: jessica.burton@nt.gov.au*

### Reinvigorating CBRN Health Training for Defence Personnel- a new perspective

*Kylie Douglas*

*Kylie Douglas is currently the Training Development officer for the Directorate of Workforce Development and Training at Joint Health Command. She is involved in a number of Joint Health training initiatives including the CBRN Health Course, Military Anaesthetics Course and the training requirements for the new Garrison Health Services contract. In addition Kylie is the Defence liaison officer for the Community Services and Health Industry Skills Council.*

*Ms. Douglas has been working in Defence for the last fifteen years and previously served as a RAAF Officer. In that capacity she was involved in the establishment of the ADF Medics training continuum, the ongoing AME training requirements for ADF health personnel and the establishment of the Military Critical Care AME Team (MCAT) course. She has both clinical and operational health experience and holds a Diploma of Training and Assessment Systems in addition to a Masters of International Public Health.*

Chemical, Biological, Radiological and Nuclear (CBRN) health concerns from an ADF perspective have evolved considerably since the proliferation of chemical defence weapons in WWII. Whilst the modern day threat of CBRN weaponry is arguably low, the need for Defence health personnel to be prepared for casualties with CBRN related injuries is steadily climbing. Whole Of Government responses to global crises sees our health personnel involved in numerous CBRN type incidents, such as Fukushima, whilst at home the clean up from WWII chemical munition dumps continues. How we prepare our health professionals to work in challenging

conditions, recognize broad symptomatology, provide advice to commanders on public health concerns and work effectively with multiple stakeholders is paramount to a successful mission.

In the last five years competing Defence priorities has resulted in the demise of corporate knowledge surrounding CBRN health related medicine and broader CBRN awareness across Defence. The Services in recognizing this shortfall are reinvigorating CBRN capability with Joint Health Command (JHC), Special Operations Engineer Regiment (SOER) and the Army Logistic Training Centre (ALTC) re-establishing CBRN health specific training for our personnel.

This presentation will examine the broader Defence initiatives in relation to CBRN capability and explore the challenges for health personnel in meeting both individual and collective needs. To do this, the training and outcomes of the CBRN Health course pilot conducted at SOER in September will be discussed along with the current direction of CBRN health globally.

---

*Corresponding author: Kylie Douglas*  
*Email: kylie.douglas3@defence.gov.au*

### Care in Combat Training for Defence

*Glenn Keys*

*Glenn Keys is the CEO and Managing Director of Aspen Medical. Glenn's career covers a broad range of businesses, from start-up's to US multi-nationals. After a distinguished career in the Australian Army, where he covered a range of tasks, from test flying to engineering and logistics support for Army aircraft, Glenn was responsible for the establishment of a number of new businesses, either as start-ups or as new business units in global corporations. Glenn has led Aspen Medical from its founding just over nine years ago to today when Aspen Medical is a substantial international business with a presence in the Asia, the Pacific, USA, Canada, Papua New Guinea, Timor Leste, the Middle East, Australia and the United Kingdom. Glenn also has a strong sense of community involvement, working closely with organisations such as the ACT Down Syndrome Association, BLITS and the Special Olympics ACT Region.*

Outlines the background for the course, and development of key curriculum points, including decision to include tourniquet as a method of increasing survival at the sacrifice of the limb. Outlines staff selection, including decisions to use only staff who have seen service under fire in areas