Australian Government
Department of Home Affairs

Onsite Panel Physician Audit Report

Papua New Guinea

Auditor:	s. 47F(1)
Date:	29 January – 3 February 2018

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Papua New Guinea

Overview

This onsite audit is part of the Health Assurance 2017-2018 Onsite Audit Programme to review the aligned Australian and New Zealand Panel Physician network and review support services, including TB labs and treatment facilities.

Papua New Guinea (PNG) has a population of over 8 million people. It has a high estimated TB incidence of 432 per 100,000 population (as reported by World Health Organization in 2015), a high incidence in pre-migration screening of 200 per 100,000 population and a continuing high incidence onshore in Australia of 96.6 per 100,000. PNG has the highest rate of TB in the Pacific region, with the close proximity and shared borders with Australia presenting a special health challenge to the Department.

Multi-drug resistant TB (MDRTB) is an enormous problem in PNG and comment on this aspect of health care is beyond scope for this report, other than to reinforce the importance of very stringent health screening processes for those seeking visas to enter Australia. It is worth noting that, despite the MDR rate of 3.4% new cases and a very high 26% previously treated cases, that there have been **no** drug resistant cases referred to the complex case committee for review.

PNG is resource poor with low per capita expenditure on health. Care provided in the public sector is limited by lack of infrastructure and human resources.

The previous audit visit was conducted by s. 22(1)(a)(ii) . s. 33(a)(iii)). Goroka was audited as it has not been visited since s. 22(1)(a)(ii) ' visit in June 2015. As Lae was visited during the previous audit visit, this panel was not audited.

Annual case load for the entire PNG panel is in the order of 1,500 Immigration Medical Examinations (IMEs) per annum. Out of that, 40 cases had a MOC audit comment indicating an error.

s. 33(a)(iii) . Remote high quality radiology reporting was in the past considered vital for early identification of possible TB cases and minimising risk to public health. Since medical opinion processing times are now short, this is no longer the priority it once was, bearing in mind there can be no consideration of auto-clearance from this very high risk and high profile region.

s. 33(a)(iii)

s. 33(a)(iii)

Post Visit

Chief Migration Officer s. 22(1)(a)(ii) kindly attended the visits to both Pacific International Hospital and Aspen Harbour Medical Clinic. There was no formal Post visit other than for Security briefings, and no formal training provided to staff.

Summary of Findings

Immigration Health Branch assessment methodology ranks on 5 scales:

Score	Overall Rating
90	Excellent
75 - 90	Fully Satisfactory
61 - 74	Satisfactory
50 - 60	Marginally Satisfactory
< 50	Unsatisfactory

s. 33(a)(iii)

s. 33(a)(iii)

s. 33(a)(iii), s. 47G(1)(a)

[redacted]

Panel Composition

Following the 2016 audit s. 33(a)(iii) was removed from the panel, noting there was no onsite radiology and there were significant client service aspects. s. 33(a)(iii) . Noting the limitations in provision of medical care in Port Moresby, further change to panel structure is not recommended. s. 33(a)(iii)

Regardless, panel structure in Port Moresby is most likely currently optimal.

Further review is recommended within 24 months (ideally sooner, especially if performance issues are identified). s. 33(a)(iii)

Therefore, there is no recommendation to change panel structure in either Port Moresby or Goroka.

Other visits

Additional "meet and greet" type visits were undertaken a s. 33(a)(iii) , to provide Immigration Health Branch staff with some intelligence about medical capacity in Port Moresby.

Reports from those visits are at the end of this report.

Since thanks are due to Immigration Health staff in particular s. 22(1)(a)(ii) , for her indefatigable work in logistic support, as well as to Port Moresby Post, Chief Migration Officer s. 22(1) s, Assistant Director Health Assurance, all of whom ensured this visit was a success.

s. 33(a)(iii)

s. 33(a)(iii)

PACIFIC INTERNATIONAL HOSPITAL

We revisited Pacific International with view to obtaining some information about general capability. We were kindly provided with a one hour tour and were escorted through the hospital by s. 47F(1) and s. 47F(1). We did not have the opportunity to interview staff or to bed down into

detail of clinical performance, nor was there opportunity to review outcomes. Nevertheless hospital management remained accommodating and reasonably open about facilities available.

Below is a summary of pertinent points:

1. 80 bed hospital – s. 33(a)(iii) [redacted] At the time of our visit occupancy rate was very low at 28%. This is presumably due to the fees charged.
2. Management noted challenges with specialist and medical staffing (most are Indian or from Philippines and some visiting specialists also Indian). Information was provided that the University of PNG did not train any medical students in 2017 due to lack of suitable candidates for the course – this was not verified)
3. Ratio of nursing staff to patients is on average 3 to 1 during the day and 5 to 1 at night.
4. Medical records are paper and some reviewed were limited in clinical detail. There is work underway to implement an electronic system to digitise medical records.
5. The Emergency Department has an adjacent ambulance bay, a minor procedures room, and there are approximately 1,200 presentations per annum
6. The two paramedic ambulances were imported from Australia and are well equipped
7. There are two main areas catering for routine outpatient clinics (ie not ER patients) – one in the main hospital building (for cardiology and surgical cases – this is also where visa applicants have IMEs) and another in a separate building – this area was very busy with patients and is self- contained with a small pharmacy, and X-ray machine, with consultation rooms and waiting area.
8. Surgical capacity includes coronary bypass surgery s. 47F(1) [redacted] is a cardiothoracic surgeon), ophthalmology, general surgery (including laparoscopic surgery), orthopaedics, some basic neurosurgery (there is no neurosurgeon)
9. There are three operating suites and a standalone endoscopy unit
10. There is a cardiac catheter lab for interventional cardiology
11. The radiology unit includes plain radiographs, CT and MRI scanner
12. The pharmacy stocks routine, commonly used and basic medications only, but can acquire/import other drugs as required by treating clinicians. This is reportedly a quick process. Psychiatric drugs viewed were basic.
13. The surgical ward has isolation rooms (one negative pressure room for infectious patients)
14. There is a seven bed ICU with one isolation room
15. There is a maternity unit with a small NICU (this was really just a nursery with two incubator beds). There is no neonatologist on staff. About 200 births per annum.
16. There is no blood bank – all blood would come from POM General. I did not ask if rescreening would be carried out prior to administration.
17. For neurology patients, an EEG machine has been procured and a hospital technician was (at the time of the visit) in India undergoing training in its use. The EEG would still need to be read remotely and details about who and where would do this were not yet finalised.
18. The dialysis unit has two haemodialysis beds.
19. We noted a small rehabilitation area which had suitable equipment but the paramedical staffing (occupational and physiotherapists) was unclear. No patients were seen.
20. There is a guest house for relatives if out of town
21. There are plans for an oncology unit.

s. 33(a)(iii)

Attachment A

Discussion Paper: Options for Provision of Health Care Services in Regional Processing Countries

7 September 2016

Introduction

Several different models of health care service provision in regional processing countries are considered in this discussion. The particular health care settings that exist in each of the regional processing countries are also discussed. This paper is a living document and will be updated in response to changing circumstances and as new information become available.

Principles of health care

Principles of Health Care include refocusing health services to incorporate the following principles (Attachment B sets out a framework for the delivery of services to regional processing countries):

a. Refugees and asylum seekers should have access to quality health care that is safe.

b. While health care can be aligned to local systems, refugees and asylum seekers will need extra assistance, beyond local health care.

c. Rather than directly commissioning services, funding should be applied to a health insurance, managed care, or personalised funding model that provides patient choice, and delivers incentives for people to maintain their health and seek early treatment.

d. There are cogent reasons why health care should not be directly commissioned by the Department of Immigration and Border Protection (DIBP) in Australia, in particular for settled refugees. Such work should be channelled through foreign aid.

e. Regardless of whatever health insurance health maintenance or personalised funding model is put in place, extra funding will be needed to support high cost emergency care, and medical emergency evacuation to third countries.

f. s. 33(a)(iii) [redacted]

g. It is reasonable to consider that health outcomes for refugees relying solely on the local health systems in the regional processing countries would be similar to locally reported outcomes, including morbidity and mortality rates. Comparative morbidity and mortality rates are set out at Attachment C.

h. s. 33(a)(iii) [redacted]

Models of Health Care

Department of Foreign Affairs and Trade (DFAT) as health services funder.

It makes sense for additional funding required to be delivered through DFAT, and to draw upon our foreign aid function rather than through DIBP commissioning.

It is not logical for a settled refugee to continue to have even indirect dealings with this Department, or its contractors, on matters unrelated to DIBP's border protection and migration functions. Having the right funding source may lead to better health outcomes for individuals, by separating health from migration matters. DFAT also has a deep understanding of local countries and their cultures, while being able to monitor expenditure and ensure it is spent for the purpose intended.

An insurance or health maintenance model.

Providing choice and control to consumer will enhance individual responsibility. Given the small number of refugees and asylum seekers there is not a natural insurance market. However, by creating an insurance body, allocating benefits, and giving people the choice of a provider, individuals have more control over their own health.

This model could be achieved by funding the health insurance company directly, s. 33(a)(iii) [redacted]

A mixed model would be to use a major insurance company as an intermediary to ensure primary care, and distribute funding to hospital services as required and provide refugees and asylum seekers with some choice and incentive to maintain health.

Organisations such as BUPA and Medibank Private have skills to maintain an insurance system, and could be approached if there is no existing insurer willing to take on the health risk.

The problem with parallel health systems

The United Nations High Commissioner for Refugees (UNHCR) advises against setting up parallel health systems for refugees and asylum seekers, instead recommending that host countries' health systems be used. The principle espoused by the UNHCR works well when a refugee or an asylum seeker has made their own way to a receiving country. s. 33(a)(iii) [redacted]

Existing Safety Mechanisms

All health systems present a safety risk to patients, irrespective of how well funded and developed they may be. Medication errors, patient falls and hospital-acquired infections are examples of iatrogenic (caused by doctors and other health professionals) harm to patients. s. 33(a)(iii) [redacted]

The delivery of primary care to refugees and asylum seekers by an Australian Provider. The contract for settlement services aligns care to refugees with Nauruan service standards, which may influence drugs prescribed and treatment offered. s33(a)(iii) [redacted] Health practitioners are credentialed by IHMS through their international system, and staff have high levels of skill and training. Clinics and equipment are well maintained. While secondary referrals are made to the (Republic of Nauru) RON

hospital, an IHMS primary care doctor still makes appropriate referrals, and assesses the quality of the response received.

If specialists have provided an inadequate assessment, the settlement clinic will pursue this matter.

Local specialist opinions. Local specialists in Nauru, and visiting specialists from Fiji or Taiwan, are aware of the options that refugees have for transfer to Pacific International Hospital (PIH).

A specialist referral may be provided to the more advanced facilities in PIH rather than proceeding to local services. This avoids potential medical errors that may have occurred if an elective procedure was under taken at the local hospital with its limited facilities

Similarly at Manus Island, refugee numbers at the East Lorengau Transit Centre have been low recently. Lorengau refugees are able to access the IHMS clinic facilities at the Regional Processing Centre, avoiding the need for primary reliance on the Lorengau Hospital.

s. 33(a)(iii)

[redacted]

Lack of psychiatric care. Mental health systems have developed support for people with psychoses and mood disorders, who often have families to support them but are not set up to deal with people who have experiences trauma related issues. The range of psychotherapies and pharmacotherapies can be limited.

Evacuation options. A range of existing evacuation destinations is available to local people including Fiji, Thailand and India. Funding for this is limited. The use of air ambulances is restricted for cost

reasons. Any system for asylum seekers and refugees would need to have a funding mechanism for evacuation when required.

s. 33(a)(iii)

[redacted]

For this reason, where care can be aligned wherever possible, the provision of additional health insurance, or personalised health funding administered through an insurer, could insure that patients have access to the necessary care so exposures to the risks of the PNG health system would be minimised.

A future model

As indicated, in both Nauru and PNG, a preferred model would be to provide health insurance or an equivalent model (the creation of a Health Maintenance Organisation (HMO), or a "personalised' funding model.) Key aims would be to improve personal choice and control over health care, to improve outcomes, and to fill significant gaps in the Nauru and PNG health systems.

For the model to work it would be necessary to:

i. Create a policy and have a mechanism to fund private and visiting practitioners on a fee for service basis.

j. In some areas fund some "fixed costs" such as a basic clinic with the capacity to immediately stabilise a patient prior to evacuation would be needed.

k. These facilities could expand depending on the number of patients who choose to receive clinical care.

l. Refugees could seek care with a range of providers and steps could be taken to encourage both local and foreign providers to have clinics available for this purpose.

The scope of health insurance or HMO funding will change from time to time as capacity is developed in the public sector, but would seek to fill gaps.

The current list of areas to be covered would include:

m. Neonatal and maternity care delivered at the PIH or at a third country.

n. Elective surgery consultation can be local, but the delivery of surgical procedures at this time should be funded through insurance at a modern facility. This eventually will include the RoN hospital for some procedures when new operating theatres are in use, and standards met.

o. Modern minimally invasive surgery procedures that are currently not available in the public health system in Nauru and PNG.

p. Mental health care.

q. Quality primary care. A health maintenance approach does require consistency in primary care and good judgement to oversee long term health problems, and consider the need for specialist referral and input

Further consideration of other areas to be covered could be systematically reviewed based on current diagnoses and anticipated future needs.

Australian
BORDER FORCE

Manus Transfers Officer

Standard Operating Procedures

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Manus RPC Transfers Officer Role and Responsibilities

The Transfers Officer is responsible for the coordination and processing of transfer flights bringing transferees to and from the Regional Processing Centre (RPC) in Manus from Christmas Island or Darwin and for Medical transfers within Papua New Guinea (Port Moresby) and to Australia. The key roles of the position are:

- Liaise closely with International Charters Section in National Office (NatO) in relation to the timing and onwards destination of charter transfer flights;
- Liaise closely with DIBP at the departing port in relation to the makeup of the manifest;
- Liaise closely with key stakeholders on Manus and disseminate information in relation to arrival transfer flights;
- Meet arriving aircraft and monitor handover arrangements for transferee' secured valuable bags with Broadspectrum and then SERCO Property officer travelling with the transferees;
- Arrange clearance of any DIBP equipment/goods;
- Coordinate Medical Transfers from RPC.

Stakeholders at the Manus Regional Processing Centre

The main stakeholders at the RPC and their principal functions are listed below:

Broadspectrum

Broadspectrum are contracted by DIBP to provide infrastructure, catering, cleaning, maintenance and welfare (including case management) services at the RPC. The provision of security services at the RPC is through Wilson Security who are engaged to Broadspectrum through a subcontracting arrangement.

Broadspectrum Security is the primary stakeholder for the Manus RPC Transfers Officer.

Their responsibilities include:

- Provide escorts for all medical transfers and medivacs;
- Provide the Detention Service Provider Assessments (DSPA) for transferees transferring for medical appointments and medivacs;
- Coordinate medical appointments in Port Moresby;
- Coordinate rooms and interpreters in Port Moresby ;
- Provide welfare services for transferees in Port Moresby
- Organise property for transferees transferring for medical appointments and medivacs.

International Health and Medical Services (IHMS)

IHMS provide all medical services for transferee in the RPC including various medical treatments, vaccinations and mental health care. Due to a lack of alternative suitable health care providers on Manus, IHMS also provide medical treatment services to staff working in the RPC.

IHMS is a key stakeholder for the Manus RPC Transfers Officer.

Their responsibilities include:

- Provide the Fit to Travel (FTT) and Incapacitated Passengers Handling Advice (INCAD) forms for transferees transferring for medical appointments;
- The provision of medical escort details (if required)
- Provide details for medivacs – times, hanger details and medical escort details.

Equipment

The following equipment is allocated to the Manus Transfers Officer:

IPhone

Phone Number: s. 47E(d)

Password: s. 47E(d)

Ipad:

Password: s. 47E(d)

Manus Transfers Good Password s. 47E(d)

Weekly Transfer Officer Tasks

Weekly PNG ICSA Update

- Provide to Ops Lead every Thursday by 1300.
- Required: a weekly forecast of medical transfers – update latest form in the Z drive: s. 47E(d)

Weekly Update

- Provide to Ops Lead every Friday by 1200.
- Required: historicial breakdown of all medical transfers completed for the week – Friday to Friday past.

Commerical Medical Transfers

Medical transfers on commercial flights are the most common transfer process for the transfers officer at the Manus Regional Processing Centre (MRPC).

Key stakeholders are:

1. The Regional Processing Health Liaison Officer (RPC HLO) based in ABF HQ. All lists of potential transfers to Port Moresby for medical treatment are required to be approved at First Assistant Secretary (FAS) level. The RPC HLO will facilitate this process and advise when a list has undergone all relevant approvals.

2. PNG ICSA at the MRPC. PNG ICSA will provide the appropriate approvals for transfers arriving at or departing the MRPC.

3. The International Health and Medical Service (IHMS) at the MRPC. IHMS will provide Fit to Travel assessments (FTTs) and Incapacitated Passengers Handling Advice (INCAD) assessments for flights.

4. Broadspectrum Security at the MRPC. BRS Security will provide DSPAs and escort details for all transfers to and from the MRPC.

5. Broadspectrum 'Control', located at RPC1. They will assist in ensuring transferees arrive for interview at the RPC2 interview facility.

Medical Transfers to Port Moresby

1. Lists of anticipated transfers are disseminated by the RPC HLO section at ABF HQ. These will require FAS approval (organised by that section) and will not be in any particular priority order. Once FAS approval is obtained (communicated by the RPC HLO), it is recommended that the Manus Transfers Officer prompt for prioritisation of travel prior to organising flights.

2. Once priorisation (if applicable) is communicated, approval **must** be sought from PNG ICSA. Once approval is received, save and pdf the email record as: *>*boat ID* - 1D/R – ICSA Approval<* **NB.** A bulk email requesting approval can be sent.

3. An email advising stakeholders of proposed transfer can be sent concurrently to the PNG ICSA email requesting approval to transfer as long as the email stipulates that approval is still being sought. This email advises all relevant stakeholders of intention of transfer AND requests document essential to procuring uplift approval and itineraries. Stakeholders have 24 hours notice to provide the following documentation – the Fit to Travel (FTT) and Incapacitated Passengers Handling Advice (INCAD) assessments from the International Health and Medical Services, and the escort details and Risk Assessments from Broadspectrum Security. Escort passport details are saved in the Z Drive. Once you receive all details, save as:
*>*boat ID* – 2D/R – FTT, *boat ID* - 2D/R – INCAD, *boat ID* - 2D/R – Risk assessment & *boat ID* - 2D/R – "escort name" passport<*

4. An email requesting a English as a second language ESL) assessment be conducted for all transferees being medicaly transferred to Port Morsbey (POM) email to s. 47E(d) . Once the ESL results are received for the transferee forward the result to HLO POM at s. 47E(d) @border.gov.au.

5. Once all information, documentation and approval is received, an email must be sent to the IMA Commercial Transfers Team requesting flights for the transfer to occur. IMA Commercial Transfers require **48 hours notice** of flight requirements. It is recommended that as much notice as possible is provided. A Request for Commercial Transfers form must be completed for the transferee and escort and **all** details completed including anticipated flight number, estimated arrival/departure times and flight date. Save the Request for Commercial Transfer Form as *>*boat ID* - 3D/R – Request for Commercial Transfer<.* Once itineraries are received (either in .rtf or .doc format), convert to .pdf and save each itinerary

in the relevant folder as: >*boat ID* - 5D/R – Itinerary "surname" "departure date" (& - escort, for the escorts itinerary)<.

6. Once itineraries are received, uplift approval must be obtained from Air Niugini. A Person in Custody (PIC) Form is required to be completed with all details of the transferee and escort and emailed to them with the INCAD form. The PIC form will require to be saved in the relevant folder as: >*boat ID* - 4D/R – Air Niugini notice of Proposed Movements form<. Once approval is received by Air Niugini (typically through a scanned, signed form), the approval must be saved in the relevant folder as: >*boat ID* - 6D/R – PIC approval<.

7. Once PIC approval is granted, an email is to be sent to all stakeholders with the itineraries of the transferee and escort attached.
8. A further email is to be disseminated to the Manus BroadspectrumTransport and Escort Teams and Broadspectrum Security in Port Moresby. The documents required are the approved PIC form from Air Niugini, the INCAD form, a copy of the PNG ICSA approved email and a statement of identity (SOI) (manually created through the template on the Z drive & using photographs from the transferee photograph folder).

9. One day prior to transfer, the Manus Transfers Officer is required to message the transferee of the impending transfer. Slips for the appointment will need to be created, printed and taken to Broadspectrum Control for the appointment the day prior to the appointment. Basic messaging is as follows: *Hi, my name is …. and I'm the Transfers Officer for the Department of Immigration and Border Protection. I'm here to advise you that today you are being transferred to POM/AUST (whichever is applicable) for medical treatment. Once your medical treatment has been finalised, you will then be returned to Manus Island for process to continue. Do you understand what I have just advised you?*

10. Once the transferee has arrived in Port Moresby, an email must be sent to the Manus Coordination Section (MCS) to advise of the successful operation.

Medical Transfers from Port Moresby

1. Lists of anticipated return transfers are disseminated by the RPC HLO section at ABF HQ. Once notification is received from the RPC HLO of the need to return transferees, processes can be undertaken to prepare for the transferee's return.
2. Once this notification is communicated, approval for return **must** be sought from PNG ICSA. Once approval is received, save and pdf the email record as: >*boat ID* - 1D/R – ICSA Approval< **NB.** If a number of transferees have completed their medical treatment, a bulk email requesting approval to return can be sent.

3. An email advising stakeholders of proposed return transfer can be sent concurrently to the PNG ICSA email requesting approval to transfer as long as the email stipulates that approval is still being sought. This email advises all relevant stakeholders of intention of transfer AND requests document essential to

procuring uplift approval and itineraries. Stakeholders have 24 hours notice to provide the following documentation – the Fit to Travel (FTT) and Incapacitated Passengers Handling Advice (INCAD) assessments from the International Health and Medical Services, and the escort details and Risk Assessments from Broadspectrum Security. Escort passport details are saved in the Z Drive. Once you receive all details, save as:
*>*boat ID* – 2D/R – FTT, *boat ID* - 2D/R – INCAD, *boat ID* - 2D/R – Risk assessment & *boat ID* - 2D/R – "escort name" passport<*

4. Once all information, documentation and approval is received, an email must be sent to the IMA Commercial Transfers Team requesting return flights for the transfer to occur. IMA Commercial Transfers require **48 hours notice** of flight requirements. It is recommended that as much notice as possible is provided. A Request for Commercial Transfers form must be completed for the transferee and escort and **all** details completed including anticipated flight number, estimated arrival/departure times and flight date. Save the Request for Commercial Transfer Form as *>*boat ID* - 3D/R – Request for Commercial Transfer<.* Once itineraries are received (either in .rtf or .doc format), convert to .pdf and save each itinerary in the relevant folder as: *>*boat ID* - 5D/R – Itinerary "surname" "departure date" (& - escort, for the escorts itinerary)<.*
5. Once itineraries are received, uplift approval must be obtained from Air Niugini. A Person in Custody (PIC) Form is required to be completed with all details of the transferee and escort and emailed to them with the INCAD form. The PIC form will require to be saved in the relevant folder as: >*boat ID* - 4D/R – Air Niugini notice of Proposed Movements form<. Once approval is received by Air Niugini (typically through a scanned, signed form), the approval must be saved in the relevant folder as: *>*boat ID* - 6D/R – PIC approval<.*
6. Once PIC approval is granted, an email is to be sent to all stakeholders with the itineraries of the transferee and escort attached.
7. A further email is to be disseminated to the Manus BroadspectrumTransport and Escort Teams and Broadspectrum Security in Port Moresby. The documents required are the approved PIC form from Air Niugini, the INCAD form, a copy of the PNG ICSA approved email and a statement of identity (SOI) (manually created through the template on the Z drive & using photographs from the transferee photograph folder).
8. Once the transferee has arrived in Manus, an email must be sent to the Manus Coordination Section (MCS) to advise of the successful operation.

Medical Transfers to Australia

1. The approval of transfers to Australia for medical treatment is organised by the RPC HLO. If a transfer of Australia is necessary, approval will be communicated by the RPC HLO.
2. Once this approval is communicated, approval for return **must** be sought from PNG ICSA. Once approval is received, save and pdf the email record as: *>*boat ID* - 1D/R – ICSA Approval<* **NB.** If a number of transferees have completed their medical treatment, a bulk email requesting approval to return can be sent.
3. An email advising stakeholders of the proposed transfer can be sent concurrently to the PNG ICSA email requesting approval to transfer as long as the email

stipulates that approval is still being sought. This email advises all relevant stakeholders of intention of transfer AND requests document essential to procuring uplift approval and itineraries. Stakeholders have 24 hours notice to provide the following documentation – the Fit to Travel (FTT) and Incapacitated Passengers Handling Advice (INCAD) assessments from the International Health and Medical Services, and the escort details and Risk Assessments from Broadspectrum Security. Escort passport details are saved in the Z Drive. Once you receive all details, save as:
*>*boat ID* – 2D/R – FTT, *boat ID* - 2D/R – INCAD, *boat ID* - 2D/R – Risk assessment & *boat ID* - 2D/R – "escort name" passport<*

4. Once all information, documentation and approval is received, an email must be sent to the IMA Commercial Transfers Team requesting flights for the transfer to occur. IMA Commercial Transfers require **48 hours notice** of flight requirements. It is recommended that as much notice as possible is provided. A Request for Commercial Transfers form must be completed for the transferee and escort and **all** details completed including anticipated flight number, estimated arrival/departure times and flight date. Save the Request for Commercial Transfer Form as *>*boat ID* - 3D/R – Request for Commercial Transfer<.* Once itineraries are received (either in .rtf or .doc format), convert to .pdf and save each itinerary in the relevant folder as: *>*boat ID* - 5D/R – Itinerary "surname" "departure date" (& - escort, for the escorts itinerary)<.*
5. Once itineraries are received, uplift approval must be obtained from Air Niugini. A Person in Custody (PIC) Form is required to be completed with all details of the transferee and escort and emailed to them with the INCAD form. The PIC form will require to be saved in the relevant folder as: >*boat ID* - 4D/R – Air Niugini notice of Proposed Movements form<. Once approval is received by Air Niugini (typically through a scanned, signed form), the approval must be saved in the relevant folder as: *>*boat ID* - 6D/R – PIC approval<.*
6. Once PIC approval is granted, an email is to be sent to all stakeholders with the itineraries of the transferee and escort attached.

7. A further email is to be disseminated to the Manus BroadspectrumTransport and Escort Teams and Broadspectrum Security in Port Moresby. The documents required are the approved PIC form from Air Niugini (and PIC approval forms for any of the other sectors the transferee may be transferring to), the INCAD form, a copy of the PNG ICSA approved email and a statement of identity (SOI) (manually created through the template on the Z drive & using photographs from the transferee photograph folder).

NB. *For transfers to Australia, Operational Checklists/Transitory Persons forms will be needed to be completed and sent to the relevant personnel. For IHMS medical escorts travelling to Australia, the IMA Commercial Transfers team will book flights and Australia accommodation. IHMS assistance is responsible for booking accommodation in Port Moresby (if necessary). IHMS escorts are **NOT** accommodated at the Granville with transferees.*

8. An operational checklist will be required to be sent to the appropriate destination (dictated by the RPC HLO): ie. s. 47E(d) @border.gov.au, s. 47E(d) @border.gov.au, s. 47E(d) @border.gov.au,

s. 47E(d) @border.gov.au and cc s. 47E(d) @border.gov.au, s. 47E(d) @border.gov.au, s. 47E(d) @border.gov.au, s. 47E(d) @border.gov.au, ccing s. 47E(d) .@border.gov.au and the Manus Operations lead s. 22(1)(a)(ii) @border.gov.au/ s. 22(1)(a)(ii) @border.gov.au). This document should be saved as *boat ID* - 7D/R – Operational Checklist.

9. A Transitory Persons Form will also be required to be sent to the Entry Operations Centre s. 47E(d) @border.gov.au) advising them that the transferee will be departing Manus Island and will arrive at the destination. CC the airport they will be arriving at - i.e s. 47E(d) @border.gov.au, s. 47E(d) @border.gov.au, s. 47E(d) @border.gov.au, s. 47E(d) s@border.gov.au, ccing the s. 47E(d) @border.gov.au and the Manus Operations lead s. 22(1)(a)(ii) @border.gov.au). This document should be saved as *boat ID* - 8D/R – Transitory Persons Form.

10. Once the transferee has arrived in Australia, an email must be sent to the Manus Coordination Section (MCS) to advise of the successful operation.

Medevac Transfers

Medevac Trigger

The Manus Transfers Officer will receive an email and phone call from the **RPC HLO** advising of the requirement to Medevac. The **RPC HLO** will provide details of the medevac including transferee name and boat identification number.

The following three steps should be actioned immediately over the phone.

1. Advise PNG ICSA of impending Medevac over the phone or in person so they are ready to approve your request via email (**PNG ICSA Approval***). s. 22(1)(a)(ii), and s. 22(1)(a)(ii) numbers are saved as contacts in the Transfers phone. They also reside in the same block as DIBP in the accommodation. If approval is provided verbally, include in the email sent to stakeholders.

2. Advise Manus Escorts (s. 22(1)(a)(ii) from Wilsons) via phone of the impending Medevac and ask them to nominate a Wilsons Escort (see ***ASO Passport Details**). The Manus Escorts phone number is saved as a contact in the Transfers phone.

3. Phone IHMS HSM to request flight times and the hanger details (the hanger is an allocated park for the plane to dock in at the Airport). The HSM number is saved as a contact in the Transfers phone. NB. International SOS are the provider who typically organises medevacs. If International SOS contacts you directly, please refer them back to the RPC HLO in Canberra or the IHMS HSM.

4. Check the DIBP Transfers folder (Folder 3) for an ID Picture of the transferee. See **Statement of Identity***

Trigger to action paperwork:

You can complete the medivac from the accommodation or go into the office and begin actioning the Medevac using a blank ***Medevac Checklist** once you have received the following:

1. IHMS update you on flight times and hanger details; and
2. Wilson Escort details from Manus Escorts.

Terminology

RPC HLO Regional Processing Centre Health Liaison Officer is an area in NatO which obtain FAS approvals for medical transfers to proceed.

Passport Details All passport details for Wilson Security ASEs are saved in the Transfers folder under Transfers Officer Information. If there are updates to existing escorts (i.e. new ASEs are trained), a scanned copy of the passport will need to be saved in the folder.

Medevac Checklist: The Medevac Checklist is a tracking tool to ensure all steps of a Medevac are actioned. The hardcopy blank forms can be found in the Transfers Officers folder.

Medevac step-by-step process

Create a folder by Boat ID in the Z Drive. Store all medevac related documents and attachments in this folder.

Please note that the role of the Transfers officer on Manus is to provide the following documents ONLY. The Transfers officer does not organise entry permits into Australia.

Document list:

1. DSPA and Transferee Incident History (to be provided to receiving Detention Facility for placement after completion of medical treatment)

2. Transitory Persons Form (for provision to the Entry Operations Centre)

3. IMA Operational Checklist (for provision to the receiving airport to organise clearances, tarmac clearances and transport and escort requirements)

4. Statement of Identity (Ensure that the travel destination is updated to refelect the arrival destination)

Process:

1. Obtain the transferee biodata details (found on the Daily Wilson Security Nominal Roll, sent daily).

2. Obtain approval to depart from PNG ICSA – in the case of a medevac, all approvals will need to be obtained as soon as practicable so that International SOS can source and aircraft and landing permits. In this instance, is preferable that verbal approval is sort from PNG ICSA & followed up with an email. PNG ICSA will also notify relevant personnel at Momote Airport of impending flight.

3. Obtain the Broadspectrum Escort details from the Manus Transport and Escort Coordinator ensuring that you also obtain height and weight details.

4. Provide full biodata details of transferee and escort to the IHMS HSM, ensuring that you cc in the RPC HLO. This will be provided by IHMS to International SOS. Ensure that the IHMS HSM advises whether or not an ambulance will be required on arrival at the relevant airport; this information will be required on filling out the Operational Checklist for the receiving airport.

5. Complete the Transitory Persons form with all relevant details and send to the Entry Operations Centre, ccing all relevant personnel at the receiving detention facility.

6. Create a Statement of ID for the transferee.

7. Provide the following documents to Broadspectrum Security Escort team:

- PNG ICSA emailed approval (PDF email & save in the transferee folder)
- Transitory Persons Form
- Statement of Identity

Wilson security will complete an order for the operation with timings.

8. Flight paths and schedule will be communicated through either the RPC HLO OR through the IHMS HSM locally. Ensure that any changes in schedule are communicated to Broadspectrum Security so that changes can be made to operational orders.

Note – All email Stationary can be found in the Manus Transfers -drafts inbox: Medevac folder. Matching attachments/templates are kept in the PNG Z Drive.

NB. For the operational checklist, ensure that the receiving airport and detention facility email address correspond with the correct location. Generally medevacs to Australia will arrive at Brisbane Airport; as such Brisbane airport details are listed as the default in the email stationary.

For medevacs arriving in Brisbane, the following contact numbers are to be provided to Broadspectrum Security for provision to the Broadspectrum Security ASE in the event the aircraft arrives at a different hanger or if there is no Serco Transport or Escorts at the airport:

Queensland:

Serco Transport and Escort: s. 47E(d)

Australian Border Force Duty Phone (QLD Ops): s. 47E(d)

Incoming Chartered Flights to Manus RPC

Charter Schedule

The Department of Immigration and Border Protection Charter Schedule is disseminated by the International Charters Section in ABF Headquarters. The schedule will be required to be distributed by Manus Transfers if an upcoming chartered flight is anticipated to the heads of the following agencies:

- Papua New Guinea (PNG) Immigration and Papua New Guinea (PNG) Government officials
- Broadspectrum (including Broadspectrum Security)
- International Health and Medical Services (IHMS)
- IOM

NB. The schedule can be subject to frequent and last minute changes. All stakeholders indicated above require to be notified of changes as soon as possible.

Flight Manifests

The flight manifest is provided by the port of origin of the transferees (ie: Christmas Island). It is the responsibility of the sending facility to manage changes to the proposed transfer lists, including escort changes.

The flight manifest will include details about all persons on flight (including persons in custody (PICs), escorts and medical staff members travelling on each sector. A chartered flight from Christmas Island, for example, will have a separate manifest for each sector – Christmas Island to Darwin, Darwin to Port Moresby, Port Moresby to Manus. It is important that the Manus Transfers Officer ensures that the correct transfer

Due to frequent changes in proposed lists involving new transferee cohorts, it is advised that the manifest is disseminated by the Manus Transfers Officer when it is as close to the final list as possible.

The PNG ICSA Manus Centre Manager, s. 22(1)(a)(ii) has requested that he receive the final flight manifest **24 hours prior to chartered flight arrival.** Email draft templates are saved in the Manus Transfers email account; the distribution group will require updating as required.

NB. As agreed with PNG ICSA, 24 hours is the deadline of addition of transferees to the manifest. After this time, no 'new' transferees are to be added to the transfer list.

Health Manifests

The health manifest has expanded health information relating to 'new' transferees arriving on Manus Island and is provided by the IHMS clinic at the sending detention facility. As this document is 'Medical-In-Confidence', it is essential that no changes are made to the document and that the information contained in the document is treated as such.

The medical manifest is to be provided to the PNG Government's medical advisor on Manus; currently the head of Lorengau Hospital. If the document requires to be couriered to Lorengau Hospital it is essential that the document is printed and placed in an envelope.

Detention Service Provider Assessments (DSPA) and Statements of Identity (SOI)

The Detention Service Provider Assessments are provided by the sending facility; SERCO for detainees onshore, Broadspectrum Security for transferees originating from Regional Processing Centres. They will be sent either in PDF or Word Format.

A SOI will be also be provided by ABF at the sending facility. These will be emailed to the Manus Transfers inbox and will be required to be forwarded onto (with the DSPA) to the Broadspectrum Security officer. These will contain transferee photographs that the providers will utilize.

Incoming chartered flight process guide:

Pre-arrival:

1. Send email to advise the people below of the transfer date and number of transferees
   - PNG Immigration (Centre Op Manager) and PNG Government Official
   - Broadspectrum Senior Ops Manager and General Manager
   - IHMS (Site Manager and manus.hsm)
   - IOM Manus – keep IOM updated with number of transferees being transferred
   - s. 22(1)(a)(ii)
   - Air Niugini

2. Email to Air Niugini to advise of incoming charter – no transferee info needed.

3. Ensure a vehicle is available – DIBP officers travel separate to the Broadspectrum convoy.

4. Once the initial list is received, advise Interpreter Liaison of languages. Because this may change as transferee numbers change, ensure Interpreter Liaison is

regularly updated. Ideally, get the names of the interpreters being sent to meet the charter.

5. Check list for DOB of any transferees who are 18 – 20 years old. If so, engage Age Det to confirm if age det interview done (where and when) as well as if there are any triage notes.

6. Advise Broadspectrum of interpreters who will be attending charter arrival. Confirm with Broadspectrum proposed pickup point and time of pickup.

7. When Broadspectrum send through their Operational Order (about 24hr before the expected arrival), advise Interpreter Liaison of pickup point and time the interpreters will be joining the convoy.

8. Once the **Transfer Risk Tool** is received (from CI Intel Mailbox), send to Broadspectrum Risk and Intelligence Manager Sometimes this is forgotten to be sent to Manus – email to CI Intel and ask to be sent.

9. Forward the **DSP** and **SOI** to Broadspectrum Intel. This should be received from CI Transfers around 24hrs before arrival.

10. Once the final manifest has been received* (cleared by RPC Coordinator), do a quick check before forwarding on. Check the following:
    - The date and time of arrival
    - Ensure number of transferees in both manifests match
    - Make sure there are ID and name columns in both lists and that the medical manifest has a FTT column
    - Ensure interpreter needs have not changed

11. Once the flight manifest has been checked, distribute to:
    - PNG Immigration and PNG Government officials (Centre Op Manager, Special Project Advisor and list provided in email) PNG ICSA advises PNG Quarantine and Customs.
    - Broadspectrum (Managers and Risk and Intelligence Manager)
    - IHMS (Site Manager and manus.hsm)

12. Send the manifest separately to s. 22(1)(a)(ii) of RSD (Refugee Status Determination) a s. 22(1)(a)(ii) @immigration.gov.pg

13. Printing of lists: Arrange to have the following printed in colour the day before (usually around 3 but this is dependent as to when PNG ICSA are leaving the centre)
    - 9 copies of the flight manifest (keep one) and
    - 3 of the health manifest (in A3 size) printed by Broadspectrum (in colour)

    When picking up, give the printed lists a quick check to ensure all columns have been printed. These are given to PNG ICSA – they will distribute the lists to the relevant stakeholders.

*The Centre Op Manager must receive the manifest 24 hours before transfer arrival time.

Day of arrival:

NOTE: PNG Police Force is the security force for arrivals. They will be onsite and have jurisdiction over the airport area during a transfer.

1. Ensure a call is received from the last port before Manus – this is usually Darwin or Port Moresby. The TLO on the plane will call through with the time they are leaving – this will indicate whether the charter is on schedule. (Get their name and contact details in case they don't call).

2. PNG ICSA has advised that there is a one hour grace period for the flight on either side of the flight ETA – notify the following if there is a significant change to the schedule:

-
- PNGICSA – VIA PHONE- (ask them to let quarantine and customs staff know) + TEXT
- s. 22(1)(a)(ii) at airport (go via Manus Escorts (Wilsons Security) if unsure.– TEXT AND EMAIL
- IHMS – TEXT AND EMAIL
- Health – TEXT AND EMAIL
- Broadspectrum – TEXT AND EMAIL
- s. 22(1)(a)(ii) – TEXT AND EMAIL
- Air Niugini – TEXT AND EMAIL

3. Subject to operational requirements, two DIBP officers attend the arrival of the aircraft and are expected to arrive at least 30-60 minutes prior to the scheduled arrival. The officers attending must have reflective vests: **no vest - no tarmac access.**

- Transfers pack should contain:
- Two immigration vests
- Folder containing a copy of the manifest, flight schedule, flight number, departmental reporting requirements email and current interagency contact list
- Charged satellite phone (old one in case)
- Water (to be packed on the day)
- Pens
- Small first aid kit
- Sunscreen

4. On the drive to the airport, check for road blocks/damage and call back to Broadspectrum if there are any issues. DIBP normally leave the airport 15-30min before the Broadspectrum convoy.

5. Prior to the charter's arrival all persons involved should be onsite at the airport; this includes PNG Police Force, Broadspectrum, PNG Customs, PNG Immigration, PNG Quarantine, two IHMS officers and DIBP.

6. When the aircraft lands, immediately call the NatO DIBP duty phone and give the 'wheels down' time.

7. Once the aircraft is in position, Broadspectrum will move their transfer convoy into place. When the aircraft doors open, the following will enter the aircraft (in order):

- **PNG Quarantine** will board the aircraft and take possession of food stuffs and bring them down the stairs. Sometimes the Chief Migration Officer (CMO) and Immigration officer will board at this time too. They will indicate when the next group can board.
- **PNG Medical officer** and **IHMS** will board the aircraft in order to handover with the escorting IHMS officer, this includes discussing any medical concerns, taking possession of medical files for all transferees and any medications sent from CI.
- **PNG Customs** will board the aircraft and complete clearance. PNG Customs will call DIBP forward.
- **DIBP officers** and **Broadspectrum Property and Intel officers** will board when indicated by Customs.
- **The DIBP TLO** will hand the duplicate passenger ID cards to the Transfers Officer who will hand them to the Broadspectrum Intel officer, who will begin the passenger disembarkation. TLO will advise of transferee behaviour on board in terms of health and any security concerns/agitation; if any concerns are raised, communicate to **Broadspectrum**. Ask if there is any cargo to be handed over to DIBP.

8. DIBP Transfers Officer will meet the TLO and he/she will hand over an envelope containing:

- Manifest with names checked off on boarding.
- Statement of Identities - To Broadspectrum Intel Officer
- DSPs - To Broadspectrum Intel Officer
- Incoming passenger cards – to PNG ICSA
- Duplicate transfer ID cards – To Broadspectrum Intel Officer
- Accept anything else that the TLO hands over
- TLO will also have the incoming passenger cards that should be completed prior to departure from either CI or Darwin. Hand these to PNG ICSA .

9. Immediately hand the duplicate transfer ID cards to the Broadspectrum Intel officer. He will begin to check face to ID card process prior to transferees leaving the aircraft.

10. Stay on board while the property checks are completed by Serco and Broadspectrum representatives and witness any issues with property. Serco will hand over the transferees' valuables in a sealed bag accompanied by a property register. The property register has multiple copies for continuity of possession between the transferee, Serco and Broadspectrum. Broadspectrum will check off each valuables bag as per listing. There is no requirement to take part or sign anything. Witness the signing for the secure bags containing the transferee's valuables.

11. The PNG Police will take up position forming a corridor from bottom of the steps to the bus that transports the incoming transferees.

12. Transferees will be met at the foot of the stairs and checked off a list by PNG Immigration and the PNG Health. They will then be escorted to the bus by Broadspectrum.

13. Once the last transferee has left the aircraft and the handover of property is complete, leave the aircraft. Hand the Incoming Passenger Cards to PNG Immigration (Wilson).

14. Wait until aircraft is 'wheels up' and call the NatO DIBP duty phone to advise.

15. Hand to Broadspectrum:

- Transferees 'statement of identity'
- Transferees DSP
- RFS to Serco
- CI to RPC TLO Operational Guide

16. Incoming PNG passenger cards (to PNG ICSA)

17. For transferees returning to Australia from an RPC (including medivacs) the CCMDS Systems Support Helpdesk (s. 47E(d) @immi.gov.au) **MUST** be contacted as soon as possible in order for the existing Client Case(s) to be reopened and new Compliance Status Resolution and Accommodation and Care Services created.
18. **CCMDS Systems Support Helpdesk**
19. Phone: (02) s. 47E(d)
20. Email: s. 47E(d) @immi.gov.au
21. Operating Hours: 9am-5pm AEST Monday to Friday