

s22(1)(a)(ii)

From: Parbodh GOGNA
Sent: Monday, 6 April 2020 4:59 PM
To: Kaylene ZAKHAROFF
Cc: Stephen HAYWARD; Claire REES; Cheryl-anne MOY; s22(1)(a)(ii)
Subject: CMO assurance for detention [DLM=For-Official-Use-Only]
Attachments: Attachment - ASID ACIPC Joint Statement COVID19 and detainees.pdf

For-Official-Use-Only

Dear Kaylene,

Thank you for asking my clinical opinion on the attached letter and requesting clarification on the representative bodies mentioned.

Firstly for Context :-

Australian Health Protection Principal Committee (AHPPC)

The Australian Health Protection Principal Committee is the key decision making committee for health emergencies. It is comprised of all state and territory Chief Health Officers and is chaired by the Australian Chief Medical Officer.

<https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

Communicable Diseases Network Australia (CDNA)

The Communicable Diseases Network Australia provides national public health co-ordination and leadership, and support bests practice for the prevention and control of communicable diseases. CDNA is a sub-committee of the Australian Health Protection Principal Committee (AHPPC).

<https://www1.health.gov.au/internet/main/publishing.nsf/content/cda-cdna-cdna.htm>

Professional Colleges and Societies are well represented through the approach the CDNA takes in forming guidelines. Membership of the CDNA is found at the following website

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-cdmembrs.htm>.

CDNA includes many professional representatives including from ASID.

Clinical Opinion

My advice is that we should take our lead from the standard setting agencies endorsed and governed by the Australian Government (Department of Health).

In this case the Communicable Diseases Network Australia (CDNA) has developed the **Guidelines for Prevention, Control and Public Health Management of COVID-19 Outbreaks in Correctional and Detention Facilities in Australia** these have been endorsed by the AHPPC . The CDNA have considered evidence documents and guidelines from various international and domestic health authorities in their deliberations.

Our service providers have been tasked with aligning with the CDNA Guidelines mentioned. I am currently in the process of reviewing the IHMS and SERCO documents following your email on the matter. I will have a formal reply on alignment tomorrow.

I am happy for this email to be provided to the Commonwealth Ombudsman.

Best wishes

Gog

Dr P C Gogna
Chief Medical Officer & Surgeon General
Department of Home Affairs

Released by Department of Home Affairs
under the Freedom of Information Act 1982

MBChB MBA MRCGP AFCHSM FRACGP FACRRM FARGP

Telephone: §22(1)(a)(ii)

Mobile: §22(1)(a)(ii)

Email: §22(1)(a)(ii)

For-Official-Use-Only

§22(1)(a)(ii)

Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

s22(1)(a)(ii)



Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

s22(1)(a)(ii)



Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

s22(1)(a)(ii)

From: Kaylene ZAKHAROFF
Sent: Monday, 20 April 2020 2:04 PM
To: Parbodh GOGNA
Cc: Stephen HAYWARD; Cheryl-anne MOY; Claire REES; s22(1)(a)(ii)
Subject: RE: CMO assurance for detention - IHMS and Serco Plans [DLM=For-Official-Use-Only]

For-Official-Use-Only

Dr Gogna

For the purposes of completeness I wanted to loop back to you on this advice. IHMS and Serco have reviewed their plans which have reflected your suggestions – I've made some short comments below.

Regarding the ABF plan, I initially responded to say that the ABF contingency planning and workforce requirements were captured in our BCPs, but we have since drafted the ABF Outbreak Management Plan for Immigration Detention Facilities (effectively the Operation Plan). We expect to finalise this final document early this week.

Thanks again,

Kaylene

Kaylene Zakharoff
Group Manager Immigration Detention
Australian Border Force
P: s22(1)(a)(ii) | M: s22(1)(a)(ii)

For-Official-Use-Only

From: Parbodh GOGNA
Sent: Tuesday, 7 April 2020 6:37 PM
To: Kaylene ZAKHAROFF
Cc: Stephen HAYWARD ; Cheryl-anne MOY ; Claire REES ; s22(1)(a)(ii)
Subject: RE: CMO assurance for detention - IHMS and Serco Plans [DLM=For-Official-Use-Only]

For-Official-Use-Only

Dear Kaylene,

Thank you for the opportunity to review the documents and contributing to your MinSub.

Minister Dutton has requested that you as the CMO review the planning and practices we have established provide (if so satisfied) assurance that we are complying with the newly publicised guidelines for prevention/control of COVID-19 in detention and corrections facilities. I would seek to reflect your assurance into the Min Sub, or happy for you to provide your advice directly to the Minister.

I have reviewed:

- The IHMS COVID-19 Outbreak Management Plan, Version 5.01, 6/4/20
- The Serco Outbreak Management Plan, Version 0.9 (5/4/20)
- COVID-19 Management in Immigration Detention Facilities v2.1 (undated) Clinical Advisory team Health Service Division

- IDN Trigger Point Action COVID-19 v2 (undated)

In reviewing these documents I have considered the CDNA National Guidelines for Prevention, Control and Public Health Management of COVID-19 Outbreaks in Correctional and Detention Facilities in Australia (Version 1.0, 31/3/20) (the CDNA Guidelines). I note that this document is referenced in both the IHMS and Serco Outbreak Management Plans.

I note that the requirements of the Detention Provider under the CDNA Guidelines is to :

- Detect and notify outbreaks to state health departments
- Self-manage outbreaks
- Confirm and declare an outbreak
- Provide advice on Infection Control and PPE
- Confirm and declare when an outbreak is over

With these roles and responsibilities in mind, I have completed a document review of both the IHMS and Serco Outbreak Management Plans and recommend they are both sufficient to meet the requirements of the CDNA Guidelines, with the following points for further consideration. Please see my concluding comment.

IHMS Outbreak Management Plan

- Clear trigger points for de-escalation and declaration of the end of the outbreak (there are clear points for escalation) **escalation maps now included in the IHMS plan. The reference to end the outbreak was taken by IHMS to be a comment regarding the public health statements (i.e. IHMS indicated they would not seek to claim an end to the outbreak until such time there were statements in the same vein regarding the general community); I however thought you were referencing a particular outbreak being managed within a facility and to this end there is a clear process flow chart that describes how 'end outbreak' is declared (in conjunction with the PHU)**
- Clarity on the redundancy of the national medical leadership structures. **Now included**
- Alignment of the vulnerable persons list to the most recent advice from the AHPPC to National Cabinet (30 March 2020) **now aligned**
- I note Aboriginal and Torres Strait Islander people are referenced in the IHMS document is this correct i.e. is this wrt staff (I note the recent court ruling on ATSI people and Detention). **Amended the language to reflect 'detainees identifying as Aboriginal or Torres Strait Islander'**
- Undertake the proposed scenario planning if not already occurred, ideally engaging the jurisdictional Public Health Unit (PHU) in the scenario planning and assessment of facility plans (page 11) **the scenario planning has occurred; with site level desktop activities exercised from last week and will be completed this week.**
- Clarify the intent of engaging the RACGP other relevant bodies and organisations (page 11) **IHMS comment that the intent of including RACGP in its stakeholder circle was to ensure that IHMS is always working from a current body of evidence; tis includes being aware of any atmospheric issues that may be relevant to their clinics which incluse advice provided from professional bodies to their members (i.e. RACGP)**

SERCO Outbreak Management Plan

- Minor Spelling issues and reference to "Operation Bindara" **corrected**
- Social distancing will be attempted – this is a positive and proactive approach **noted**
- **Also updated to reflect the final CDNA guidelines (the version you reviewed had the draft guidelines reflected)**

I consider that the IHMS and Serco Outbreak Management Plans have sufficient detail -outlining governance, roles, responsibilities and the communication structures to identify and manage a potential outbreak within a detention centre. It sufficiently covers site staffing and contingencies, stock and supply chains, infection control and PPE, medical management and transfers as required under the CDNA Guidelines.

Noting the CDNA comments on developing a Workforce Plan that allows 20-30% staff absentee rate – I would confirm with IHMS and Serco how they will be able to achieve this in more detail.

In concluding could I ask does the ABF have an Outbreak Management Plan? This would tie in with the other two documents presented (ie ABF workforce absentee etc wrt CDNA guidelines).

Best wishes

Gog

Dr P C Gogna
Chief Medical Officer & Surgeon General
Department of Home Affairs
MBChB MBA MRCGP AFCHSM FRACGP FACRRM FARGP

Telephone: §22(1)(a)(ii) Mobile: §22(1)(a)(ii)
Email: §22(1)(a)(ii)

For-Official-Use-Only

§22(1)(a)(ii)

Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

s22(1)(a)(ii)



Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

s22(1)(a)(ii)

Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

s22(1)(a)(ii)



Released by Department of Home Affairs
under the *Freedom of Information Act 1982*