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Medical Transfers

Standard Operating Procedure

This Standard Operating Procedure describes the procedure for conducting a medical transfer from a Regional Processing Country.

Document ID (PPN)	<i>[If this is a new document or an existing document whose purpose, scope or intent has been significantly changed a new PPN number will be allocated when it is submitted for PPCF Review]</i>
TRIM record number	<i>[Insert the TRIM record number here (ADD). The PPCR will link to this record]</i>
BCS Function	<i>[The Level 2 BCS function should be identified here. Information on the BCS can be located here]</i>
Risk	<i>[Identify the appropriate risk level as identified in the Legal Clearance Criteria at Attachment C of the PPCF Procedural Instruction (SM-5419)]</i>
Document owner	<i>[Insert the document owner position title. Standard Operating Procedures are owned at a minimum by an SES Band 1 Officer]</i>
Approval date	<i>[insert date]</i>
Document Contact	<i>[Who do staff contact if they have queries regarding the content or activities outlined in this document Section name and e-mail address]</i>

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1. Purpose

These standard operating procedures describe the procedure for conducting medical transfers from Regional Processing Countries to other countries.

The purpose of this document is to ensure that all those involved in the planning and facilitation of a medevac or a non-urgent medical transfer clearly understand and acknowledge their obligations and act in accordance with Government policy and legislation.

2. Scope

Preservation of life is the primary consideration when determining whether a patient should be transferred from a Regional Processing Country for temporary medical treatment. The Department's policy is clear that where the required treatment can be provided in the Regional Processing Country, it should occur in the Regional Processing Country. If the medical condition is life-threatening and the treatment cannot be facilitated in the Regional Processing Country or a third country, transfer to Australia will be considered.

This document applies to the following medical transfer categories:

1. Medevac (urgent medical transfer which usually requires an air ambulance)
2. Non-urgent medical transfer (usually a charter/commercial flight).

Note – urgency is defined by the medical condition and suggested timeframes for movement and not the mode of transport.

2.1 Roles and responsibilities

A transferee in a Regional Processing Country has access to health care and treatment through the contracted health services provider (HSP) or the Regional Processing Country's health system.

A transferee's treating medical practitioner contracted by the Australian government or the Regional Processing Country may assess that the transferee's health needs cannot be met by the HSP or the Regional Processing Country's health system.

The HSP or Regional Processing Country may send a request for medical transfer to Detention and Offshore Operations Command (DOOC). DOOC liaises with HSP officers, officers from Health Services Policy and Child Wellbeing Division where clinical guidance is required and with Property and Major Contracts Division regarding contractual requirements and potential additional expenditure.

Whenever a TPC is planned, a Medical Officer of the Commonwealth will be requested to provide a medical opinion, by either the Department's Chief Medical Officer (CMO), the First Assistant Secretary of the Health Policy and Child Wellbeing Division, the Department's legal section and or the Department's offshore health operations.

- The MOC will be asked to review the case and translate clinical information into plain English, which will provide advice to the non-clinicians in the TPC regarding the severity and urgency of the medical condition. They will raise any alarms regarding urgency.
- The MOC will not include specific operational advice, but rather recommendations which could relate to medical assessment, diagnostics, acute and long term management.
- For consistency, a template is used, which will reference the documentation reviewed.
- The Clinical Advisory Team (CAT) will provide an opinion based on the information provided.

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- The CAT may request further information, where necessary, to complete their opinion.

The Assistant Commissioner, Detention and Offshore Operations Command (AC DOOC) is the responsible officer to make a decision on a medical transfer request. In the case of a medical emergency where the health care service provider recommends urgent transfer, the AC DOOC may decide to transfer the patient to Australia without convening a Transitory Persons Committee (TPC). Where the transfer is not urgent as per the clinical advice of the HSP, he or she may request a TPC to be convened by contacting the Chair of the TPC.

The TPC provides advice to the AC DOOC regarding whether the circumstances of the case satisfies the policy requirements for transfer to Australia. The TPC may also recommend that further medical advice is sought or explore options to either provide the required health services in the Regional Processing Country in which the person resides, or the transfer of the person to a third country for that health service.

The legislative framework for medical transfers is as set out in Health Services Policy and Child Wellbeing Division's Health Care in Regional Processing Countries policy.

2.2 Urgent and non-urgent medical transfers

When DOOC receives the request for medical transfer from the HSP or the Regional Processing Country the urgency placed on the consideration of the request depends on:

1. the criticality of the condition; and
2. the timeframe for transfer as stated on the request. Category 1: Urgent (immediate to within 24 hours, Category 2: Semi-urgent (24 – 72 hours) and Category 3: >72 hours.

The request for medical transfer sets out the patient details, the requesting medical officer's details, the nature of the condition, recommended treatment, recommended treatment location and recommended timeframe for transfer.

The tables below outlines the operational checklist for OHOS and DOOC NCU, and assists both areas during operational handovers (especially for operations that occur outside of business hours).

3. Standard Operating Procedure

3.1 Record Keeping

All records about medical transfers must be kept consistently with Departmental policies and processes on record-keeping.

3.2 Medical transfer requests initiated other than from the health service provider

AC DOOC will consider requests or recommendations for medical transfer made by the HSP (via a Request For Transfer (RFT) – see Section 4), or from other sources (which may include legal action brought on behalf of a transferee, refugee or non-refugee).

When AC DOOC is considering a request or recommendation for medical transfer other than from the RFT process, DOOC NCU and/or OHOS will:

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1. contact the relevant HSP and request a Health Summary, which will include a chronology of the patient's medical condition, testing and treatment, recommendations for future treatment and care and other relevant information (including, where relevant, details of the nature of any legal query to allow the HSP to thoroughly address the medical issue(s) which are the focus of the request or recommendation for medical transfer);
2. prepare a comprehensive person of interest brief (POI) and pay particular attention to the medical condition that has prompted the consideration for medical transfer;
3. provide the HSP Health Summary, POI Brief and associated reports/ documents to Superintendent OHOS and/or Commander Offshore Operations Coordination (OOC) for clearance; and
4. include information regarding the case in the daily AC DOOC Brief, and provide the information through the Superintendent OHOS and Commander OOC to the AC DOOC.

Superintendent OHOS will allocate the case to an OHOS officer, who will:

1. notify the Health Liaison Officer (HLO) that the transferee / refugee is being considered for possible medical transfer;
2. review the HSP Health Summary and DOOC NCU brief;
3. request additional information, testing or medical opinions as required (including from the MOC team) if they consider that insufficient information is available for AC DOOC to make a decision about the medical transfer; and
4. File all related documentation in the department's records management system (TRIM).

3.2.1 Transfers Supported by Health Service Provider

If the HSP supports the treatment or testing being requested or recommended, the HSP will advise where the treatment may be sourced. If the testing or treatment cannot be provided in the relevant Regional Processing Country (including by flying a specialist provider or equipment in to undertake the procedure), the HSP will:

1. recommend which overseas country can provide it;
2. make an OMR referral to the Government of the relevant Regional Processing Country if an OMR is not already requested/ approved; and
3. provide a Request For Transfer (RFT) to OHOS (see Section 4). The HSP must then commence liaison with the third country medical providers to put the necessary arrangements in place.

If the HSP recommendation is that the medical testing or treatment be provided in another country, the OHOS Superintendent will immediately brief the AC DOOC through the Commander OOC, notify the Superintendent NCU, the relevant Regional Processing Country Program Coordinator and HLO.

OHOS may convene a TPC (refer to section 7) as requested by the AC DOOC.

3.2.2 Transfer Not Supported by Health Service Provider

Where the HSP does not support a request or recommendation for medical transfer, the HSP must clearly set out in a report to OHOS the reasons why medical transfer is not supported. This must be completed in a timely manner.

OHOS may request a second opinion be obtained by the HSP. OHOS will refer the HSP report and related documents to the MOC for review.

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3.3 Transfers sought as part of legal action

Where a medical transfer is ordered through legal action, OHOS must engage with Home Affairs Legal Division and provide all necessary documents as required, including keeping Home Affairs Legal Division updated on any developments.

4. Request For Transfer

An RFT is initiated by the HSP recommending the transfer of a transferee, refugee or non-refugee to another country for medical treatment. Transferees or non-refugees are subject to the RFT process and not the OMR process as their health care is the responsibility of the Department and its HSP, rather than the Government of the Regional Processing Country.

See Table 7 for the RFT process for Nauru.

5. Transfers from Nauru

OHOS will seek the following information from the Department’s contracted HSP, International Health and Medical Services Pty Ltd (IHMS), prior to considering a medical transfer from Nauru:

- 1. Treatment options available locally, at the Republic of Nauru (RoN) Hospital
- 2. Whether a specialist can travel to Nauru to undertake the necessary medical treatment
- 3. Treatment options at the Pacific International Hospital (PIH) in Port Moresby (POM)
- 4. Treatment options at the Taiwan Adventist Hospital (TAH).

For transfers to Papua New Guinea (PNG), approval is sought from the PNG Government (Immigration and Citizenship Authority (ICA)).

Detailed procedures for transfers from Nauru are outlined below.

5.1. Nauru to Port Moresby

5.1.1. Medevac

Table 1 below outlines the process for effecting an urgent medevac from Nauru to Port Moresby.

When a task is completed by either OHOS or DOOC NCU, each row is to be updated. If tasks are pending (e.g. waiting on a response to close the action), the task should be highlighted in yellow. This will assist hand over during operations that occur outside of business hours.

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Table 1 - Procedure for medevac hand over urgent transfer from Nauru to POM via air ambulance (AA)

	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
1	IHMS notifies Department IHMS Assistance Centre notifies OHOS by email (s. 47E(d) abf.gov.au) of a recommendation for urgent transfer via air ambulance (medevac) for an individual. Details in the request from IHMS must include: <ul style="list-style-type: none"> • Boat ID / Refugee ID; • Full name as per Nominal Roll; • DOB; • Nationality; • Language (and if interpreter is required to travel); • Clinical condition and status (critical, stable etc, including any critical timeframes); • RFT; and • OMR status (for refugees only) • If IHMS recommends accompanying family members, family details, including any allegations/incidents of family violence or child abuse, are to be provided. 	IHMS			
2	Verify notification IHMS Assistance Centre follows up with a verbal notification to OHOS during office hours, or DOOC NCU outside office hours.	IHMS			
3	Escalate medevac request to Commander, Offshore Operational Coordination (OOC) for approval Seek approval from Commander OOC. Discuss accompanying family members, including any allegations/incidents of family violence/ child abuse (if applicable). During office hours: OHOS escalates the medical evacuation request to the Commander OOC through the Superintendent, OHOS for approval. After-hours: DOOC NCU duty officer escalates directly to Commander OOC. Note: Ensure all email correspondence includes the s. 47E(d) abf.gov.au and s. 47E(d) gov.au , and Superintendent OHOS. DOOC NCU to also verbally notify Superintendent OHOS.	OHOS DOOC NCU			
4	Receive approval and notify IHMS to proceed with medevac and obtain air ambulance (AA) quote Commander OOC approves transfer. OHOS notifies IHMS Assistance Centre via email with a cc to s. 47E(d) abf.gov.au and confirms approval verbally. OHOS requests IHMS: <ul style="list-style-type: none"> • Proceed with medevac arrangements and obtain a quote from International SOS (ISOS) for an AA; • Timings of AA; • Size of aircraft; • Whether a security escort is required; and • Special requirements (eg. wheel chair). Note: After hours, DOOC NCU is responsible to complete the above mentioned tasks.	OHOS	DOOC NCU		
5	Pre-approval from ICA OHOS to draft an email for Commander OOC, cleared by Superintendent OHOS, requesting the AS RPR seek pre-	OHOS	DOOC NCU		

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	approval from PNG Immigration and Citizenship Authority (ICA) for the medevac to occur.				
6	<p>Notify Nauru Team OHOS (during business hours) or DOOC NCU (after hours) are to advise the Nauru Programme Coordinator, Nauru Operations Lead, Nauru Transfer Officer and Nauru HLO of the medevac and request they obtain the following:</p> <ol style="list-style-type: none"> 1. GoN Secretary of MCA approval for the patient to depart Nauru; 2. Statement of Identity, noting it is unlikely a Certificate Of Identity (COI) or Titre de Voyage (TDV) could be obtained from GoN in time to facilitate an urgent medevac; 3. PNG visa application forms; 4. Detention Service Provider Assessment (DSPA) for a transferee patient resident in a RPC; 5. Consent forms; 6. Security escort information, including passport bio data page/s (if security escort is required); 7. Facilitate AA crew/ medical team members' visas with GoN Immigration (visas are required if leaving the tarmac area eg for medical handover at the IHMS clinic or RoN hospital – passport bio pages need to be provided by AA provider asap to avoid delays on arrival in Nauru – refer below); 8. ASR for security escort - Nauru Service Delivery officer to prepare an ASR and obtain approval from Service Delivery in NaTO (if security escort by Nauru based officers is required). <p>If crew or the medevac medical team members need to leave the tarmac area they will require GoN visas. IHMS must complete and submit the visa application forms and provide a copy of the passport bio data pages, which is to be sent to OHOS ^{s. 47E(d)} abf.gov.au (during business hours) or DOOC NCU (after hours), then immediately on-forwarded to the Nauru HLO ^{s. 47E(d)} gov.au (CC in the Nauru Transfers Officer ^{s. 47E(d)} abf.gov.au and Nauru Operations Lead ^{s. 47E(d)} abf.gov.au) to advise the GoN Director of Immigration so he can ensure immigration staff are present at the airport to facilitate entry.</p> <p>Note:</p> <ul style="list-style-type: none"> • PNG ICA cannot provide formal approval until the above 1-3 items have been completed/submitted by the Nauru team. • Biodata details are to be based on information in the Nominal Roll • Request DSPA for asylum seekers by emailing Wilson Security at ^{s. 47E(d)} abf.gov.au • Nauru Transfer Officer or Nauru Operations to contact HOST Case Management for behavioural report (noting not all refugees are case managed by HOST, so a report may not be available), specifically addressing any allegations/ incidents of family violence/ child abuse (if applicable). 	OHOS	DOOC NCU		
7	Seek formal ICA approval				

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	When the Nauru HLO sends through all the completed forms (as per step # 6 above), OHOS is to draft an email to AS RPR from Commander OOC through Superintendent OHOS seeking formal ICA approval.				
8	Approval of medevac quote OHOS emails the air ambulance quote to First Assistant Secretary (FAS), Property and Major Contracts for approval. FAS Property and Major Contracts emails OHOS approval of the medevac air ambulance quote. OHOS to TRIM approval in the patient's BCC folder.	OHOS	DOOC NCU		
9	Further information from IHMS Once FAS Property and Major Contracts has approved the quote, OHOS to advise IHMS Assistance via email and request further information, including: <ul style="list-style-type: none"> • Receiving care arrangements (such as PIH via ambulance); • Medevac details and related arrangements; • Confirmed requirements for medical escorts; and • Confirmed AA timings. <p>Note: IHMS may request OHOS/DOOC NCU to provide a security escort, if required by the Air Ambulance provider. Service Delivery to advise of the ASR status.</p>	IHMS			
10	Notify stakeholders OHOS notifies operational staff in Nauru and Port Moresby (POM), DOOC NCU and other stakeholders of medevac details. <p>Note: Do not notify SRSS unless approved by the Superintendent Offshore Health Operations Section.</p>	OHOS	DOOC NCU		
11	Logistics – Nauru Operations Request Airside Access for Air Ambulance Request airside access for the IHMS Ambulance and passes for IHMS Staff who are in the ambulance. Coordinate Medevac with Airport Operations At the airport, ABF transfer officer to: <ul style="list-style-type: none"> • Collect the airside passes on arrival at the airport (arrive well before the flight arrives); • Wait in the carpark area for the flight and the ambulance to arrive; • Liaise with airport security for airside ambulance access. Ambulance will not be able to access airside until the aircraft has completed the landing procedures; • Provide IHMS staff with airside passes and escort onto tarmac when advised by airport staff; and • Nauru Transfer Officer/ Nauru Operations Lead to email / text DOOC NCU when the aircraft lands and on wheels up. <p>Note: Landing Approval of Air Ambulance GoN landing and refuelling approval is sought by the AA provider. Notification to the Nauru High Commission and other stakeholders is a BAU GoN activity (TBC).</p>	Nauru Operations			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
12	Security escort hand over Security arrangements must include: <ul style="list-style-type: none"> Security escort to accompany transport to Nauru airport; Security escort to board flight (if applicable) and discuss security considerations/arrangement with air ambulance crew and pilots. Note: <ul style="list-style-type: none"> Security escort(s) from Nauru will obtain a tourist visa in PNG, therefore security handover must occur on the tarmac as the Nauru security escort will cease work when they disembark the aircraft. POM security escorts will take over security arrangements from the tarmac to the receiving care facility (PIH) Security escorts are mandatory during night operations from POM airport to the receiving care facility (security convoy to accompany the ambulance to the hospital). 				
13	IHMS in Nauru transfer medical responsibility IHMS in Nauru are responsible to provide a detailed clinical hand over to the air ambulance medical staff at the time when the patient boards the aircraft, and to make notes re the handover (including time/ date/ name and position of the person to whom clinical responsibility was transferred). IHMS in Nauru to provide a detailed written clinical handover to PIH, with a teleconference if necessary. Details of the handover are to be recorded on Apollo.	IHMS Clinical Team			
14	DOOC NCU Prepare Draft Operation Order (OPORD) DOOC NCU: <ul style="list-style-type: none"> Draft and finalise OPORD with all available information, including key contacts across all phases of the medical transfer in the OPORD. 	DOOC NCU			
15	Teleconference with key stakeholders OHOS convenes a teleconference with key internal stakeholders to confirm details in the OPORD and to ensure all key stakeholders are across their areas of responsibility. Key stakeholders include: <ul style="list-style-type: none"> OHOS DOOC NCU Nauru Programme Coordinator, Operations Lead, Transfer Officer and HLO POM Transition Team; and Service Delivery 	OHOS			
16	IHMS to advise of AA movements IHMS Assistance Centre to call DOOC NCU duty phone to advise aircraft movements throughout operation, including wheels down in POM and any delays/ incidents. Note: If updates aren't received, OHOS or DOOC NCU are to call IHMS Assistance Centre to request current status of the medevac.	IHMS Assistance			
17-	Changes to OPORD details DOOC NCU to advise all the stakeholders listed within the OPORD of any changes to aircraft movements, including delays.	DOOC NCU			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	Note: During business hours, OHOS will advise DOOC NCU if they become aware of changes to aircraft movements, including delays.				
18	SITREPs DOOC NCU is responsible for issuing sitreps throughout the operation, including to advise of any delays or issues with the operation.	DOOC NCU			
19	OHOS hand over to DOOC NCU Note: This step may occur at any stage of the pre-planning or during the medevac operation. During the pre-planning and operational phases of the medevac, OHOS will hand over the current status/progress to DOOC NCU at 1530 hrs AEST each business day. OHOS to provide DOOC NCU with a medevac tracker outlining the above steps, what action has been taken and what is still outstanding.	OHOS DOOC NCU POM transition team Nauru Ops			
20	Post-Operation Review OHOS is responsible for arranging a post-operation review with stakeholders, including at a minimum, all stakeholders identified in the OPORD. Outcomes of the Post-Operation Review will inform the continued development of transfer SOPs and guidelines, and provide lessons learnt to assist in the planning and tactical implementation of future operations.	OHOS All the stakeholders			
21	OHOS administration As soon as practicable within 48 hours of completion of the medevac, OHOS is to: <ul style="list-style-type: none">Update the Medical Transfer Master ListCreate a folder within the OHOS mailbox ss. 47E(d) abf.gov.au). Note, the folder is to be located under Transfers / Medevac and is to be titled with the patient's name;Create a folder in the group drive G:\uadd\DETENTF\Detention Health Task Force\HEALTH SERVICES OFFSHORE SECTION\4. Three Island\1. Medical Transfers\Medical Transfer Master Lists – save documents related to transfer; andUpdate/create the case summary and chronology.	OHOS	DOOC NCU		

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5.1.2. Non-Urgent Charter Transfer Nauru to Port Moresby

Table 2 – Procedures for non-urgent transfer via a commercial or charter flight from Nauru to POM.

	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
1	<p>Referrals Submitted to Department</p> <p>IHMS Assistance Centre will notify OHOS of patients who require treatment which is not available in Nauru via a Request for Medical Movement (RFT). The IHMS Assistance Centre and/ or the Nauru HLO will advise OHOS of any refugees who have been recommended for transfer by the GoN OMR committee.</p> <p>OHOS will liaise with IHMS to develop a list of referred cases which is prioritised based on clinical need.</p> <p>OHOS must ensure that GoN approval has been provided for all persons recommended for transfer. This includes an approved OMR for refugees, which must be provided to OHOS in writing (via email), and approval from the GoN Secretary for Multicultural Affairs for all transferees and refugees departing Nauru.</p> <p>Refer to section 7 below for information about the RFT process; refer to section 8 below for information about the OMR process.</p>	OHOS	IHMS Assistance Nauru HLO (written OMR)		
2	<p>Receiving care options considered</p> <p>IHMS Assistance Centre must confirm that PIH can treat the condition referred to in the RFT/ OMR.</p>				
3	<p>Pre-approval from ICA</p> <p>OHOS to draft an email for AS RPR, cleared by Superintendent OHOS, seeking pre-approval from PNG Immigration and Citizenship Authority (ICA) for the patient(s) and any accompanying family members to transfer to PNG.</p>	OHOS	DOOC NCU		
4	<p>Seek approval from Commander OOC</p> <p>Superintendent OHOS to seek approval from the Commander OOC, who holds the delegation to approve non-urgent medical transfers. Discuss accompanying family members, including any allegations/ incidents of family violence/ child abuse (if applicable).</p>	OHOS	DOOC NCU		
5	<p>Provide approved charter list to ABF Nauru</p> <p>OHOS to send an approved list of patients to the Nauru HLO ss. 47E(d) gov.au Nauru Operations Lead and Nauru Transfers Officer. The Nauru HLO will work with the Nauru Transfers Officer to obtain:</p> <ol style="list-style-type: none"> 1. Approval of the GoN Secretary for MCA for the patient(s) to depart Nauru; 2. COI (for a transferee/refugee) or TDV (for a refugee); 3. Signed PNG visa application forms; 4. Detention Service Provider Assessment (DSPA) (for a transferee) or a behaviour report from HOST for a refugee on their caseload (note that the majority of refugees are not case managed), specifically addressing any allegations/ incidents of family violence/ child abuse (if applicable); 5. Signed consent forms; 6. Fit to Travel (FTT) for each patient; 7. Security escort information, including passport bio data page/s if the escort is employed on Nauru (escorts and related documentation should be 	Nauru Transfer Officer	OHOS DOOC NCU		

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	<p>arranged by IMA Charters and Transfers in NaTO);</p> <p>8. Approval of an ASR for security escort (if required) from the Service Delivery team in NaTO through Service Delivery staff on Nauru.</p> <p>9. Confirmation of the availability of interpreters for the charter (if required) through the Nauru ILO in consultation with TIS national.</p> <p>Note:</p> <ul style="list-style-type: none"> Biodata details for transferees and refugees are to be based on information in the Nominal Roll. Nauru Transfer Officer will request DSPA for transferees by emailing Wilson Security at s. 47E(d) Nauru Transfer Officer or Nauru Operations Lead to obtain behavioural report from HOST re refugees on their case management caseload, noting that the majority of refugees on Nauru are not case managed. 				
6	<p>Seek formal ICA approval</p> <p>When Nauru HLO sends through the signed visa forms (as per step 5 above), OHOS is to draft an email to AS RPR from Commander OOC, through Superintendent OHOS, seeking formal ICA approval.</p> <p>The PNG visa application form for each patient is to be attached to the email.</p>	OHOS	DOOC NCU		
7	<p>Liaise with IMA Charters and Transfers</p> <p>Once ICA has approved, OHOS is to liaise with IMA Charters and Transfers to arrange a chartered aircraft.</p>	OHOS	DOOC NCU		
8	<p>IHMS in Nauru transfer medical information to PIH</p> <p>IHMS in Nauru are responsible to provide detailed clinical handover arrangements to PIH, and to document on Apollo details of the handover (including time/ date/ name and position title of person with whom the clinical handover was done).</p>	IHMS			
9	<p>DOOC NCU drafts Operation Order (OPORD)</p> <p>DOOC NCU to draft and finalise an OPORD, including key contacts across all phases of the charter operation.</p>	DOOC NCU			
10	<p>Teleconference with Key Stakeholders</p> <p>OHOS to convene a teleconference with key internal stakeholders to confirm details in the OPORD and to ensure all key stakeholders are across their areas of responsibility. Key stakeholders include:</p> <ul style="list-style-type: none"> OHOS DOOC NCU Nauru Programme Coordinator, Operations Lead, Transfer Officer and HLO POM Transition Team Service Delivery 				
11	<p>Changes to OPORD details</p> <p>DOOC NCU to advise all the stakeholders listed in the OPORD of any changes to aircraft movements, including delays.</p>	DOOC NCU			

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	Note: During business hours, OHOS will advise DOOC NCU if they become aware of changes to aircraft movements, including delays.				
12	Charter Company to advise of AA movements Contracted charter company to call DOOC NCU duty phone to advise aircraft movements throughout operation, including wheels down in POM and any delays/ incidents. Note: If updates aren't received, OHOS or DOOC NCU are to call the contracted charter company to request current status of the medevac.	IHMS Assistance			
13	SITREPs DOOC NCU is responsible for issuing sitreps throughout the operation, including to advise of any delays or issues with the operation.	DOOC NCU			
14	Post-Operation Review OHOS is responsible for arranging a post-operation review with stakeholders, including at a minimum, all stakeholders identified in the OPORD. Outcomes of the Post-Operation Review will inform the continued development of transfer SOPs and guidelines, and provide lessons learnt to assist in the planning and tactical implementation of future operations.	OHOS All the stakeholders			
15	OHOS administration As soon as practicable within 48 hours of completion of the charter, OHOS to ensure the following tasks are completed: <ul style="list-style-type: none"> Update Medical Transfer Master List Create a folder within the OHOS mailbox ss. 47E(d) abf.gov.au). Note, the folder is to be located under Transfers / Medevac and is to be titled with the patients name; Create a folder in the group drive G:\uadd\DETENT\Detention Health Task Force\HEALTH SERVICES OFFSHORE SECTION\4. Three Island\1. Medical Transfers\Medical Transfer Master Lists – save documents related to transfer; and Update/create the case summary and chronology. 	OHOS	DOOC NCU		

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5.2. Nauru to Taiwan

In order to transfer more urgent as clinically indicated patients to Taiwan the use of a medevac can be pursued. This may be initiated by AC DOOC or Commander OOC.

5.2.1. Medevac

Table 3 – Procedures for urgent medical transfer via AA to Taiwan

	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	AC DOOC may advise that an AA to Taiwan is required. Please follow actions from Step 4 below.				
1	<p>IHMS notifies Department IHMS Assistance Centre notifies OHOS s. 47E(d) abf.gov.au of a recommendation to medevac a patient and requests OHOS commence acquiring the necessary internal approvals.</p> <p>Details in the request from IHMS must include:</p> <ul style="list-style-type: none"> • Boat ID / Refugee ID; • Full name as per Nominal Roll; • DOB; • Nationality; • Language (and if interpreter is required to travel); • Clinical condition and status (critical, stable etc., including any critical timelines); • Recommended timeframe for transfer; • RFT; or • OMR status (for refugees only). • If IHMS recommends accompanying family members, family details, including any allegations/ incidents of family violence or child abuse, are to be provided. 	IHMS			
2	<p>Verify notification IHMS Assistance Centre follows up with a verbal notification to OHOS duty phone during office hours, or DOOC NCU outside of hours.</p>	IHMS			
3	<p>Escalate medevac request to Commander, Offshore Operational Coordination (OOC)</p> <p>Seek approval from AC DOOC through Commander OOC to convene a TPC, or Commander OOC may approve medevac transfer in consultation with AC DOOC.</p> <p>During office hours: OHOS escalates the medical evacuation request to the Commander OOC through the Superintendent, OHOS for approval; and</p> <p>After-hours: Detention and Offshore Operations Coordination National Coordination Unit (DOOC NCU) duty officer escalates directly to Commander OOC and ensures all email correspondence includes the s. 47E(d) border.gov.au, s. 47E(d) gov.au and Superintendent OHOS.</p>	OHOS DOOC NCU			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
4	<p>Convene Transitory Persons Committee AC DOOC or Departmental delegate convenes the TPC, which considers the Medical Officer of the Commonwealth's advice, and makes recommendations to AC DOOC transfer to Taiwan in line clinical recommendations and government policy. Also makes recommendations in relation to accompanying family members.</p> <p>Refer to section 8 below.</p> <p>Note: TPC meeting is not required if the Commander OOC/ AC DOOC has approved transfer.</p>	OHOS	DOOC NCU		
5	<p>Receive approval and notify IHMS to proceed with medevac and obtain air ambulance (AA) quote After AC DOOC/ Commander OOC approves transfer to Taiwan, OHOS notifies IHMS Assistance Centre via email and confirms approval verbally.</p> <p>OHOS notifies Nauru HLO so preparations can commence with GoN on Nauru, noting airport staff required to support the arrival may be difficult to contact after hours, the GoN Director of Immigration needs to be informed and approval for departure obtained from the GoN Secretary of MCA.</p> <p>OHOS requests IHMS Assistance centre proceed with the medevac and:</p> <ul style="list-style-type: none"> Obtain a quote from ISOS for an AA; Provide timings of AA; Provide size of aircraft; Advise whether a security escort is required; and Advise of any special requirements (eg wheel chair). <p>Note: after hours, DOOC NCU is responsible for the above mentioned points.</p>	OHOS	DOOC NCU		
6	<p>Notify medical transfer details to Department IHMS Assistance Centre to advise OHOS and DOOC NCU of the medical transfer details. IHMS request details of a security escort from OHOS (if required by the air ambulance provider).</p>	IHMS			
7	<p>Approval of medevac quote OHOS emails the air ambulance quote to First Assistant Secretary (FAS), Property and Major Contracts for approval.</p> <p>FAS Property and Major Contracts emails OHOS approval of the medevac air ambulance quote.</p> <p>OHOS to TRIM approval in the patient's BCC folder.</p>	OHOS	DOOC NCU		
8	<p>Pre-approval from Taiwan OHOS to draft an email for Commander OOC, cleared by Superintendent OHOS, requesting the AS RPR seek pre-approval from Taiwan for the medevac to occur.</p>	OHOS	DOOC NCU		
9	<p>Notify Nauru Team: OHOS (during business hours) or DOOC NCU (after hours) are to advise the Nauru Programme Coordinator, Nauru Operations Lead, Nauru Transfer Officer and Nauru HLO of the medevac and request they obtain:</p> <ol style="list-style-type: none"> GoN Secretary for MCA approval for the patient to depart Nauru; 	OHOS; Nauru HLO; Nauru transfers officer			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	<ol style="list-style-type: none"> 2. Statement of Identity (SOI) if the patient does not already have a COI or TDV; 3. Detention Service Provider Assessment (DSPA) (Transferee) or HOST behaviour report if the refugee is case managed (noting the majority of refugees on Nauru are not), specifically addressing any allegations/ incidents of family violence/ child abuse (if applicable); 4. Signed consent forms; 5. Security escort information including passport bio data page/s (if a security escort is required by the AA provider and is working on Nauru). 6. Completed Taiwan Visa application form 7. Signed Consent form to travel to Taiwan <p>If crew or the medevac medical team members need to leave the tarmac area they will require GoN visas. IHMS must complete and submit the visa application forms and provide a copy of the passport bio data pages, which is to be sent to ^{s. 47E(d)} abf.gov.au and OHOS (during business hours) or DOOC NCU (after hours), then immediately on-forwarded to the Nauru HLO ^{s. 47E(d)} abf.gov.au (CC in the Nauru Transfers Officer ^{s. 47E(d)} abf.gov.au and Nauru Operations Lead ^{s. 47E(d)} abf.gov.au) to advise the GoN Director of Immigration so he can ensure immigration staff are present at the airport to facilitate entry.</p> <p>When emailing, CC the following:</p> <ul style="list-style-type: none"> • Superintendent OHOS • Program Coordinator Nauru • Operations Lead Nauru • Transfers Officer Nauru • Nauru HLO • Taiwan HLO • RPC HLO • DOOC NCU 				
10	<p>Notify Taiwan Team: OHOS (during business hours) or DOOC NCU (after hours) are to advise the Taiwan HLO of the medevac and request they obtain:</p> <ol style="list-style-type: none"> 1. Approval from TAH to accept the patient 2. Permission for the patient to arrive in Taiwan without a visa if needed 3. Confirmation of airport and transport arrangements in Taiwan, including arrangement of an ambulance from the medivac to the TAH if required <p>Taiwan HLO or OHOS to insert tasks to be undertaken</p> <ol style="list-style-type: none"> 1. Confirm that the TAH is able to accept the patient 2. Arrange any medical escorts from the TAH if needed 3. Send the TAH copies of SOI, COI or TDV of the patient and accompanying family members 4. Send the TAH copies of the signed consent forms, affidavit and acceptance letter 5. Arrange accommodation for accompanying family members 	OHOS; Taiwan HLO			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	<p>6. Arrange accommodation for HOST if the patient or an accompanying family member is a minor</p> <p>7. Arrange transportation for the patient from the airport to the TAH, including ambulance transfer if needed</p> <p>8. Arrange for doctors to meet the arriving patient if needed</p> <p>9. Make arrangements for a visa application on arrival if the incoming patient doesn't already hold a visa for Taiwan</p> <p>When emailing, CC the following:</p> <ul style="list-style-type: none"> • Superintendent OHOS • Program Coordinator Nauru • Operations Lead Nauru • Transfers Officer Nauru • Nauru HLO • RPC HLO • DOOC NCU 				
11	<p>DOOC NCU drafts OPORD</p> <p>DOOC NCU to draft and finalise OPORD with all available information, including key contacts across all phases of the medical transfer.</p>	DOOC NCU			
12	<p>Teleconference with key stakeholders</p> <p>OHOS convenes a teleconference with key internal stakeholders to confirm details in the OPORD and to ensure all key stakeholders are across their areas of responsibility. Key stakeholders include:</p> <ul style="list-style-type: none"> • OHOS • DOOC NCU • Nauru Programme Coordinator, Operations Lead, Transfer Officer and HLO • Taiwan HLO; and • Service Delivery 	OHOS			
13	<p>IHMS to advise of AA movements</p> <p>IHMS Assistance Centre to call DOOC NCU duty phone to advise aircraft movements throughout operation, including wheels down in Taiwan and any delays/ incidents.</p> <p>Note: If updates aren't received, OHOS or DOOC NCU are to call IHMS Assistance Centre to request current status of the medevac.</p>	IHMS Assistance			
14	<p>Changes to OPORD details</p> <p>DOOC NCU to advise all the stakeholders listed within the OPORD of any changes to aircraft movements, including delays.</p> <p>Note: During business hours, OHOS will advise DOOC NCU if they become aware of changes to aircraft movements, including delays.</p>	DOOC NCU			
15	<p>IHMS in Nauru transfer medical information to TAH.</p> <p>IHMS in Nauru are responsible to provide a detailed clinical hand over to the air ambulance medical staff at the time when the patient boards the aircraft, and to make notes re the handover (including time/ date/ name and position of the person to whom clinical responsibility was transferred).</p> <p>IHMS in Nauru to provide a detailed written clinical handover to TAH, with a teleconference (if necessary). Details of the handover are to be documented in Apollo.</p>	IHMS			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
16	SITREPs DOOC NCU is responsible for issuing sitreps throughout the operation, including to advise of any delays or issues with the operation.	DOOC NCU			
17	OHOS hand over to DOOC NCU Note: This step may occur at any stage of the pre-planning or during the medevac operation. During the pre-planning and operational phases of the medical movement, OHOS will hand over the current status/progress to DOOC NCU at 1530 hrs AEST each business day. This includes OHOS providing DOOC NCU with a medevac tracker outlining the above steps, what action has been taken and what is still outstanding.	OHOS; DOOC NCU; POM transition team; Nauru Ops			
18	Post-Operation Review OHOS is responsible for arranging a post-operation review with stakeholders, including at a minimum, all stakeholders identified in the OPORD. Outcomes of the Post-Operation Review will inform the continued development of transfer SOPs and guidelines, and provide lessons learnt to assist in the planning and tactical implementation of future operations.	OHOS All the stakeholders			
19	OHOS administration OHOS is to ensure the following tasks are completed during or soon after the medical movement occurs (within 48 hours): <ul style="list-style-type: none"> Update Medical Transfer Master List Create a folder within the OHOS mailbox ss. 47E(d) abf.gov.au. Note, the folder is to be located under Transfers / Medevac and is to be titled with the patients name; Create a folder in the group drive G:\uadd\DETENTF\Detention Health Task Force\HEALTH SERVICES OFFSHORE SECTION\4. Three Island\1. Medical Transfers\Medical Transfer Master Lists – save documents related to transfer; and Update/create the case summary and chronology. 	OHOS	DOOC NCU		

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5.2.2. Non-Urgent Charter Transfer Nauru to Taiwan

Table 4 – Procedures for movement via charter flight Nauru to Taiwan

	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
1	IHMS notifies the Department IHMS Assistance Centre notifies OHOS by email ss. 47E(d) abf.gov.au of a RFT or OMR recommending medical treatment in Taiwan.	IHMS			
2	Add to transfer list OHOS (Taiwan team) add to the outstanding transfer list (aka the Master Spreadsheet).	OHOS			
3	Prioritisation OHOS request IHMS to prioritise the list of proposed transfers based on clinical need.	OHOS			
4	Approval from Commander, OOC OHOS to seek Commander OOC approval for individual/s to transfer from Nauru to Taiwan, including any accompanying family members (if applicable). If consideration is being given to family members accompanying the patient, consideration must be given to any allegations/ incidents of family violence/ child abuse (if applicable).	OHOS			
5	Notify Nauru Team Send proposed transfer list to Nauru HLO ss. 47E(d) gov.au and cc the Nauru Transfers Officer ss. 47E(d) abf.gov.au and Nauru Operations Lead ss. 47E(d) abf.gov.au to obtain: <ol style="list-style-type: none"> 1. Approval of the GoN Secretary for MCA for patients and any accompanying family members to depart Nauru; 2. COI (for a transferee/refugee) or TDV (for a refugee); 3. Taiwan visa for each patient/ person travelling; 4. Detention Service Provider Assessment (DSPA) (for a transferee) or a behaviour report from HOST (for a refugee on their case load (noting that the majority of refugees on Nauru are not case managed), specifically addressing any allegations/ incidents of family violence or child abuse (if applicable).; 5. Signed consent forms; 6. Fit to Travel (FTT) for each patient; 7. Security escort information (if applicable), including passport bio data page/s if the escort is working on Nauru; and 8. Confirmation of the availability of interpreters for the charter (if required) to be arranged by Nauru ILO in consultation with TIS National. When emailing CC the below into the email <ul style="list-style-type: none"> • Superintendent OHOS • Program Coordinator Nauru • Operations Lead Nauru • Nauru HLO • RPC HLO • Taiwan HLO • DOOC NCU 	OHOS; Nauru HLO; Nauru transfers officer			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
6	<p>Notification to Taiwan Team OHOS (during business hours) or DOOC NCU (after hours) are to advise the Taiwan HLO of the medevac and request they obtain:</p> <ol style="list-style-type: none"> 1. Approval from TAH to accept the patient 2. Confirmation of airport and transport arrangements in Taiwan <p>Taiwan HLO or OHOS to insert tasks to be undertaken – does this include obtaining Taiwan government approval?</p> <ol style="list-style-type: none"> 1. Confirm that the TAH is able to accept the patient 2. Arrange any medical escorts from the TAH to travel on the charter if needed 3. Send the TAH copies of SOI, COI or TDV of the patient and accompanying family members 4. Send the TAH copies of the signed consent forms, affidavit and acceptance letter 5. Arrange accommodation for the patient and accompanying family members 6. Arrange accommodation for HOST if the patient or an accompanying family member is a minor 7. Arrange transportation for the patient from the airport to the TAH, including ambulance transfer if needed 8. Arrange for doctors to meet the arriving patient if needed <p>When emailing, CC the following:</p> <ul style="list-style-type: none"> • Superintendent OHOS • Program Coordinator Nauru • Operations Lead Nauru • Transfers Officer Nauru • Nauru HLO • RPC HLO • DOOC NCU 	OHOS; Taiwan HLO			
7	<p>Liaise with IMA Charters and Transfers Once the transfer has been approved by Commander OOC, OHOS is to liaise with IMA Charters and Transfers Section to arrange a chartered aircraft, including financial and any medical escorts required.</p> <p>IMA Charter and Transport to arrange any security escorts required by the charter company, and associated documentation.</p>	OHOS			
8	<p>IHMS transfer of medical information OHOS to send confirmed patient list to IHMS Assistance Centre, request clinical hand over notes be provided to the TAH and clinical teleconference to be arranged as required.</p> <p>IHMS to document details of the handover in Apollo, including time/ date/ name and position title of person with whom the handover was done.</p>	OHOS			
9	<p>DOOC NCU drafts Operation Order (OPORD) DOOC NCU to draft and finalise OPORD with all available information, including key contacts across all phases of the charter transfer.</p>	DOOC NCU			
10	<p>Teleconference with key stakeholders OHOS convenes a teleconference with key internal stakeholders to confirm details in the OPORD and to ensure</p>	OHOS			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	all key stakeholders are across their areas of responsibility. Key stakeholders include: <ul style="list-style-type: none"> • OHOS • DOOC NCU • Nauru Programme Coordinator, Operations Lead, Transfer Officer and HLO • Taiwan HLO; and • Service Delivery 				
11	Liaise with International Division OHOS to send details of transfer (Bio details of patients and accompanying family members, security and medical escorts etc.) to International Division to provide "Drop Note". Ensure a copy of the "Drop Note" is provided to the Nauru Operations Lead, Nauru Transfers Officer and Nauru HLO.	OHOS			
12	Changes to OPORD details DOOC NCU to advise all the stakeholders listed within the OPORD of any changes to aircraft movements, including delays. Note: During business hours, OHOS will advise DOOC NCU if they become aware of changes to aircraft movements, including delays.	DOOC NCU			
12	Charter Company to advise of AA movements Contracted charter company to call DOOC NCU duty phone to advise aircraft movements throughout operation, including wheels down in POM and any delays/ incidents. Note: If updates aren't received, OHOS or DOOC NCU are to call the contracted charter company to request current status of the medevac.	IHMS Assistance			
14	SITREPs DOOC NCU is responsible for issuing sitreps throughout the operation, including to advise of any delays or issues.	DOOC NCU			
15	Post-Operation Review OHOS is responsible for arranging a post-operation review with stakeholders, including at a minimum, all stakeholders identified in the OPORD. Outcomes of the Post-Operation Review will inform the continued development of transfer SOPs and guidelines, as well as lessons learnt to assist in the planning and tactical implementation of future operations.	OHOS All the stakeholders			
16	OHOS administration As soon as practicable within 48 hours of completion of the charter, OHOS is to ensure the following tasks are completed: <ul style="list-style-type: none"> • Update Medical Transfer Master • Create a folder within the OHOS mailbox ss. 47E(d) abf.gov.au). Note, the folder is to be located under Transfers / Medevac and is to be titled with the patients name; • Create a folder in the group drive G:\uadd\DETENTF\Detention Health Task Force\HEALTH SERVICES OFFSHORE SECTION\4. Three Island\1. Medical Transfers\Medical Transfer Master Lists – save documents related to transfer; and • Update/create the case summary and chronology. 	OHOS			

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5.3. Nauru to Australia

5.3.1. Medevac (urgent transfer)

Table 5 – Procedures for urgent medical transfer via AA to Australia

	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
1	<p>IHMS notifies Department IHMS Assistance Centre notifies OHOS ss. 47E(d) abf.gov.au of a recommendation to medevac a patient and requests OHOS acquire the necessary internal approvals.</p> <p>Details in the request from IHMS must include:</p> <ul style="list-style-type: none"> Boat ID / Refugee ID; Full name as per Nominal Roll; DOB; Nationality; Language (and if interpreter is required to travel); Clinical condition and status (critical, stable etc., including any critical timelines); Recommended timeframe for transfer; RFT; or OMR status (for refugees only). If IHMS recommends accompanying family members, family details including any allegations/ incidents of family violence or child abuse. 	IHMS			
2	<p>Verify notification IHMS Assistance Centre follows up with a verbal notification to OHOS duty phone during office hours, or DOOC NCU outside office hours.</p>	IHMS			
3	<p>Escalate medevac request to Commander, Offshore Operational Coordination (OOC)</p> <p>Seek approval from AC DOOC through Commander OOC to convene a TPC.</p> <p>During office hours: OHOS escalates the medical evacuation request to the Commander OOC through the Superintendent OHOS for approval; and</p> <p>After-hours: Detention and Offshore Operations Coordination National Coordination Unit (DOOC NCU) duty officer escalates directly to Commander OOC and ensures all email correspondence includes the s. 47E(d) border.gov.au, s. 47E(d) gov.au and Superintendent OHOS.</p>	OHOS DOOC NCU			
4	<p>Convene Transitory Persons Committee</p> <ul style="list-style-type: none"> AC DOOC or Departmental delegate convenes the TPC, which considers the Medical Officer of the Commonwealth's advice, and makes recommendations to AC DOOC re transfer to Australia or a third country in line with clinical recommendations and government policy. Also makes recommendations in relation to accompanying family members, taking into 	OHOS	DOOC NCU		

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	account any allegations/ incidents of family violence or child abuse. (Refer to section 8 below).				
5	<p>Receive approval and notify IHMS to proceed with medevac and obtain air ambulance (AA) quote After AC DOOC approves transfer to Australia, OHOS notifies IHMS Assistance via email and confirms approval verbally.</p> <p>OHOS notifies Nauru HLO so preparations can commence with GoN on Nauru, noting airport staff required to support the arrival may be difficult to contact after hours, the GoN Director of Immigration needs to be informed and approval for departure obtained from the GoN Secretary of MCA.</p> <p>OHOS requests IHMS Assistance Centre proceed with the medevac and:</p> <ul style="list-style-type: none"> Obtain a quote from ISOS for an AA; Provide timings of AA; Provide size of aircraft; Advise whether a security escort is required; and Advise of any special requirements (eg wheel chair). <p>Note: after hours, DOOC NCU is responsible to conduct the above mentioned points.</p>	OHOS	DOOC NCU		
6	<p>Identify receiving hospital IHMS Assistance Centre shall notify OHOS of the receiving hospital within Australia</p>	IHMS			
7	<p>Approval of medevac quote OHOS emails the air ambulance quote to First Assistant Secretary (FAS), Property and Major Contracts for approval.</p> <p>FAS Property and Major Contracts emails OHOS approval of the medevac air ambulance quote.</p> <p>OHOS to TRIM approval in the patient's BCC folder.</p>	OHOS	DOOC NCU		
8	<p>Notify medical transfer details to Department IHMS Assistance Centre advise OHOS and DOOC NCU of the medical transfer details. IHMS request details of a security escort from OHOS (if required by the air ambulance provider).</p>	IHMS			
9	<p>Notify Nauru Team: OHOS (during business hours) or DOOC NCU (after hours) are to advise the Nauru Programme Coordinator, Nauru Operations Lead, Nauru Transfer Officer and Nauru HLO of the medevac and request they obtain:</p> <ol style="list-style-type: none"> GoN Secretary for MCA approval for the patient to depart Nauru; Statement of Identity (SOI); Detention Service Provider Assessment (DSPA) (Transferee) or HOST behaviour report if the refugee is case managed (noting the majority of refugees on Nauru are not), specifically addressing allegations/ incidents of family violence or child abuse (if applicable); Consent forms; 	OHOS; Nauru HLO; Nauru transfers officer			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	<p>5. Security escort information, including passport bio data page/s (if a security escort is required by the AA provider and is working on Nauru).</p> <p>If crew or the medevac medical team members need to leave the tarmac area they will require GoN visas. IHMS must complete and submit the visa application forms and provide a copy of the passport bio data pages, which is to be sent to s. 47E(d) abf.gov.au and OHOS (during business hours) or DOOC NCU (after hours), then immediately on-forwarded to the Nauru HLO s. 47E(d) gov.au (CC in the Nauru Transfers Officer s. 47E(d) abf.gov.au and Nauru Operations Lead s. 47E(d) abf.gov.au) to advise the GoN Director of Immigration so he can ensure immigration staff are present at the airport to facilitate entry.</p> <p>When emailing, CC the following:</p> <ul style="list-style-type: none"> • Superintendent OHOS • Program Coordinator Nauru • Operations Lead Nauru • Transfers Officer Nauru • Nauru HLO • RPC HLO • DOOC NCU 				
10	<p>Notify medical transfer details to relevant onshore operations staff</p> <p>OHOS to notify operational staff onshore (e.g. location where the AA will arrive/ receiving state of the transferee or refugee).</p>	OHOS	DOOC NCU		
11	<p>IHMS in Nauru transfer medical information to IHMS onshore</p> <p>IHMS in Nauru are to provide a detailed clinical handover to IHMS onshore (via Apollo).</p> <p>IHMS Onshore are to provide a detailed clinical handover to the receiving facility in Australia, and will note in Apollo the time, date, name and position title of the person with whom the handover was done.</p>	IHMS			
12	<p>DOOC NCU drafts OPORD</p> <p>DOOC NCU to draft and finalise OPORD with all available information, including key contacts across all phases of the medical transfer.</p>	DOOC NCU			
13	<p>Teleconference with key stakeholders</p> <p>OHOS convenes a teleconference with key internal stakeholders to confirm details in the OPORD and to ensure all key stakeholders are across their areas of responsibility. Key stakeholders include:</p> <ul style="list-style-type: none"> • OHOS • DOOC NCU • Nauru Programme Coordinator, Operations Lead, Transfer Officer and HLO; and • Service Delivery 	OHOS			
14	<p>IHMS to advise of AA movements</p> <p>IHMS Assistance Centre to call DOOC NCU duty phone to advise aircraft movements throughout operation, including any delays/ incidents.</p>	IHMS Assistance			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	Note: If updates aren't received, OHOS or DOOC NCU are to call IHMS Assistance Centre to request current status of the medevac.				
15	Changes to OPORD details DOOC NCU to advise all the stakeholders listed within the OPORD of any changes to aircraft movements, including delays. Note: During business hours, OHOS will advise DOOC NCU if they become aware of changes to aircraft movements, including delays.	DOOC NCU			
16	SITREPs DOOC NCU is responsible for issuing sitreps throughout the operation, including to advise of any delays or issues with the operation. Note: If the transfer involves a minor (either as the patient or as an accompanying family member), the Child Welfare Support Team (s. 47E(d) homeaffairs.gov.au) mailbox is to be included in the distribution of all SITREPs from wheels down in Australia.	DOOC NCU			
17	OHOS hand over to DOOC NCU Note: This step may occur at any stage of the pre-planning or during the medevac operation. During the pre-planning and operational phases of the medical movement, OHOS will hand over the current status/progress to DOOC NCU at 1530 hrs AEST each business day. This includes OHOS providing DOOC NCU with a medevac tracker outlining the above steps, what action has been taken and what is still outstanding.	OHOS; DOOC NCU;			
18	Post-Operation Review OHOS is responsible for arranging a post-operation review with stakeholders, including at a minimum, all stakeholders identified in the OPORD. Outcomes of the Post-Operation Review will inform the continued development of transfer SOPs and guidelines, and provide lessons learnt to assist in the planning and tactical implementation of future operations.	OHOS All the stakeholders			
19	OHOS administration OHOS is to ensure the following tasks are completed during or soon after the medical movement occurs (within 48 hours): <ul style="list-style-type: none"> Update Medical Transfer Master List Create a folder within the OHOS mailbox (s. 47E(d) abf.gov.au). Note, the folder is to be located under Transfers / Medevac and is to be titled with the patients name; Create a folder in the group drive G:\uadd\DETENTF\Detention Health Task Force\HEALTH SERVICES OFFSHORE SECTION\4. Three Island\1. Medical Transfers\Medical Transfer Master Lists – save documents related to transfer; and Update/create the case summary and chronology. 	OHOS	DOOC NCU		

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5.3.2. Non-urgent charter

Table 6 – Procedures for a medical transfer via charter to Australia

	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
1	IHMS notifies the Department IHMS Assistance Centre notifies OHOS by email (s. 47E(d) abf.gov.au) of an RFT or OMR with a recommendation for medical treatment in Australia. Notification may also come via the Nauru HLO. OHOS maintains a prioritised list of patients recommended for medical movement for Australia.	IHMS			
2	Additional information from IHMS OHOS to follow up if the treatment can be undertaken in Nauru, PNG or Taiwan.	OHOS	DOOC NCU		
3	Escalate medical transfer request to Commander, Offshore Operational Coordination (OOC) OHOS to seek approval from AC DOOC through Commander OOC to convene a TPC. Refer Section 8 below.	OHOS	DOOC NCU		
4	Convene Transitory Persons Committee AC DOOC or Departmental delegate convene the Transitory Persons Committee (TPC), which considers the Medical Officer of the Commonwealth's advice, and provides a recommendation on whether transfer to Australia is in line with clinical recommendations and government policy. The TPC makes a recommendation to the AC DOOC. Refer section 8 below.	OHOS	DOOC NCU		
5	Receive and notify medical transfer request decision After AC DOOC provides approval for transfer, OHOS notify IHMS verbally, and confirm approval via email. OHOS request IHMS proceed with medical transfer arrangements.	OHOS	DOOC NCU		
6	Identify receiving hospital IHMS Assistance Centre to notify OHOS of the receiving hospital within Australia	IHMS			
7	Prepare and Send RFT or OMR decision. For Nauru refugees: Nauru refugees are recommended for medical transfer through the GoN Overseas Medical Referral (OMR) process. The GoN provides the recommendation to IHMS who then notify ABF and facilitate the transfer. Referrals for Termination of Pregnancy (TOP) procures are not sent to the OMR committee. Refer section 7 below. For Nauru transferees: IHMS will provide a RFT. Refer section 6 below.	Nauru team			
8	Notify Nauru team Send approved transfer list to Nauru Transfers Officer (s. 47E(d) abf.gov.au) and Nauru HLO (s. 47E(d) gov.au) to obtain: 1. GoN Secretary of MCA approval for the patients to depart Nauru; 2. Statement of Identity (SOI); 3. Detention Service Provider Assessment (DSPSA) (transferee) or HOST behaviour report (if the refugee is case managed by HOST – the majority	OHOS; Nauru HLO; Nauru transfers officer			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	<p>are not), specifically addressing any allegations of family violence or child abuse (if applicable);</p> <ol style="list-style-type: none"> 4. Consent forms; 5. Fit to Travel (FTT); 6. Details of interpreter arrangements as advised by the Nauru ILO in consultation with TIS national. <p>When emailing CC the following:</p> <ul style="list-style-type: none"> • Superintendent OHOS • Program Coordinator Nauru • Operations Lead Nauru • Transfers Officer Nauru • Nauru HLO • RPC HLO • DOOC NCU 				
9	<p>Liaise with IMA Charters and Transfers</p> <p>OHOS is to liaise with IMA Charters and Transfers Section to arrange a chartered aircraft, and security escorts as required by the charter provider.</p>	OHOS	DOOC NCU		
10	<p>Notify medical transfer details to relevant onshore operations staff</p> <p>OHOS to notify operational staff onshore (e.g location where the AA will arrive/ receiving state of the transferee or refugee).</p>	OHOS	DOOC NCU		
11	<p>IHMS in Nauru transfer medical information to IHMS onshore</p> <p>IHMS in Nauru are to provide a detailed clinical handover to IHMS onshore (via Apollo).</p> <p>IHMS onshore are to provide a detailed clinical handover to the receiving facility in Australia, and will note in Apollo the time, date, name and position title of the person with whom the handover was done.</p>	IHMS			
12	<p>DOOC NCU drafts OPORD</p> <p>DOOC NCU to draft and finalise OPORD with all available information, including key contacts across all phases of the charter transfer.</p>	DOOC NCU			
13	<p>Teleconference with key stakeholders</p> <p>OHOS convenes a teleconference with key internal stakeholders to confirm details in the OPORD and to ensure all key stakeholders are across their areas of responsibility. Key stakeholders include:</p> <ul style="list-style-type: none"> • OHOS • DOOC NCU • Nauru Programme Coordinator, Operations Lead, Transfer Officer and HLO; and • Service Delivery 	OHOS			
14	<p>Charter Company to advise AA movements</p> <p>Contracted air charter company to call DOOC NCU duty phone to advise aircraft movements throughout operation, including any delays/ incidents.</p> <p>Note: If updates aren't received, OHOS or DOOC NCU are to call the contracted air charter company to request current status.</p>	IHMS Assistance			
15	<p>Changes to OPORD details</p>	DOOC NCU			

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	Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
	DOOC NCU to advise all the stakeholders listed within the OPORD, of any changes to aircraft movements, including delays. Note: During business hours, OHOS will advise DOOC NCU if they become aware of changes to aircraft movements, including delays.				
16	SITREPs DOOC NCU is responsible for issuing sitreps throughout the operation, including to advise of any delays or issues with the operation. Note: If the transfer involves a minor (either as the patient or as an accompanying family member), the Child Welfare Support Team (s. 47E(d) homeaffairs.gov.au) mailbox is to be included in the distribution of all SITREPs from wheels down in Australia.	DOOC NCU			
17	OHOS hand over to DOOC NCU Note: This step may occur at any stage of the pre-planning or during the medevac operation. During the pre-planning and operational phases of the charter, OHOS will hand over the current status/progress to DOOC NCU at 1530 hrs AEST each business day. This includes OHOS providing DOOC NCU with a medevac tracker outlining the above steps, what actions have been taken and what is still outstanding.	OHOS; DOOC NCU;			
18	Post-Operation Review OHOS is responsible for arranging a post-operation review with stakeholders, including at a minimum, all stakeholders identified in the OPORD. Outcomes of the Post-Operation Review will inform the continued development of transfer SOPs and guidelines, as well as lessons learnt to assist in the planning and tactical implementation of future operations.	OHOS All the stakeholders			
19	OHOS administration OHOS is to ensure the following tasks are completed during or soon after the medical movement occurs (within 48 hours): <ul style="list-style-type: none">• Update Medical Transfer Master List• Create a folder within the OHOS mailbox (s. 47E(d) abf.gov.au). Note, the folder is to be located under Transfers / Medevac and is to be titled with the patients name;• Create a folder in the group drive G:\uadd\DETENTF\Detention Health Task Force\HEALTH SERVICES OFFSHORE SECTION\4. Three Island\1. Medical Transfers\Medical Transfer Master Lists – save documents related to transfer; and• Update/create the case summary and chronology.	OHOS	DOOC NCU		

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5.4. Request For Transfer

Table 7 – Request For Transfer

Action	Responsible	Secondary Responsibility	OHOS progress	DOOC NCU progress
The RFT document is generated by the IHMS Assistance Centre and emailed to OHOS (s. 47E(d) abf.gov.au), and sets out the patient details, the requesting medical officer's details, the nature of the condition, recommended treatment/ treatment location and recommended timeframe for transfer.	IHMS			
OHOS reviews the request, seeks such additional information as may be required from IHMS (including requesting a second opinion if required), and details of when and where the recommended treatment is available. If the IHMS Assistance centre recommends accompanying family members, OHOS should specifically request IHMS provide family details, including any allegations/ incidents of family violence or child abuse.	OHOS			
OHOS notifies the Nauru HLO, and obtains additional information to ensure all the required details are available (including family constellation, local considerations which may affect a transfer, and any allegations or incidents of family violence or child abuse).	OHOS			
OHOS notifies DOOC NCU which includes reference to the case in the daily brief to AC DOOC.	OHOS			
OHOS provides the documentation to the MOC team for review.	OHOS			
If the IHMS recommendation is that the medical testing or treatment be provided in Australia, the OHOS Superintendent will brief the AC DOOC through the Commander, notify the Superintendent DOOC NCU, the Nauru Program Coordinator, Nauru HLO and Nauru Operations Lead.	OHOS			
OHOS will convene a TPC (refer section 9 below) as requested by the AC DOOC or delegated departmental officer. TPC will consider all related documentation and provide a recommendation to AC DOOC. The AC DOOC may make a determination re transfer if the matter is urgent, with subsequent notification to TPC.	OHOS			
At the request of OHOS, the Nauru HLO will engage with the patient to offer the testing/ treatment in the location arranged by IHMS and agreed by AC DOOC. If the patient does not agree to the transfer, the Nauru HLO will advise OHOS who will notify AC DOOC and reconvene the TPC to review the case. If the patient agrees with the proposed arrangement, OHOS and Nauru HLO and Operations will commence transfer logistics, noting the timeframe (which may be driven by the medical condition) may determine the nature of the flight arrangements (commercial flight/ charter/ medevac – refer section 6 above).	OHOS			

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6. Transfers from other Regional Processing Countries

The Department currently has a Letter of Intent for the delivery of Health Services in PNG with Pacific International Hospital (PIH). Offshore Health Operations Section is supporting PIH with arrangements for transfers from Manus to Port Moresby (POM), and from Manus to POM to Australia for medical treatment not available in PNG. Currently the Offshore Health Coordination Commander is the decision maker for the transfers between Manus to Port Moresby and the Assistant Commissioner DOOC is the decision maker for medical transfers between POM and Australia. The transfer between Port Moresby and Australia are discussed at a TPC if the case is non-urgent. If the case is considered to be urgent, Assistant Commissioner DOOC can make a transfer decision without TPC involvement.

The Department is in the process of contract negotiations with PIH and PNG Immigration and Citizenship Authority (ICA). All operational processes for medical transfers will be transitioning to PIH and PNG ICA. Currently OHOS supports PIH and PNGICA with the facilitation of medical transfers, including logistical arrangements.

7. Accountability and responsibilities

Table 10 – Standard Operating Procedure governance roles and responsibilities

Position	Accountability and/or responsibility
AC DOOC	<ol style="list-style-type: none"> 1. Provide medical transfer briefing and submission to Minister. 2. Approve medical transfers to Australia.
AS RPR	<ol style="list-style-type: none"> 1. Liaise with PNG ICA to obtain approvals for visas for persons transferring in to PNG.
CMO	<ol style="list-style-type: none"> 1. Review treatment options for medical transfer requiring arrival in Australia 2. If medical transfer is urgent, complex or is a transfer to Australia then ensure that SP has considered all other options and negotiate alternative arrangements as required 3. Assess the feasibility of other treatment options for medical referrals to Australia.
Commander OOC	<ol style="list-style-type: none"> 1. Approve/Disapprove medical transfer for non-complex cases not requiring movement to Australia. As per 2.2. 2. Approval may cover both patient and any accompanying family identified in the RFT. 3. Authorise OPOD as OPCOMD 4. Close RFT
DHOS	<ol style="list-style-type: none"> 1. Coordinate with medical SP for support at arrival location 2. Liaise as required to establish availability and options for return movements
FAS HSPCWD	<ol style="list-style-type: none"> 1. Chair of TPC.
GoN Sec MCA	<ol style="list-style-type: none"> 1. Approve departure from Nauru and return to Nauru for all transferee and refugee patients, and any accompanying family members.
MOC	<ol style="list-style-type: none"> 1. Reviews medical requests and clinical documentation to provide advice to the Department regarding clinical management of patients and availability/suitability of treatment at transfer destinations.
OHOS	<ol style="list-style-type: none"> 1. Review RFT on receipt 2. Assign OHOS case support officer 3. Categorise RFT for case management effort and prioritisation 4. Cancel RFT following negotiations that enable SP to withdraw RFT 5. Initiate RFT approval process 6. Present RFT for approval to delegate for approval (AC DOOC for movements to Australia and Commander OCC otherwise) 7. Brief delegate for approval to demonstrate and confirm that an RFT is considered the only viable administrative undertaking. 8. Receive delegate's decision and promulgate.
DOOC NCU duty officer	<ol style="list-style-type: none"> 1. Draft and finalise OPORD 2. Provide commercial air flight manifest details in OPORD as required. 3. Promulgate OPORD to tasked internal and external stakeholders 4. Outside Departmental business hours arrange for security personnel services sourced offshore 5. Outside Departmental business hours arrange for FTT and DSPA documentation from host nation

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Position	Accountability and/or responsibility
	6. Outside Departmental business hours arrange for SOI/COI/DTV 7. Outside Departmental business hours arrange for Interpreters 8. Outside Departmental business hours arrange for approvals from host nation for entry and exit of patient, accompanying family, security escorts, accompanying medical personnel 9. Outside Departmental business hours arrange for storage of property of patients and accompanying family 10. Outside Departmental business hours arrange for provision of flight manifest to the local airport operations 11. Receive advice of successful boarding of transitory persons onto aircraft and departure 12. Receive advice of the landing of aircraft
DOOC NCU Inspector	13. Collate debrief information and promulgate relevant points and issues as required
First Assistant Secretary, Property and Major Contracts Division	1. Approve/Disapprove financial expenditure for movement to Australia 2. Approve/Disapprove medevac quotes

7.1. What happens if this Standard Operating Procedure is not followed?

This Standard Operating Procedure sits within the Policy and Procedure Control Framework (PPCF). It sets out step-by-step instructions on how to perform an operation. It is a direction that all workers who are subject to it must comply with.

Failure to comply with a reasonable and lawful direction may be considered a breach of the Australian Public Service Code of Conduct (for APS employees) or the Professional Standards Secretary's Direction under section 55 of the Australian Border Force Act 2015 (for non-APS employees).

All records created as a result of this procedure must be managed in accordance with the Records Management Policy Statement. Records created as a result of this procedure must be saved in TRIM RM8 or an approved business system.

8. Version Control

Version number	Date of issue	Author(s)	Brief description of change
0.1	04/12/2018	s. 22(1)(a)(ii) Inspector Offshore Health Operations	Combines previous versions for medical transfers
0.2	10/12/2018	s. 22(1)(a)(ii) A/g Supt Offshore Health Operations	Updates as per legal requests.

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Attachment A – Definitions

Term	Acronym (if applicable)	Definition
Air Ambulance	AA	A specifically equipped aircraft that is internationally recognised as being able to undertake emergency medical evacuations (medevacs) by air. The provider for departmental air ambulance is International SOS.
Airline Medical Form		This is only required when travelling on a commercial flight, including Nauru airlines.
Assistant Commissioner DOOC	AC DOOC	Provide medical transfer briefing and submission to Minister. Approve medical transfers to Australia.
Assistant Secretary Regional Processing and Resettlement	AS RPR	Liaise with PNG ICA to obtain approvals for visas for persons transferring to PNG.
Attorney Generals Department	AGD	Provides legal counsel to represent the Department in legal cases involving offshore transfers.
Biodata Page		The section of a passport which contains a person's biographic information (name, date of birth, nationality, photo and MRZ).
Chief Medical Officer	CMO	Departmental subject matter expert (SME) authorised and required to discuss medical requirements with the service providers (SP) in cases where a request for medical movement (RFT) is recommended.
Certificate of Identity	COI	Document, created by the Government of Nauru, establishing identity for international travel to Taiwan or Papua New Guinea. A COI is usually only produced for transferees, however may be produced for a refugee if transfer is required at short notice.
Commander, Offshore Operational Coordination	Commander OOC	Departmental officer responsible for the approval of transfers of patients and accompanying family members to PNG and Taiwan.
Department of Home Affairs	HA	The Department responsible for the approval consideration and logistics of the medical transfer. Referred to as 'the Department'.
Detention Health Operations Section	DHOS	Section within the Offshore Operational Coordination Branch responsible for managing medical arrivals in Australia.
Detention Offshore Operations Command National Command Unit	DOOC NCU	Provides after hours coordination and reporting for offshore medical transfers.
First Assistant Secretary Health Services Policy and Child Wellbeing Division	FAS HSPCW	Chair of TPC
Fit To Travel	FTT	<ol style="list-style-type: none"> 1. Nauru: An assessment made by the contracted Health Service Provider (IHMS) on whether the patient is able to fly on a particular type of aircraft based on their current medical condition. A person's FTT status may depend on the type of aircraft as well as the duration of their flight. The FTT will also include information about any extra medical equipment and personnel required to safely transport the patient. 2. Taiwan/Port Moresby: A confirmation that the patient is fit to safely undertake the return flight to Nauru, usually on completion of their recommended medical treatment.
First Assistant Secretary, Property and Major Contracts	FAS PMC	Departmental officer responsible for the approval of air ambulance quotes and accommodation costings for transferees, refugees and accompanying family members.
Government of Nauru	GoN	A general term to cover all Nauruan government authorities involved in a medical transfer.
Government of Nauru Secretary for Multicultural Affairs	GoN Sec MCA	Approves departure from Nauru and return to Nauru for all transferee and refugee patients, and any accompanying family members.
Health Liaison Officer	HLO	The ABF officer responsible for liaising with the health service provider on health related matters.
Health Services Provider	HSP	Health Services Provider contracted by the Australian Government or the Regional Processing Country
Incident Management and Reporting Team	DOOC NCU	The Departmental team that coordinates Medevac procedural steps after hours.

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Term	Acronym (if applicable)	Definition
International SOS	ISOS	International SOS is the parent company of IHMS. International SOS is the world's largest medical and travel security services firm. It operates air ambulance services out of South Africa, Singapore, China, Papua New Guinea and the Middle East.
IHMS Assistance Centre	IHMS AC	The Australian IHMS Assistance Centre is located in Sydney. It offers tailored customer assistance and has doctors available 24 hours a day to provide immediate medical assistance. It provides air ambulance quotes to the Department via IHMS.
Local Area Command	LAC	Operational person/ role responsible for activity in a specific location/region.
Medical Evacuation	Medevac	A colloquial name for emergency medical transfers via air ambulance.
Medical Officer of the Commonwealth	MOC	Reviews medical requests and clinical documentation to provide advice to the Department regarding clinical management of patients and availability/ suitability of treatment at transfer destinations.
Medical Transfer		Non urgent transfer of a refugee or a transferee for medical treatment which is not available in Nauru.
Minister for Home Affairs	MoHA	The Minister responsible for medical transfers to and from Australia.
Nauru Health Liaison Officer	Nauru HLO	The ABF officer on Nauru responsible for liaising re local transferee and refugee health matters
Operational Checklist		Checklist with operational processes for stakeholders for easy reference.
Offshore Health Operations Section	OHOS	Section within Offshore Operational Coordination Branch responsible for managing medical transfers from Nauru.
Overseas Medical Referral	OMR	A formal request sent to the Department from the Government of Nauru. The referral is initiated by IHMS who refer the patient's case to a specialist at the Republic of Nauru Hospital (RoNH). If the treatment cannot be performed at the RoNH, it is referred to the Government of Nauru OMR committee. Once the referral has been approved by the OMR committee, it is submitted to ABF for approval.
Regional Processing Centre	RPC	There are three RPCs on Nauru which accommodate both transferees and refugees.
Request for Medical Movement / Request for Transfer to Aust	RFT/RTA	A formal document sent to the Department by the health service provider to request the patient transfer to receive medical treatment which is not available on Nauru.
Service Provider	SP	Service provider contracted by the Department to deliver services at Regional Processing Centres or settlement sites.
Standard Operating Procedure	SOP	Step-by-step instructions for carrying out Procedural Instructions in a local environment.
Statement of Identity	SOI	Document created by ABF staff on island which contains the biodata of the transferee or refugee to facilitate their transfer to Australia.
Taiwan Adventist Hospital	TAH	Taiwan Adventist Hospital is the agreed facility providing medical treatment to refugees and transferees in Taiwan.
Transitory Persons Committee	TPC	Forum which considers submissions for medical treatment in Australia and provides a recommendation as to whether the patient meets the policy threshold for transfer to and from Australia.

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Attachment B – Assurance and Control Matrix

1.1. Powers and Obligations

Legislative Provision			Is this a delegable power?	If delegable, list the relevant instruments of delegation
Legislation	Reference (e.g. section)	Provision		

1.2. Controls and Assurance

Related Policy	
Procedures / Supporting Materials	
Training/Certification or Accreditation	
Other required job role requirements	
Other support mechanisms (eg who can provide further assistance in relation to any aspects of this instruction)	
Escalation arrangements	
Recordkeeping (eg system based facilities to record decisions)	
Control Frameworks (please refer to a specific document outlining QA or QC arrangements)	
Job Vocational Framework Role	

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Attachment C – Consultation

1.1 Internal consultation

- 1.1.2 Offshore Operational Coordination
- 1.1.2 Health Policy, Health Policy and Performance Branch
- 1.1.3 Legal Division
- 1.1.4 PPCF Team - Regulatory Reform Section, Governance and Evaluation Branch

1.2 External consultation

- 1.2.1 The Department's contracted Health Service Provider, International Health and Medical Services Pty Ltd (IHMS) [TBC]

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Owner – Health Services Policy and Child Wellbeing Division

Date – 5 December 2018

Health Care in Regional Processing Countries

Background

The delivery of health care in Regional Processing Countries, namely Nauru and Papua New Guinea, is under the control of the Governments of those countries. In relation to persons transferred from Australia to those countries under regional processing arrangements, Australia supports the delivery of health care to such persons through contracted health service providers (HSPs).

For the purposes of this policy the term 'persons transferred from Australia' includes transferees, refugees and non-refugees.

Policy Position

Papua New Guinea

In recognition of the increased demand on PNG health care services resulting from regional processing arrangements, Australia will continue to support the delivery of health services to persons transferred under those arrangements, through HSPs. Those services are:

- supplementary primary health care capacity – a medical service that will provide initial care
- through the supplementary primary health care capacity – referral to specialist services available in PNG as required
- some secondary level health care – the contracted service provider will arrange for required medical specialists to attend PNG to provide services that are unavailable through the PNG health care system
- patient transfers to a third country, for medical treatment that is unavailable in PNG and where a relevant medical specialist cannot deliver that treatment in PNG ^{s. 33(a)(iii)}
- health care provided at Pacific International Hospital in Port Moresby where clinically indicated
- supplementary mental health care services
- a latent emergency health care capability to be enlivened in the event of a health emergency that is unable to be fully resolved through the PNG emergency management health care system.

These services complement but do not replace the PNG health care system and will facilitate a person's access to that system.

Nauru

In recognition of the increased demand on Nauru health care services resulting from regional processing arrangements, Australia will continue to support the delivery of health services to persons transferred under those arrangements, through HSPs. Those services are:

- supplementary primary health care capacity – a medical service that will provide initial care
- through the supplementary primary health care capacity – referral to specialist services available in Nauru as required

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- some secondary level health care – the contracted service provider will arrange for required medical specialists to attend Nauru to provide services that are unavailable through the Nauruan health care system
- patient transfers to a third country, for medical treatment that is unavailable in Nauru and where a relevant medical specialist cannot deliver that treatment in Nauru ^{s33(a)(iii)}
- supplementary mental health care services
- a latent emergency health care capability to be enlivened in the event of a health emergency that is unable to be fully resolved through the Nauru emergency management health care system.

These services complement but do not replace the Nauruan health care system and will facilitate a person's access to that system.

Health Service Delivery Principles

The HSP should provide health care and treatment according to the following health service principles:-

1. The self-determination of persons transferred from Australia must be acknowledged in relation to the provision of health care. People may choose to seek health care from the health care system within the country in which they reside, without reference to the contracted HSP. People may choose to decline recommended health care treatment.
2. Contracted health service providers must ensure that they have and maintain capacity and capability in PNG and Nauru to deliver the contracted health care services.
3. Care should be provided as close as possible to the patient.
4. The HSP must work with local health services and hospitals to deliver health care to persons transferred from Australia.
 - a. In Nauru or PNG, where the required health care service is unavailable for persons transferred from Australia through the Nauru or PNG public health system, the HSP will arrange for a medical specialist to travel to Nauru or PNG to deliver the service.
 - b. In exceptional circumstances where 4(a) is not possible ^{s. 33(a)(iii)} [REDACTED] in Nauru or PNG, the HSP may recommend the temporary transfer of the person to a third country excluding Australia for that medical treatment and, in the event of such a transfer, will ensure that all relevant medical records and information is provided to the treating clinician in the receiving hospital.
5. Requests for medical transfers to Australia for medical treatment will only be considered for refugees and transferees transferred from Australia residing in Nauru or PNG where the patient is suffering from a critical and complex medical condition which cannot be appropriately managed in Nauru, PNG or a third country (where available) and when specialist medical care is required to minimise the threat to life. That is, where the person faces a life-threatening medical emergency that would otherwise result in their death or permanent, significant disability.
6. The Transitory Person's Committee (TPC) may be convened to assist the decision-maker (Assistant Commissioner, Detention Operations and Offshore Command) to determine whether a request for medical transfer to Australia meets these policy parameters. The decision-maker may make a decision to transfer a person to Australia for medical treatment without reference to the TPC in urgent cases where it is evident these policy parameters have been met.
7. Where required, a TPC meeting will be convened within 48 hours of receipt of a non-urgent request for medical transfer. In the event the decision-maker requires the advice of the TPC for an urgent request for medical transfer (ie transfer required within 24 – 48 hours), the TPC will be convened within 2 hours but earlier if possible.

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Management of HSP contracts

The Government of Australia (GoA) will contract with HSP for the delivery of the above health services. When possible, those contracts will be novated to the relevant host country.

The GoA will not have any direct involvement in the delivery of health services in either Nauru or PNG. The GoA's role will be to ensure that the HSP is meeting the terms of the contract and to undertake contract assurance functions (for example, in relation to the times persons transferred from Australia wait for services) and quality reviews of the services.

The GoA will liaise with the GoN and GoPNG regarding the quality of services provided under the relevant contract and will ensure that the views of those governments are considered when undertaking contract management activities.

The GoA will facilitate and fund medical transfers under clauses 4(b) and 5 above.

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From: s. 22(1)(a)(ii)
To: s. 22(1)(a)
Cc: s. 22(1)(a)(ii)
Subject: FW: Overarching description of relevant policies and procedures for medical transfers [SEC=UNCLASSIFIED]
Date: Wednesday, 5 December 2018 11:24:45 AM
Attachments: [Request for Medical Services \(RMS\) - 08 AUG 2018.DOCX](#)
[Request for Transfer \(RFT\) - 08 AUG 2018.DOCX](#)
[Request for Transfer to Australia \(RTA\) - 08 AUG 2018.DOCX](#)
[overarching process for medical transfers.docx](#)

UNCLASSIFIED

s. 22(1)(a) – appreciate if this can be TRIMMED. There is a folder on Medical transfers where the three attached forms live. Check the TRIM Catalogue for reference. Thanks.

Regards

s. 22(1)(a)(ii)

Assistant Director, Support and Enabling
 Immigration Health | Health Services, Policy and Child Wellbeing Division
 Department of Home Affairs
 Telephone: s. 22(1)(a)(ii)
 Mobile: s. 22(1)(a)(ii)

UNCLASSIFIED

From: Lila CAPLICE

Sent: Wednesday, 5 December 2018 9:19 AM

To: s. 22(1)(a)(ii) @HOMEAFFAIRS.GOV.AU>; s. 22(1)(a)(ii)

s. 22(1)(a)(ii) @HOMEAFFAIRS.GOV.AU>; s. 22(1)(a)(ii)

s. 22(1)(a)(ii) @HOMEAFFAIRS.GOV.AU>; s. 22(1)(a)(ii)

s. 22(1)(a)(ii) @HOMEAFFAIRS.GOV.AU>; s. 22(1)(a)(ii)

s. 22(1)(a)(ii) @HOMEAFFAIRS.GOV.AU>

Subject: FW: Overarching description of relevant policies and procedures for medical transfers [SEC=UNCLASSIFIED]

UNCLASSIFIED

FYI - the new SOP.

s. 22(1)(a) is pulling all of the filing on this together for me. Thanks,

Warm regards,

Lila Caplice
 A/Assistant Secretary
 Immigration Health Branch,
 Health Services Policy and Child Wellbeing Division,
 Corporate and Enabling Group

Department of Home Affairs
 Email: s. 22(1)(a)(ii) [@homeaffairs.gov.au](mailto:s.22(1)(a)(ii)@homeaffairs.gov.au)
 Telephone: s. 22(1)(a)(ii)
 Mobile: s. 22(1)(a)(ii)

UNCLASSIFIED

From: Elizabeth HAMPTON
Sent: Wednesday, December 5, 2018 8:25 AM
To: s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; Lila CAPLICE s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>
Subject: FW: Overarching description of relevant policies and procedures for medical transfers [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi s. 22(1)(a)(ii)

As an urgent one this morning, can you please take this doc and add the attached forms as attachments to the doc (I've put the headings in where they go). We need to get this back out asap this morning – needs to be finalised by Comcare meeting at noon.

Ta

s. 22(1)(a)(ii)

UNCLASSIFIED

From: Cheryl-anne MOY
Sent: Wednesday, 5 December 2018 7:46 AM
To: Elizabeth HAMPTON s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>
Cc: Vanessa HOLBEN s. 22(1)(a)(ii) [@ABF.GOV.AU](mailto:s.22(1)(a)(ii)@ABF.GOV.AU)>; s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; Lila CAPLICE s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; Murali VENUGOPAL s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; David LEONARD s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>
Subject: RE: Overarching description of relevant policies and procedures for medical transfers [SEC=UNCLASSIFIED]

That is good s. 22(1)(a)(ii) can you just add "Overview document" at the top or happy with any other suggestion.

Cheers

ca

Cheryl-anne Moy

Deputy Secretary Corporate and Enabling
Chief Operating Officer
Department of Home Affairs

P: s. 22(1)(a)(ii) | M: s. 22(1)(a)(ii)
E: s. 22(1)(a)(ii) [@homeaffairs.gov.au](mailto:s.22(1)(a)(ii)@homeaffairs.gov.au)

From: Elizabeth HAMPTON

Sent: Tuesday, 4 December 2018 11:19 PM

To: Cheryl-anne MOY s. 22(1)(a)(ii) [@homeaffairs.gov.au](mailto:s.22(1)(a)(ii)@homeaffairs.gov.au)>

Cc: Vanessa HOLBEN <s. 22(1)(a)(ii) [@ABF.GOV.AU](mailto:s.22(1)(a)(ii)@ABF.GOV.AU)>; s. 22(1)(a)(ii)

s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; Lila CAPLICE

s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; Murali VENUGOPAL

s. 22(1)(a)(ii) [@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; s. 22(1)(a)(ii)

[@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>; s. 22(1)(a)(ii)

[@HOMEAFFAIRS.GOV.AU](mailto:s.22(1)(a)(ii)@HOMEAFFAIRS.GOV.AU)>

Subject: Overarching description of relevant policies and procedures for medical transfers
[SEC=UNCLASSIFIED]

UNCLASSIFIED

Dear CA

I've drafted a 'one page' overarching description of the process for medical transfer with links to relevant policy and procedural documents. I'm not sure whether I've hit the mark with what you are after, so happy to amend following feedback.

There are placeholders for the referenced forms – (Lila – would you please send the forms through for me to attach first thing in the morning?) and for the amended policies and procedures that are currently with others for comment.

Regards

s. 22(1)(a)(ii)

Elizabeth Hampton
First Assistant Secretary
Health Services Policy and Child Wellbeing Division
Department of Home Affairs
Telephone: s. 22(1)(a)(ii) Mobile s. 22(1)(a)(ii)
Email: s. 22(1)(a)(ii) [@homeaffairs.gov.au](mailto:s.22(1)(a)(ii)@homeaffairs.gov.au)

UNCLASSIFIED

REQUEST FOR MEDICAL SERVICES (RMS)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL

Note: This form is for the Health Service Provider's (HSP) delivery of medical services in the client's current location. This form is not to be used to request transfer to an alternative location for treatment.

Priority (Recommended Time to Referred Service or Appointment)

<input type="checkbox"/> Category 1: Urgent (immediate to within 24 hours)	<input type="checkbox"/> Category 2: Semi-urgent (24-72 hours)	<input type="checkbox"/> Category 3: >72 hours Please specify timeframe:
Referral for:	<input type="checkbox"/> Inpatient Services <input type="checkbox"/> Outpatient Services	
Date of Referral:		Date of Service:

Referral Details

Stated Diagnosis:	
Reason For Referral:	
Referral Date:	
Referring Clinician:	
Contact Details: Name/Phone/Email	
Alternative Contact: Name/Phone/Email	
Referral To: Service/ Name/Title/Facility/Phone/Email/	
Confirmation of <input type="checkbox"/> Bed Availability, or <input type="checkbox"/> Specialist Appointment (Date: _____ and Time: _____)	
Interpreter Confirmed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Interpreter Details:	

Language and Next of Kin Details

Ethnicity:	Language:	Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Next of Kin	Name:	Relationship:

Clinical Summary

Definitive or Presumptive Diagnosis:
History of Presenting Illness:
Allergies:

REQUEST FOR MEDICAL SERVICES (RMS)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL

Note: This form is for the Health Service Provider's (HSP) delivery of medical services in the client's current location. This form is not to be used to request transfer to an alternative location for treatment.

Past Medical History:

Current Medications (include dose, and frequency, and recent dose adjustments if significant):

Wt:	T:	BP:	HR:	RR:	SaO ₂ :	GCS:	Date:	Time:
-----	----	-----	-----	-----	--------------------	------	-------	-------

Physical Examination:

Supporting Evidence (eg. Point of care testing, definitive investigations):

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REQUEST FOR MEDICAL SERVICES (RMS)

REQUEST FOR MEDICAL SERVICES (RMS)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL

Note: This form is for the Health Service Provider's (HSP) delivery of medical services in the client's current location. This form is not to be used to request transfer to an alternative location for treatment.

Details of Submission

Date request submitted:	
Time request (AEST) submitted:	
Request prepared by:	
Request authorised by:	

Relevant Documents to be Attached

Please Attach the following documents if relevant:

If unable to attach please advise why:

Completion of Clinical Summary or Referral Letter to include at minimum:

- Provisional or confirmed diagnosis
- HPI including symptom duration, and intensity
- Relevant pathology and imaging findings
- Allergies
- Current Medications
- Past Medical, Surgical, Psychiatric, and Obstetric (if relevant) histories
- Other relevant history (eg. Family, social, drug and alcohol)
- Physical Examination Findings

☐

Electrocardiogram

☐

Results of Diagnostic Pathology completed

- ☐ EUC
- ☐ FBC
- ☐ Blood Film
- ☐ Coagulation studies
- ☐ ABG
- ☐ Other(s):

Results of Imaging tests completed

☐

Medication chart(s)

☐

Nursing hand over summary

☐

Hospital Discharge summaries

☐

Specialist Reports

☐

Hard/soft copies of medical imaging

☐

Other

☐

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REQUEST FOR MEDICAL SERVICES (RMS)

REQUEST FOR MEDICAL SERVICES (RMS)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL
.....

Note: This form is for the Health Service Provider's (HSP) delivery of medical services in the client's current location. This form is not to be used to request transfer to an alternative location for treatment.

Status			
Refugee Status Determination	Refugee <input type="checkbox"/>	Non-refugee <input type="checkbox"/>	Transferee <input type="checkbox"/>

DEPARTMENT OF HOME AFFAIRS USE ONLY

Date received:		
Department of Home Affairs Medical Officer has reviewed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RSMS approval	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Additional comments:		

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REQUEST FOR TRANSFER (RFT)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL

Note: This form is not for the Health Services Provider (HSP) to be used for Requests for Medical Service (RMS) within the client's current location. This form is used for request for transfer from Nauru only.

Priority (Recommended Timeframe to Transfer)

<input type="checkbox"/> Category 1: Urgent (immediate to within 24 hours)	<input type="checkbox"/> Category 2: Semi-urgent (24-72 hours)	<input type="checkbox"/> Category 3: >72 hours Please specify timeframe:
---	---	---

Referral for:

☐ Inpatient Services ☐ Outpatient Services

Transfer:

☐ With Retrieval ☐ No Retrieval

OMR Details

Date OMR Submitted:		Date of OMR Decision:	
OMR Decision attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO (if not please specify why)		

Transfer Details

Referral Date:	
Referring Clinician:	
Contact Details: Name/Phone/Email	
Alternative Contact: Name/Phone/Email	
Accepting Dr: Name/Title/Facility/Phone/Email/	
Transfer Date:	
Transfer from:	
Transfer To:	
Stated Diagnosis:	
Reason for Transfer:	
Patient's Current Condition:	
Mode of Transport:	<input type="checkbox"/> Retrieval <input type="checkbox"/> Escort <input type="checkbox"/> Charter <input type="checkbox"/> Commercial
Transport Company Used:	
Confirmation of <input type="checkbox"/> Bed Availability, or <input type="checkbox"/> Specialist Appointment (Date:_____ and Time:_____)	

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REQUEST FOR TRANSFER (RFT) – Transfer To Country Other than Australia

REQUEST FOR TRANSFER (RFT)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL

Note: This form is not for the Health Services Provider (HSP) to be used for Requests for Medical Service (RMS) within the client's current location. This form is used for request for transfer from Nauru only.

Language and Next of Kin Details

Ethnicity: Language: Interpreter needed: ☐ Yes ☐ No

Next of Kin Name: Relationship:

Name of additional persons to be transferred with Patient	ID	Gender	Age	Relationship(s) to Patient:

Clinical Summary

Definitive or Presumptive Diagnosis:

History of Presenting Illness:

Allergies:

Past Medical History:

Current Medications:

Wt:	T:	BP:	HR:	RR:	SaO ₂ :	GCS:	Date:	Time:
-----	----	-----	-----	-----	--------------------	------	-------	-------

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REQUEST FOR TRANSFER (RFT) – Transfer To Country Other than Australia

REQUEST FOR TRANSFER (RFT)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL

Note: This form is not for the Health Services Provider (HSP) to be used for Requests for Medical Service (RMS) within the client's current location. This form is used for request for transfer from Nauru only.

Physical Examination:

Supporting Evidence (eg. Point of care testing, definitive investigations):

Details of Request

Date of request	
Time of request (AEST)	
Request prepared by	
Request authorised by	

MEET THRESHOLD OF HEALTH CARE CAPABILITY

Country (choose all that apply)	PNG <input type="checkbox"/> Yes <input type="checkbox"/> No	Taiwan <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please specify) <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanatory Notes			

Documents to be Attached Prior to Transfer

Please Attach the following documents:	If unable to attach please advise why:
Referral Letter to include at minimum: <ul style="list-style-type: none"> Provisional or confirmed diagnosis HPI including symptom duration, and intensity Relevant pathology and imaging findings 	<input type="checkbox"/>

REQUEST FOR TRANSFER (RFT)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

OR AFFIX ADDRESSOGRAPH LABEL

Note: This form is not for the Health Services Provider (HSP) to be used for Requests for Medical Service (RMS) within the client's current location. This form is used for request for transfer from Nauru only.

<ul style="list-style-type: none"> Allergies Current Medications Past Medical, Surgical, Psychiatric, and Obstetric (if relevant) histories Other relevant history (eg. Family, social, drug and alcohol) Physical Examination Findings 	
Electrocardiogram	<input type="checkbox"/>
Results of Diagnostic Pathology completed	<input type="checkbox"/> EUC <input type="checkbox"/> FBC <input type="checkbox"/> Blood Film <input type="checkbox"/> Coagulation studies <input type="checkbox"/> ABG <input type="checkbox"/> Other(s) eg. Point of care tests:
Results of Imaging tests completed	<input type="checkbox"/>
Medication chart(s)	<input type="checkbox"/>
Observation chart(s)	<input type="checkbox"/>
Nursing hand over summary	<input type="checkbox"/>
Inter-hospital transfer summary	<input type="checkbox"/>
Hospital Discharge summaries	<input type="checkbox"/>
Specialist Reports	<input type="checkbox"/>
Hard/soft copies of medical imaging	<input type="checkbox"/>
Other	<input type="checkbox"/>

Status

Refugee Status Determination

Refugee ☐

Non-refugee ☐

Transferee ☐

DEPARTMENT OF HOME AFFAIRS USE ONLY

Date received

Department of Home Affairs
Medical Officer has reviewed

Yes ☐

No ☐

Transfer approval

Approved ☐

Not Approved ☐

Additional comments

REQUEST TRANSFER TO AUSTRALIA (RTA)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

Or AFFIX ADDRESSOGRAPH LABEL
HERE

Note: This form is only to be used in cases where the patient:

- (a) Is facing an urgent, life-threatening condition or an immediate, significant, permanent disability
(b) Requires treatment to maintain life or minimise permanent, significant disability cannot be managed in:
- the person's location, using local facilities, Health Services Provider (HSP) support or an RMS.
 - a country other than Australia.

Priority (Recommended Timeframe to Transfer)

<input type="checkbox"/> Category 1: Urgent (immediate to within 24 hours)	<input type="checkbox"/> Category 2: Semi-urgent (24-72 hours)	<input type="checkbox"/> Category 3: >72 hours Please specify timeframe:
---	---	---

Referral for: ☐ Inpatient Services ☐ Outpatient Services

Transfer: ☐ With Retrieval ☐ No Retrieval

OMR Details

Date OMR Submitted:		Date of OMR Decision:	
OMR Decision attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO (if not please specify why)		

Transfer Details

Referral Date:	
Referring Clinician:	
Contact Details: Name/Phone/Email	
Alternative Contact: Name/Phone/Email	
Accepting Dr: Name/Title/Facility/Phone/Email/	
Transfer Date:	
Transfer from:	
Transfer To:	
Stated Diagnosis:	
Reason for Transfer:	
Patient's Current Condition:	
Mode of Transport:	<input type="checkbox"/> Retrieval <input type="checkbox"/> Escort <input type="checkbox"/> Charter <input type="checkbox"/> Commercial
Transport Company Used:	
Confirmation of <input type="checkbox"/> Bed Availability, or <input type="checkbox"/> Specialist Appointment (Date: _____ and Time: _____)	

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REQUEST TRANSFER TO AUSTRALIA (RTA) – Transfer to Australia

REQUEST TRANSFER TO AUSTRALIA (RTA)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

 Or AFFIX ADDRESSOGRAPH LABEL
 HERE

Note: This form is only to be used in cases where the patient:

- (a) *Is facing an urgent, life-threatening condition or an immediate, significant, permanent disability*
 (b) *Requires treatment to maintain life or minimise permanent, significant disability cannot be managed in:*
- *the person's location, using local facilities, Health Services Provider (HSP) support or an RMS.*
 - *a country other than Australia.*

Language and Next of Kin Details

Ethnicity:		Language:		Interpreter needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Next of Kin	Name:			Relationship:	
Name of additional persons to be transferred with Patient	ID	Gender	Age	Relationship(s) to Patient:	

Clinical Summary

Definitive or Presumptive Diagnosis:
History of Presenting Illness:
Allergies:
Past Medical History:
Current Medications:

Wt:	T:	BP:	HR:	RR:	SaO ₂ :	GCS:	Date:	Time:
-----	----	-----	-----	-----	--------------------	------	-------	-------

REQUEST TRANSFER TO AUSTRALIA (RTA)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

 Or AFFIX ADDRESSOGRAPH LABEL
 HERE

Note: This form is only to be used in cases where the patient:

- (a) Is facing an urgent, life-threatening condition or an immediate, significant, permanent disability
- (b) Requires treatment to maintain life or minimise permanent, significant disability cannot be managed in:
- the person's location, using local facilities, Health Services Provider (HSP) support or an RMS.
 - a country other than Australia.

Physical Examination:

Supporting Evidence (eg. Point of care testing, definitive investigations):

Details of Request

Date of request	
Time of request (AEST)	
Request prepared by	
Request authorised by	

MEET THRESHOLD OF HEALTH CARE CAPABILITY

Country (choose all that apply)	Australia <input type="checkbox"/> Yes <input type="checkbox"/> No
Why is the patient not suitable for transfer to another country?	

Documents to be Attached Prior to Transfer

Please Attach the following documents:	If unable to attach please advise why:
Referral Letter to include at minimum: <ul style="list-style-type: none"> Provisional or confirmed diagnosis HPI including symptom duration, and intensity Relevant pathology and imaging findings 	<input type="checkbox"/>

REQUEST TRANSFER TO AUSTRALIA (RTA)

SURNAME:

OTHER NAMES:

DOB:

SEX:

PATIENT ID:

LOCATION:

Or AFFIX ADDRESSOGRAPH LABEL
HERE

Note: This form is only to be used in cases where the patient:

- (a) Is facing an urgent, life-threatening condition or an immediate, significant, permanent disability
(b) Requires treatment to maintain life or minimise permanent, significant disability cannot be managed in:
- the person's location, using local facilities, Health Services Provider (HSP) support or an RMS.
 - a country other than Australia.

<ul style="list-style-type: none"> Allergies Current Medications Past Medical, Surgical, Psychiatric, and Obstetric (if relevant) histories Other relevant history (eg. Family, social, drug and alcohol) Physical Examination Findings 	
Electrocardiogram	<input type="checkbox"/>
Results of Diagnostic Pathology completed	<input type="checkbox"/> EUC <input type="checkbox"/> FBC <input type="checkbox"/> Blood Film <input type="checkbox"/> Coagulation studies <input type="checkbox"/> ABG <input type="checkbox"/> Other(s) eg. Point of care tests:
Results of Imaging tests completed	<input type="checkbox"/>
Medication chart(s)	<input type="checkbox"/>
Observation Chart (s)	<input type="checkbox"/>
Nursing hand over summary	<input type="checkbox"/>
Inter-hospital transfer summary	<input type="checkbox"/>
Hospital Discharge summaries	<input type="checkbox"/>
Specialist Reports	<input type="checkbox"/>
Hard/soft copies of medical imaging	<input type="checkbox"/>
Other	<input type="checkbox"/>

Status			
Refugee Status Determination	Refugee <input type="checkbox"/>	Non-refugee <input type="checkbox"/>	Transferee <input type="checkbox"/>
DEPARTMENT OF HOME AFFAIRS USE ONLY			
Date received			
Department of Home Affairs Medical Officer has reviewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Transfer approval	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	
Additional comments			



DLM
For-Official-Use-Only

Overview document: Medical transfers from regional processing countries

1. A transferee's treating medical practitioner (HSP) contracted by the Australian government to provide health services to transferees in a regional processing country may assess that the person's health needs cannot be met by the contracted health service provider or the regional processing country's health system. In these circumstances the HSP may submit:
 - a. A **Request for Medical Services** – requesting the provision of additional health services (which could be a clinical specialist or equipment) (Attachment A: RMS form); or
 - b. A **Request for Transfer** – requesting support for the transfer of the person to a third country other than Australia for the provision of health services (Attachment B: RFT form). In the case of a transferee in Nauru, that third country could be either Papua New Guinea or Taiwan. In the case of a transferee living on Manus Island, that medical movement would be to Port Moresby.
 - c. A **Request for Medical Transfer to Australia** – requesting support for the transfer of the person to Australia for health services (Attachment C: RTA form).
2. In the case of 1(a) or 1(b), the request is received by Detention Operations and Offshore Command (DOOC) (^{s. 47E(d)} abf.gov.au email address). DOOC liaises with officers from Health Services Policy and Child Wellbeing Division where clinical guidance is required and with Property and Major Contracts Division regarding contractual requirements and potential additional expenditure.
3. In the case of 1(c), where the transfer is urgently required, the Assistant Commissioner DOOC may decide to transfer the patient to Australia without reference to the Transitory Persons Committee (TPC). Where the transfer is not urgent, he or she may request a TPC to be convened by contacting the Chair of the TPC (Attachment D: **Terms of Reference for the Transitory Persons Committee**).
4. The TPC provides advice to the Assistant Commissioner DOOC regarding whether the circumstances of the case satisfies the policy requirements for transfer (Attachment E: **Healthcare in Regional Processing Countries Policy**). The TPC may also recommend that further medical advice is sought or explore opportunities to either provide the required health services in the regional processing country in which the person resides, or the transfer of the person to a third country for that health service.
5. When a decision is taken to transfer a person to Australia for healthcare, there are a variety of logistical arrangements to be made. Those arrangements are described in the **Standard Operating Procedure – Medical Transfers** (Attachment F).

Version number	Date of issue	Author(s)	Brief description of change
0.1	04/12/2018	Elizabeth Hampton	Initial draft

Attachment A: Request for Medical Services form

Lila – can you please attach?

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Attachment B: Request for Medical Transfer form

Lila – can you please attach?

Attachment C: Request for Medical Transfer to Australia form

Lila – can you please attach?

Attachment D: Terms of Reference for Transitory Persons Committee

Draft circulated 4/12 – attach when endorsed

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Attachment E: Health policy in regional processing countries

Draft circulated 4/12 – attach when endorsed.

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Attachment F: Standard Operating Procedure – Medical Transfers

Legal feedback on draft received 4/12 – attach when endorsed.

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Owner – Health Policy

Advice No – HP00025

Date – 1 March 2018

Elizabeth Hampton
FAS Health Services and Policy Division, and
Children, Community and Settlement Services Division

POLICY STATEMENT

MEDICAL TRANSFERS OF TRANSITORY PERSONS TO AUSTRALIA: ACCOMPANYING FAMILY MEMBERS

Background

Legislation provides for 'transitory persons' to be brought to Australia from a country or place outside Australia, for a temporary purpose. In the context of persons in regional processing countries requiring medical treatment, transfer is only considered where a critical and complex medical condition cannot be managed in Nauru, PNG or a third country and where specialist medical care is required to minimise the threat to life. This policy addresses the issue of whether family members or friends/acquaintances should be approved to accompany a patient to Australia.

For the purposes of this policy:

- a 'transitory person' has the meaning as set out in s 5 of the *Migration Act 1958* (the Act)
- a 'family member' is anyone who would otherwise meet the definition of 'member of the family unit' set out in s 5 of the Act
- a 'child' is anyone who would otherwise meet the definition of 'child' in s 5CA of the Act.
- a 'vulnerable person' has the same meaning (other than for a child) given under policy by the Department of Social Services, i.e. 'an individual aged 18 years and above who may be unable to take care of themselves, or is unable to protect themselves from harm or exploitation by reason of age, illness, trauma or disability or any other reason'.

Policy position

Family members of an adult or child being transferred temporarily to Australia for medical treatment can only accompany that adult or child following consideration of all factors set out below. These factors must be considered in the context of Australia being a signatory to the *United Nations Convention on the Rights of the Child*.

If a decision has been made to transfer a transitory person to Australia temporarily on the grounds that a critical and complex medical condition cannot be appropriately managed in Nauru, PNG or a third country and when specialist medical care is required to minimise an urgent threat to life, and **the Department receives a request for:**

- **an adult family member(s) to accompany an adult being temporarily transferred to Australia for medical treatment**, then this request must be refused.

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- **an adult family member to accompany a vulnerable adult or child being temporarily transferred to Australia for medical treatment, and**
 - that adult has sole caring responsibilities for other vulnerable adults or children in Nauru, PNG or a third country, then this request must be refused and another appropriate adult (including a family member lawfully in Australia, or a departmental or service provider officer) must be identified to meet the vulnerable adult or child on arrival in Australia and remain with the vulnerable adult or child for the duration of the treatment; or
 - that adult has no other sole caring responsibilities for other vulnerable adults or children in Nauru, PNG or a third country, and a family member lawfully in Australia can be identified to meet and remain with the vulnerable adult or child for the duration of the treatment, then this request must be refused.

In cases where a child is being temporarily transferred to Australia for medical treatment and an adult carer has sole caring responsibilities for that child, the Department may consider whether that adult can accompany the child.

- Alternatively, the Department should consider whether an appropriate adult (including a family member lawfully in Australia or a departmental or service provider officer) can be identified to meet the child on arrival in Australia and remain with the child for the duration of the treatment. This consideration should be based on the unaccompanied child's age and maturity.

In all other cases, including where a vulnerable adult or child is entirely reliant on that particular adult for their day-to-day care (due to the vulnerable adult's particular circumstances, or the child's age/breastfeeding, for example), the Department should consider whether an adult family member can accompany a vulnerable adult or child being transferred temporarily to Australia for the purposes of medical treatment.

- **a child who is a family member of an adult being temporarily transferred to Australia for medical treatment to accompany that adult, and**
 - another adult family member who could care for the child is located in Nauru, PNG or a third country, then this request must be refused.

In all other cases, the Department may consider whether a child who is a family member of an adult being temporarily transferred to Australia for the purpose of medical treatment can accompany that adult. This may include cases where the child is entirely reliant on that particular adult for their day-to-day care (due to the child's age/breastfeeding, for example). However, in these circumstances, the Department must have regard to whether the medical treatment being provided to the adult in Australia would have the effect of preventing that adult from fulfilling these caring responsibilities.

Medical transfers to Australia: friends or acquaintances

A request for friends or acquaintances to accompany the transitory person (adult or child) being transferred temporarily to Australia for medical treatment must be refused.



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Owner – Health Policy

Advice No – HP00015

Date – 06 June 2018

Health Care in Regional Processing Countries

Background

The delivery of health care in Regional Processing Countries, namely Nauru and Papua New Guinea, is under the control of the Governments of those countries. In relation to persons transferred from Australia to those countries under regional processing arrangements, Australia supports the delivery of health care to such persons through contracted health service providers (HSPs).

For the purposes of this policy the term 'persons transferred from Australia' includes transferees, refugees and non-refugees.

Policy Position

Papua New Guinea

In recognition of the increased demand on PNG health care services resulting from regional processing arrangements, Australia will continue to support the delivery of health services to persons transferred under RPC arrangements through HSPs. Those services include:

- supplementary primary health care capacity – a medical service that will provide initial care
- through the supplementary primary health care capacity – referral to specialist services available in PNG as required
- some secondary level health care – the contracted service provider will arrange for required medical specialists to attend PNG to provide services that are unavailable through the PNG health care system
- medical care through Pacific International Hospital for conditions that cannot be treated at the ELRTC clinic, Lorengau Hospital or other public PNG hospitals
- supplementary mental health care services
- a latent emergency health care capability to be enlivened in the event of a health emergency that is unable to be fully resolved through the PNG emergency management health care system.

These services complement but do not replace the PNG health care system and will facilitate a person's access to that system.

Nauru

In recognition of the increased demand on Nauru health care services resulting from regional processing arrangements, Australia will continue to support the delivery of health services to persons transferred under those arrangements, through HSPs. Those services are:

- supplementary primary health care capacity – a medical service that will provide initial care

- through the supplementary primary health care capacity – referral to specialist services available in Nauru as required
- some secondary level health care – the contracted service provider will arrange for required medical specialists to attend Nauru to provide services that are unavailable through the Nauruan health care system
- patient transfers to a third country, excluding Australia, for medical treatment that is unavailable in Nauru and where a relevant medical specialist cannot deliver that treatment in Nauru ^{s. 33(a)(iii)}
- supplementary mental health care services
- a latent emergency health care capability to be enlivened in the event of a health emergency that is unable to be fully resolved through the Nauru emergency management health care system.

These services complement but do not replace the Nauruan health care system and will facilitate a person's access to that system.

Health Service Delivery Principles

The HSP should provide health care and treatment according to the following health service principles:-

1. The self-determination of persons transferred from Australia must be acknowledged in relation to the provision of health care. People may choose to seek health care from the health care system within the country in which they reside, without reference to the contracted HSP. People may choose to decline recommended health care treatment.
2. Contracted health service providers must ensure that they have and maintain capacity and capability in PNG and Nauru to deliver the contracted health care services.
3. Care should be provided as close as possible to the patient.
4. The HSP must work with local health services and hospitals to deliver health care to persons transferred from Australia.
 - a. In Nauru or PNG, where the required health care service is unavailable for persons transferred from Australia through the Nauru or PNG public health system, the HSP will arrange for a medical specialist to travel to Nauru or PNG to deliver the service.
 - b. In exceptional circumstances where 4(a) is not possible ^{s. 33(a)(iii)} in Nauru or PNG, the HSP may recommend the temporary transfer of the person to a third country excluding Australia for that medical treatment and, in the event of such a transfer, will ensure that all relevant medical records and information is provided to the treating clinician in the receiving hospital.
5. Requests for medical transfers to Australia for medical treatment will only be considered for refugees and transferees transferred from Australia where the patient is suffering from a critical and complex medical condition which cannot be appropriately managed in Nauru, PNG or a third country and when specialist medical care is required to minimise the threat to life. That is, where the person faces a life-threatening medical emergency that would otherwise result in their death or permanent, significant disability.

Management of HSP contracts

The Government of Australia (GoA) will contract with HSP for the delivery of the above health services. When possible, those contracts will be novated to the relevant host country.

The GoA will not have any direct involvement in the delivery of health services in either Nauru or PNG. The GoA's role will be to ensure that the HSP is meeting the terms of the contract and to undertake contract

assurance functions (for example, in relation to the times persons transferred from Australia wait for services) and quality reviews of the services.

The GoA will liaise with the GoN and GoPNG regarding the quality of services provided under the relevant contract and will ensure that the views of those governments are considered when undertaking contract management activities.

The GoA will facilitate and fund medical transfers under clauses 4(b) and 5 above.