

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

26 June 2020

PDR Number: IQ20-000387

Question Subject: Human Biosecurity Officer Training PowerPoint

Type of Question: Written

Senator: Kristina Keneally

Question:

On 9 June 2020, the Special Commission Inquiry into the Ruby Princess heard evidence that the Department of Health used PowerPoint slides to educate Human Biosecurity Officers

- a. Please provide copies of these slides and other relevant documents to the committee.
- b. Who created these documents?
- c. When were they originally created?
- d. When were they last updated?
- e. What changes have been incorporated in the PowerPoint slides to reflect the COVID-19 pandemic?

Answer:

a. Please see **Attachment A** for the PowerPoint slides used to educate Human Biosecurity Officers (HBOs).

b. The PowerPoint document was created by the Australian Government Department of Health.

c. The PowerPoint document was originally created in 2016 for a face-to-face training roadshow conducted in all capital cities in Australia from April-May 2016. The roadshow provided training to HBOs (and Biosecurity Officers) on the human health aspects of the *Biosecurity Act 2015*, prior to its commencement on 16 June 2016.

d. The training provides an overview of the *Biosecurity Act 2015* and the provisions related to human health. There have not been substantive changes to those provisions during that time, however, minor amendments relating to management of exotic mosquitoes and human remains have been reflected in the PowerPoint.

e. The PowerPoint document provides general training on the human health aspects of the *Biosecurity Act 2015*, covering Listed Human Diseases in general (of which COVID-19 is now one). It is not intended to provide advice on specific situations/outbreaks and therefore has not been updated to include specific guidance on the COVID-19 pandemic.

To discuss specific issues related to COVID-19, the Department has engaged regularly with CHBOs from the states and territories throughout the pandemic, and developed updated protocols as required.

Biosecurity Act 2015

Managing Biosecurity Risk:
Human Health



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Introduction - Learning Outcomes

- Welcome!
- Learning outcomes:
 - Overview of the *Biosecurity Act 2015* (the Act)
 - Powers under the legislation and their appropriate usage.
 - Officials authorised by the Act and their responsibilities.
 - Meet legislative requirement to undertake training.



Introduction - the Act



- *Quarantine Act 1908* over 100 years old, has been amended approximately 50 times!
 - Written before international trade and travel was so commonplace, and before planes.
 - Cumbersome and inflexible.
 - No human rights considerations.
- ‘Beale Review’ of biosecurity in 2008 set the stage for new legislation framework.
- **Biosecurity is the new black.**



Introduction - the Act

- Biosecurity Bill initially introduced to Parliament in 2012, but election period intervened and it was never passed.
- Commonwealth Departments of Health (Health) and Agriculture and Water Resources (DAWR) worked together on further development and passage of new legislation.
- **Success! Passed by Parliament in 2015, received Royal Assent 16 June 2015.**



Introduction - the Act

- 12 month delayed commencement period – new Act begins operation on **16 June 2016**.
- Improvements in the Act:
 - Greater flexibility.
 - Improved range of compliance mechanisms.
 - Ability to undertake screening and pre-border activities to prevent risks entering the country.
 - Incorporates human rights considerations.
 - Better governance arrangements.



Introduction - Principles of General Protection

- What are the Principles of General Protection?
 - Section 34 of the Act provides Principles of General Protection that **must** be considered during decision making.
- The person (official) exercising the power must be satisfied of all of the following:
 - That exercising the power, or imposing the measure, will effectively reduce, or contribute to reducing, the risk.
 - The power or measure is appropriate and adapted to manage the risk.



Introduction - Principles of General Protection



- Principles continued:
 - The circumstances are sufficiently serious to justify use of the power.
 - The power, and the manner in which it is exercised, is no more restrictive or intrusive than is required to manage the risk.
 - The period in which the power is to operate is only as long as necessary.
- Exercising a power must not interfere with urgent or life-threatening medical needs.



Introduction - Principles of General Protection

- Child or incapable person who is subject to a requirement may be accompanied.
- A child or incapable person who is not accompanied must not be subject to requirements until an officer has taken all reasonable steps to contact a parent, guardian or next of kin.



Topic One:

Chief / Human Biosecurity Officers



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1.1 Chief/Human Biosecurity Officer - Definitions

- New Act has the same positions for officials but different names:
 - Director of Human Quarantine =
 - Director of Human Biosecurity
 - Chief Human Quarantine Officer =
 - Chief Human Biosecurity Officer
 - Human Quarantine Officer =
 - Human Biosecurity Officer
 - Quarantine Officer =
 - Biosecurity Officer
- And new position – Biosecurity Enforcement Officer.



1.1 Director of Human Biosecurity

- Individual who occupies position of Chief Medical Officer.
- Legislative powers – determines Listed Human Diseases, disinsection requirements, ship sanitation ports, requirements for negative pratique, training requirements etc.
- Power to review measures under a Human Biosecurity Control Order.
- Authorises human health officials.



1.1 Chief Human Biosecurity Officer

- Authorised by the Director of Human Biosecurity (s. 562).
- One in each state/territory.
- Essentially the same powers as Human Biosecurity Officers.
 - But – important administrative functions.
 - Key contact for Commonwealth for all biosecurity matters and emergencies.
 - Nominates individuals to be authorised as Human Biosecurity Officers.



1.1 Human Biosecurity Officers

- Authorised by the Director of Human Biosecurity (s. 563).
- Powers to identify and manage human biosecurity threats:
 - Negative pratique.
 - Imposing Human Biosecurity Control Orders.
 - Information gathering.
 - Directing management of ill travellers.
 - Provide advice to Biosecurity Officers as required.



1.2 Biosecurity Officers

- Authorised by Director of Biosecurity (DAWR Secretary).
- Range of frontline human health powers:
 - Information gathering.
 - Passenger assessment and reporting.
 - Imposing limited measures under a Human Biosecurity Control Order.
 - Refers to Human Biosecurity Officers where appropriate.
- Rely on us for guidance and support!

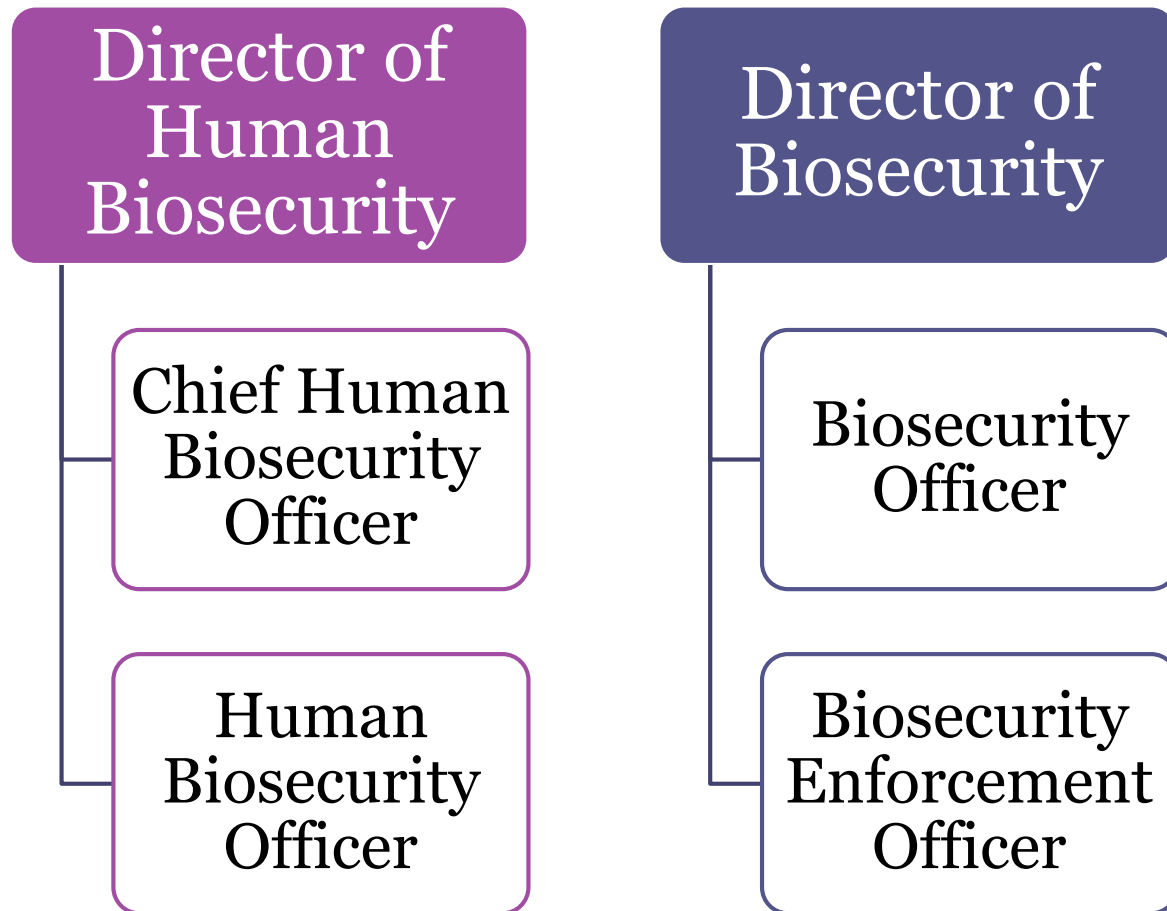


1.2 Biosecurity Enforcement Officers

- New role – important in gathering evidence etc to support enforcement activity.
 - Only involved if there is non-compliance.
 - Extremely important in these circumstances, as their information gathering process will determine the success of our enforcement activity.
- Can be authorised by either Director –
 - But most likely will be DAWR staff, especially early in the implementation process.



1.2 Officials under the Act



1.3 Appointment Process for C/HBOs

- Similar to under the *Quarantine Act 1908*, states and territories will write to Director of Human Biosecurity requesting authorisation.
- Legislation requires that all authorised officers be registered medical practitioners.
 - However, in emergencies other medical professionals may be able to be authorised for surge capacity.
- Officers will be provided with identity card and must undertake training modules.



1.3 Appointment Process for C/HBOs



- Please remember:
 - You must have your identity card with you to perform the duties and functions of your authorisation.
 - It is important to inform the Commonwealth team when you leave or change jobs, and to return you identity card...
 - Failure to return your identity card is an offence under the Act.
 - However, offences do not apply if the card is lost or stolen.



Topic Two:

Listed Human Diseases



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2.1 Listed Human Diseases

- Listed Human Diseases (LHDs) are determined by the Director of Human Biosecurity (s42 of Biosecurity Act).
- From 16 June, the LHDs will be:
 - Human influenza with pandemic potential
 - Severe acute respiratory syndrome
 - Middle East respiratory syndrome
 - Viral haemorrhagic fevers
 - Smallpox
 - Yellow fever
 - Plague.



(As agreed by AHPPC , CDNA, CHQOs and the Director of Biosecurity in November 2015 to be included in the Biosecurity (Listed Human Diseases) Determination 2016)



2.2 Quarantinable Diseases

LHDs replace quarantinable diseases under section 21 of the *Quarantine Proclamation 1998*.

Quarantine Proclamation	LHDs
<ul style="list-style-type: none">• Highly Pathogenic Avian Influenza in Humans (HPAIIH)• Human swine influenza with pandemic potential• Middle East respiratory syndrome (MERS)• Severe Acute Respiratory Syndrome (SARS)• Viral haemorrhagic fevers of humans (VHF)• Smallpox• Yellow fever• Plague• <u>Cholera</u>• <u>Rabies</u>	<ul style="list-style-type: none">• Human influenza with pandemic potential• MERS• SARS• VHF• Smallpox• Yellow fever• Plague

2.3 Powers Enacted by LHDs

- How do LHDs work?
 - As for quarantinable diseases, powers are not automatic.
 - By making a disease a LHD, a range of biosecurity powers and measures become available to manage serious human health risks, primarily at the border.
 - The Biosecurity Act operates at the national level, to complement state and territory public health legislation.



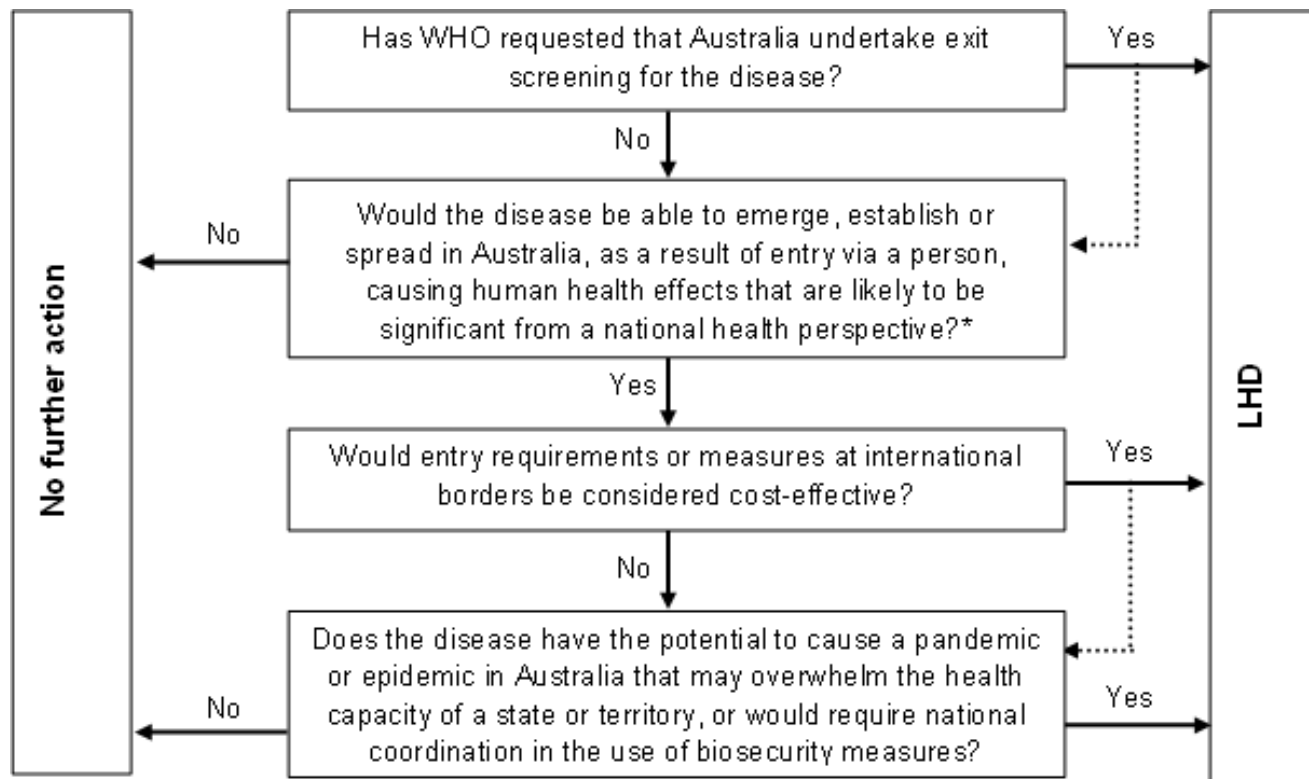
2.3 Powers Enacted by LHDs (ctd)

- What do LHDs allow Human Biosecurity Officials (and Biosecurity Officials) to do at the border?
 - Information gathering
 - Screening
 - Entry and exit requirements
 - Pratique for incoming aircraft and vessels
 - Preventative biosecurity measures
 - Human health response zones
 - Human Biosecurity Control Orders.



2.4 Decision Criteria for LHDs

The following flowchart provides the decision criteria that were used to assist in determining whether a disease would be recommended for inclusion as a LHD. As there may be multiple reasons for listing a disease, the dotted arrows indicate that once a single reason for inclusion was established, additional criteria were also considered.



2.5 Consultation Process for Deciding Current LHDs

- The *Biosecurity (Listed Human Diseases) Determination 2016* has been drafted after extensive consultation with Chief Health Officers, Chief Human Quarantine Officers and the Director of Biosecurity:
 - Extensive consultation in 2012.
 - Biosecurity Workshop in May 2015.
 - CHQO and CDNA meeting in September and October 2015.
 - AHPPC in November 2015.
 - Letters to CHOs and the DB in November 2015.



2.6 Prescribed Signs and Symptoms

- Signs and symptoms of a LHD are no longer prescribed in the legislation (Regulation 6, *Quarantine Regulations 2000*).
- Rather, symptoms will align with the Traveller with Illness Checklist:
 1. Fever, plus one or more of the following symptoms:
 2. Jaundice, or
 3. A new rash, or
 4. Unusual bleeding, or
 5. A new coughing illness.



Topic Three:

Assessing Travellers at the Border



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3.1 Main Points of Change from the *Quarantine Act 1908*

- Listed Human Diseases screened at the border, were previously ‘quarantinable diseases and diseases with pandemic potential’.
 - Single reference to pandemic influenza.
 - Removal of rabies and cholera.
 - Changes to scope of possible human biosecurity activities at the border.
 - No longer ‘quarantine’ individuals and vessels/aircraft.



3.2 Managing Travellers with a Suspected Listed Human Disease

- A Biosecurity Officer will administer the Traveller Illness Checklist (TIC) if:
 - The operator of an aircraft or vessel has reported that they have an ill traveller on board with signs and symptoms of an LHD; or
 - A traveller is identified who is obviously unwell outside the aircraft or vessel, but prior to completion of all DIBP and biosecurity procedures; or
 - A traveller presents themselves to an Immigration or Biosecurity Officer and indicates they are unwell; or
 - They are notified by the Health National Incident Room that a National Focal Point (NFP) of any country has advised that an ill traveller is on a particular flight.



3.2 Managing Travellers with a Suspected Listed Human Disease

- Information collected in the TIC is protected by the Australian Privacy Principle 5 (APP 5)
 - As with the *Quarantine Act 1908*, a printed copy of the APP 5 notification will still be given to the individual when administering the TIC.
 - Privacy information is also available on the Commonwealth Health website.



3.2 Managing Travellers with a Suspected Listed Human Disease

- Depending on the answers given in the TIC, the Biosecurity Officer will:
 - Advise the ill traveller to seek their own medical advice (if the TIC does not indicate likelihood of an LHD):
 - All ill travellers who are not referred for further assessment will be advised to seek medical attention and to inform the doctor of their travel history.



3.2 Managing Travellers with a Suspected Listed Human Disease

- If the TIC indicates the possibility of an LHD, the Biosecurity Officer will contact the Chief/Human Biosecurity Officer in the relevant State health department.
- If the C/HBO determines that the traveller is likely to have an LHD, they may stipulate which hospital the traveller is to be taken to and contact the hospital in question to advise them of the arrival and circumstances surrounding the traveller.
 - The Biosecurity Officer will request the airport or seaport to call an ambulance to transport the traveller to the designated hospital.



3.3 C/HBO Interaction with Biosecurity Officers

- C/HBOs provide health advice to Biosecurity Officers assessing ill travellers at the border.
- C/HBOs must be available at all times to deal with phone calls from Biosecurity Officers.
- Delays in answering the phone may result in a number of flow-on problems including:
 - Delay in granting pratique and obstruction of passenger facilitation through the airport.
 - Delay in administration of medical needs.
 - Continued exposure to a possible LHD.



3.4 Yellow Fever Lifetime Immunity

- On 16 June 2016, the period of protection afforded by yellow fever vaccination, and the term of validity of the international vaccination certificate, will change from 10 years to the duration of the life of the person vaccinated.
- These changes will not affect current entry requirements for yellow fever.



Topic Four:

Human Biosecurity Control Orders



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4.1 What is a Human Biosecurity Control Order?

What is an HBCO and when would it be used?

- An HBCO is the new ‘Order into Quarantine’.
- Through a variety of biosecurity measures it enables the monitoring, treatment and management of an individual that is suspected of having an LHD.
- It is an extreme measure that is intended to be used in serious circumstances only.



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4.2 What Measures can be Included in a Human Biosecurity Control Order?

What measures can be included in an HBCO?

6a. Provide contact information of close contacts*

6b. Risk minimisation interventions*

6c. Contact CHBO with health status

6d. Behaviour restriction

6e. Decontamination

6f. Examination

6g. Body samples for diagnosis

6h. Vaccination or treatment

6i. Medication



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*These measures can be imposed by a Biosecurity Officer.

4.2 What Measures can be Included in a Human Biosecurity Control Order?

What measures are included in an HBCO?

6j. Isolation measure:

- Passenger has to remain isolated at a specified medical facility.

6k. Traveller movement measure:

- Prevents the passenger from leaving Australia.
- Maximum of 28 days.
- New measure can be imposed if expired.



4.3 Roles and Responsibilities

- What is the role of a Biosecurity Officer?
 - Front line – initial assessment.
 - Limited measures (6a and 6b).
- What is the role of a Human Biosecurity Officer?
 - Medical expertise – assessment and direction.
 - All measures in an HBCO.
- What is the role of a Chief Human Biosecurity Officer?
 - Similar to HBO – assessment and direction.
 - Contact officer for HBCO.



4.3 Roles and Responsibilities

- When should you notify the Director of Human Biosecurity?
 - Once an HBCO has been imposed.
 - If the HBCO is being varied or revoked.
 - If the traveller refuses to consent to measures.
- How do I notify the Director of Human Biosecurity?

▫ Through the NIR/NFP

02 6289 3030

health.ops@health.gov.au



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4.4 Before Imposing a Human Biosecurity Control Order...

What steps do I need to take before imposing an HBCO?

- Checklist:

- Does the passenger have one or more signs or symptoms of an LHD?
- Has the passenger been exposed to an LHD or someone who is suspected to have an LHD?
- Has the passenger failed to comply with an entry requirement?

If you answered 'yes' to any of these then it might be appropriate to impose an HBCO.



4.5 What are the Limitations of a Human Biosecurity Control Order?

- What are the limitations of an HBCO?

Legal requirements:

- Before imposing measures under an HBCO ensure that the risks posed by the suspected LHD have been expressed to the passenger.
- Read out the contents of the HBCO to the subject of the HBCO.

Consent:

- If the person refuses to consent to certain measures they have the right to review.
 - Review by DHB (within 72 hours).
 - Judicial Review.



4.5 What are the Limitations of a Human Biosecurity Control Order?

What are the limitations of an HBCO?

Time restrictions:

- **6 hours:** maximum amount of time that an individual can be held at the location where it was decided that an HBCO should be imposed (before the HBCO is imposed).
- **24 hours:** a copy of the HBCO must be given to the traveller within this amount of time.
- **72 hours:** the time an isolation and/or traveller movement measure (TMM) can be in force if under review by the DHB.
- **7 days:** the amount of time a traveller has to make an application for review following refusal to consent.
- **28 days:** maximum time that a TMM can be in force. A new TMM can be applied after the existing TMM has expired.
- **3 months:** maximum time that an HBCO can be in force. A new HBCO can be applied after this time.



4.6 Scenario Testing: HBCO

A DAWR Biosecurity Officer just rang me.
Now what?



a. They have an ill traveller but have not started an HBCO.

b. They suspect a traveller has an LHD so have started an HBCO.



4.6a Scenario Testing: HBCO

They have an ill traveller but have not started an HBCO.

- If you suspect that the traveller has an LHD you may need to put them under an HBCO.
 - Each HBCO requires a unique identifier e.g. HBCO16- 00001NSW
- Based on the suspected LHD what measures need to be imposed?
 - Before imposing measures ensure that the risks posed by the suspected LHD have been expressed to the passenger.



4.6a Scenario Testing: HBCO

They have an ill traveller but have not started an HBCO.

- How long does the HBCO need to be in force?
- Who is the relevant CHBO?
- Can the traveller consent to the measure?
- Final checklist.
 - The original HBCO form should be kept by the imposing officer until it is no longer in force, thereafter sent to the NIR.
 - Copies of the HBCO should be provided to the NIR, DAWR and the relevant state and territory health department.



4.6b Scenario Testing: HBCO

They suspect a traveller has an LHD so have imposed an HBCO.

- 6a Obtained contact details
- 6b Provided traveller with protective clothing and/or equipment.
- Based on the suspected LHD what measures need to be imposed?
 - Before imposing measures ensure that the risks posed by the suspected LHD have been expressed to the traveller.



4.6b Scenario Testing: HBCO

They suspect a traveller has an LHD so have imposed an HBCO.

- What further measures need to be imposed?
- Who is the relevant CHBO?
- Can the traveller consent to the measure?
- Final checklist.
 - The original HBCO form should be kept by the (C)HBO until it is no longer in force, thereafter sent to the NIR.
 - Copies of the HBCO should be provided to the NIR, DAWR and the relevant state and territory health department.



Topic Five:

Pratique



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5.1 What is Pratique?

- What is pratique?
 - Pratique is a permission to enter an Australian port, disembark and embark persons, and unload and load goods.
 - An operator of an incoming vessel or aircraft cannot perform these activities unless pratique has been granted in some form.



5.2 Positive Pratique

- What is positive pratique?
 - Positive pratique is automatically granted to all incoming vessels and aircraft arriving in Australian territory at an authorised landing place or port, unless the aircraft or vessel is a class specified by the Director of Human Biosecurity as being subject to negative pratique.



5.2 Positive Pratique

- Instances where positive pratique is not granted:

CLASS	NEGATIVE PRATIQUE
Aircraft	Failed to disinsect
Aircraft or vessels	Pre-arrival report shows: <ul style="list-style-type: none">• ill traveller with possible LHD; or• deceased traveller on board. OR <p>DHB, (C)HBO or BO becomes aware that a traveller(s) on board has:</p> <ul style="list-style-type: none">• signs or symptoms of an LHD; or• been exposed to an LHD; or• died during flight or voyage.
Vessels (other than non-commercial)	Failed to provide pre-arrival report



5.2 Negative Pratique

- What is negative pratique?
 - Negative pratique will be issued if an individual on board has or is displaying signs or symptoms of a LHD or has died on the aircraft or vessel.
 - If negative pratique is in force it is imperative that individuals do not disembark unless permitted to do so by a CHBO, HBO or BO.
 - This enables C/HBOs and BOs to give directions to manage any potential human health risks on board the aircraft or vessel.



5.3 Scenario Testing: Pratique

A DAWR Biosecurity Officer just rang me.
Now what?

a. They have an ill traveller on board an aircraft or vessel that has and/or had signs or symptoms of an LHD.

b. Someone died during the flight or voyage on the aircraft or vessel.



5.3a Scenario Testing: Pratique

They have an ill traveller on board an aircraft or vessel that has and/or had signs or symptoms of an LHD.

- The BO has administered the TIC and suspects an LHD.
- What do you need to do?
 - Assess whether an HBCO should be imposed.
 - Assess whether pratique should be granted.



5.3b Scenario Testing: Pratique

Someone died during the flight or voyage on the aircraft or vessel.

- The BO has spoken to the crew/passengers to ascertain any signs or symptoms the individual had before their fatality.
 - a. The individual died suddenly and did not appear to have any signs or symptoms of an LHD = positive pratique.
 - b. The individual showed signs or symptoms of an LHD = assess whether pratique should be granted.



Topic Six:

Human Remains



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6.1 Main Points of Change from the *Quarantine Act 1908*

- Under the *Quarantine Proclamation 1998*:
 - Needed a death certificate stating cause of death.
 - No powers for deaths in transit or on arrival in Australia:
 - States and territories have standing permits for deaths in transit or on arrival.
 - If standing permits have expired, a Human Quarantine Officer, on a case by case basis, can issue an import permit.



6.1 Main Points of Change from the *Quarantine Act 1908*

- The *Biosecurity Act 2015* and the *Managing Human Remains Instrument 2016*:
 - Documentation, other than a death certificate, stating cause of death will be accepted.
 - Powers have been created for deaths in transit or on arrival in Australian territory.
 - Standing import permits or case-by-case import permits are no longer required as bodies are no longer considered goods.



6.2 Managing Human Remains

- Under the *Biosecurity Act 2015*, the importation of human remains into Australian territory is not prohibited provided requirements are met as in *Managing Human Remains Instrument 2016*.
- There are four classes of human remains:
 - Human remains brought in for burial/cremation.
 - Human remains brought in for scientific or research purposes.
 - Human remains for other purposes (including display and curios).
 - Hair, teeth and bones.



6.2 Managing Human Remains

- **Class 1:** Human remains brought in for burial or cremation require:
 - **Documentation:**
 - Official copy of an official certificate or official extract in which cause of death is specified; or
 - A certificate from a medical practitioner stating whether a body does or does not have signs or symptoms of an LHD; or
 - With the permission of a Human Biosecurity Officer.
 - In addition, human remains must be in a hermetically sealed container and transported by personnel following infection control procedures including appropriate use of personal protective equipment.



6.2 Managing Human Remains

- **Class 2:** Human remains brought in for scientific or research purposes require:
 - **Documentation:**
 - A written declaration stating the LHD status of the body and that it was donated; or
 - Permission of a Human Biosecurity Officer.
 - In addition, human remains must be in a hermetically sealed container, transported by personnel following infection control procedures including appropriate use of personal protective equipment, and stored in an appropriate containment facility.



6.2 Managing Human Remains

- **Class 3:** Human remains intended to be used for a purpose not included in Class 1 or 2, including for display or curios, require:
 - **Documentation:**
 - The permission of a Human Biosecurity Officer.
- **Class 4:** Hair, teeth or bones from a deceased human's body require either:
 - To be free from adhering blood, tissue or faeces, or
 - With the permission of a Human Biosecurity Officer.



6.2 Managing Human Remains

- What does ‘with the permission of a Human Biosecurity Officer’ mean?
 - Commonwealth Human Biosecurity Officers will provide permission on request.
 - Typically this will be in email format and provided prior to the arrival of the human remains in Australia.
 - The legislation allows for on-arrival permission to be granted if prior notice of importation is not provided.
 - State/territory Human Biosecurity Officers will only be notified if there is an LHD risk presented by these classes of human remains.



6.2 Role of Chief/Human Biosecurity Officers

- Human remains that have an LHD or a suspected LHD:
 - The Biosecurity Officer notifies Health.
 - The Biosecurity Officer notifies the C/HBO.
 - The C/HBO provides advice to the Biosecurity Officer on what actions need to be taken to mitigate the risk of:
 - infection of a person in Australia with the LHD as a result of the importation of the human remains.
 - the further spread of infection in the unlikely case that a person in Australia is infected with the LHD.



6.3 Deaths in Transit

- Individuals who have died in transit or on arrival are recognised as a separate category under the *Biosecurity Act 2015* and are required to be assessed for the presence of a Listed Human Disease by a Biosecurity Officer.
- Biosecurity officers use the Deceased Travellers Report (DTR) to identify the possible presence of a Listed Human Disease in a death in transit.
 - The DTR checks for five specific symptoms including:
 - Fever, plus one or more of the following symptoms:
 - jaundice, or
 - a new rash, or
 - unusual bleeding, or
 - a new coughing illness
 - Biosecurity Officers are not medically trained.
 - Biosecurity Officers can undertake the DTR prior to the arrival of the aircraft or vessel.



6.3 Role of Chief/Human Biosecurity Officers

- Deaths in transit or on arrival with a suspected Listed Human Disease:
 - The Biosecurity Officer notifies the C/HBO as soon as possible (regardless of the time).
 - The C/HBO provides advice to the Biosecurity Officer on what actions need to be taken with the body to mitigate the risk of:
 - infection of a person in Australia with the suspected LHD as a result of the death in transit or on arrival.
 - the further spread of infection in the unlikely case that a person in Australia is infected with the LHD.



6.3 Role of Chief/Human Biosecurity Officers

- The Biosecurity Officer administers the Traveller with Illness Checklist (TIC) to any other ill individuals on the aircraft or vessel.
- The C/HBO advises the Biosecurity Officer if positive pratique can be granted and passengers may disembark.



6.4 Giving Directions for Managing Human Remains

- Under section 111 of the *Biosecurity Act 2015*, a Biosecurity Officer or C/HBO may give a direction for managing human remains:
 - If the human remains are likely to be infected with an LHD; or
 - A person did not comply with a requirement for that class of human remains.
- Directions would generally be given to the coroner or funeral director and would include such things as (but not limited to):
 - using specific infection control procedures.
 - using personal protective equipment when handling the remains.
- Written advice should be provided in electronic format (e.g. e-mail) where available and a copy should be provided to Health.



Topic Seven:

Vector Management



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7.1 Main Points of Change from the *Quarantine Act 1908*

- Under the *Quarantine Act 1908*, DAWR conducts vector monitoring for exotic mosquitoes at all international air and sea ports.
- Traps are set around the port and monitored on a weekly basis (or as required).
- Suspected exotic mosquitoes are referred to the state and territory health department for positive identification.
- A risk assessment is conducted and appropriate vector control activities determined. Vector control activities generally include:
 - Ultra Low Volume (ULV) or thermal fogging
 - Residual treatment of facilities (surface spraying)
 - Treatment of drains.



7.1 Main Points of Change from the *Quarantine Act 1908*

- Port operators are then asked to conduct appropriate vector control measures. Requests are informal, via email, and may recommend chemicals and treatment methods.
- Port operators are generally very cooperative and respond quickly to exotic mosquito detections.
- In the event of non-cooperation, Chief Human Quarantine Officers or the Director of Human Quarantine have powers under section 55D of the *Quarantine Act 1908* to direct a port operator to carry out vector control activities.
- **Maximum penalty for non-compliance with direction is 5 years' imprisonment.**



7.1 Main Points of Change from the *Quarantine Act 1908*

- Under the *Biosecurity Act 2015*, DAWR conducts vector monitoring within permanent monitoring zones around First Points of Entry.
- Suspected exotic mosquitoes are referred to the state and territory health department for positive identification and risk assessment.
- A request is made to the port operator to conduct appropriate vector control activities.
- Essentially the same process as under the *Quarantine Act 1908*.



7.2 New Vector Control Arrangements - Failure to Comply with Request

- There is currently no section 55D equivalent, and no means for the Director of Human Biosecurity or Chief Human Biosecurity Officers to legally compel a port operator to conduct vector control activities.
- The intent remains for Health and the state and territory health departments to have the power to direct a port operator to conduct vector control activities.
- Health and DAWR intend to amend the *Biosecurity Act 2015* to introduce equivalent powers to section 55D of the *Quarantine Act 1908*, however this may take some time.



7.2 New Vector Control Arrangements - Failure to Comply with Request

- In the meantime, DAWR will issue a Biosecurity Control Order (BCO) in place of a direction, that requires vector control measures be carried out.
- Penalties of up to 5 years jail and 300 penalty units apply for non-compliance with a BCO.



Topic Eight:

Human Biosecurity Emergencies



Australian Government
Department of Health

8.1 What is a Human Biosecurity Emergency?

- A human biosecurity emergency may be declared in relation to a Listed Human Disease:
 - If the LHD is posing a severe and immediate threat, or is causing harm on a nationally significant scale; and
 - The declaration of an emergency is necessary to prevent or control the entry of an LHD into Australia, or the emergence, establishment and spread within Australia.
 - Can be established for up to three months (may be extended if required).



8.2 Who Declares an Emergency?

- The Governor-General, on advice from the Health Minister, may declare a Human Biosecurity Emergency if the Health Minister is satisfied it is necessary to manage the risk of an LHD.
 - Existing consultation mechanisms, such as the Australian Health Protection Principal Committee, will continue to be an important factor in managing public health threats.



8.3 Human Biosecurity Emergency Powers

- Declaring a human biosecurity emergency allows for additional powers to be exercised:
 - The Health Minister may determine any requirements –
 - That are necessary to prevent or control the spread of an LHD to or within Australia; or
 - To prevent or control the spread of a disease to another country; or
 - As recommended by the World Health Organization under the *International Health Regulations (2005)*.



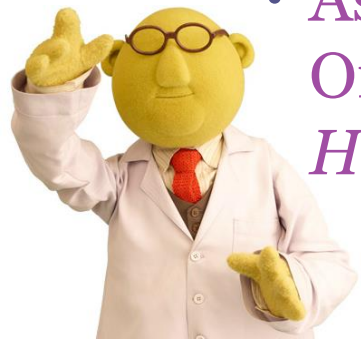
8.3 Human Biosecurity Emergency Powers

- Requirements determined by the Health Minister during an emergency may include:
 - Requirements when entering or leaving specified places.
 - Requirements to restrict or prevent the movement of persons, goods or conveyances in or between specified places.
 - Requirements for specified places to be evacuated.
 - Requirements to give effect to the recommendations of the World Health Organization.



8.3 Human Biosecurity Emergency Powers

- The Health Minister may provide directions -
 - That are necessary to prevent or control the spread of an LHD to or within Australia; or
 - To prevent or control the spread of a disease to another country; or
 - As recommended by the World Health Organization under the *International Health Regulations (2005)*.



8.3 Human Biosecurity Emergency Powers

- Directions given by the Health Minister during an emergency may include:
 - A direction to a person to close or prevent access to a premises.
 - A direction to give effect to a requirement.
 - A direction to give effect to a recommendation of the World Health Organization.



8.3 Human Biosecurity Emergency Powers

- Directions and requirements **must** be fit for purpose!
- Powers available under a human biosecurity emergency are intended for the large scale direction of people, rather than the management of individuals.
- Human Biosecurity Control Orders are the most appropriate way to manage individual disease threats.



8.4 Role of Human Biosecurity Officers

- Human Biosecurity Officers and Chief Human Biosecurity Officers may be requested to assist in giving effect to directions and requirements set by the Health Minister.
 - Each human biosecurity emergency will differ, and therefore your involvement will vary depending on the particular circumstances of the emergency.
 - We will continue to consult with Chief Human Biosecurity Officers in managing border response during emergencies.



Topic Nine:

Human Health Response Zones



Australian Government
Department of Health

9.1 What are Human Health Response Zones?

- A human health response zone may be declared by the Director of Human Biosecurity if it is necessary to prevent, or reduce the risk of, a Listed Human Disease emerging, establishing or spreading in Australian territory.
 - Must be in relation to a specified LHD.
 - Can be in place for up to three months.



9.1 What are Human Health Response Zones?

- Designed to address isolated, short-term incidents or Listed Human Disease outbreaks.
- Intended to work with state/territory public health legislation.
 - If incident spreads beyond one jurisdiction, a human biosecurity emergency may be declared.



9.1 What are Human Health Response Zones?

- A human health response zone may:
 - Specify requirements for individuals who are entering or leaving the Zone.
 - Specify classes of individuals who must not enter the Zone.
- Before determining a Zone, the Director of Human Biosecurity **must** consult with the relevant Chief Health Officer and the Director of Biosecurity.



9.2 Role of Human Biosecurity Officers

- Not likely to have significant role in human health response zones.
- May be asked to assist in assessing the health of individuals leaving and entering the zone.
- Role of HBOs would be decided in consultation with CHBOs.



9.3 Human Health Response Zones - Scenario

- There has been an unexpected increase in the number of cases of Ebola in Canberra.
- Initially, HBCOs were used to manage individuals:
 - Isolation.
 - Contact information for close contacts.
 - Risk minimisation interventions.
 - Too many HBCOs become difficult to manage and point to a broader issue.



9.3 Human Health Response Zones Scenario



- Director of Human Biosecurity, after consultation with ACT Chief Health Officer and Director of Biosecurity, has decided to declare the city of Canberra as a human health response zone.
 - Listed Human Disease: viral haemorrhagic fever.
 - What kinds of requirements might be effective?
 - Discuss!



9.3 Human Health Response Zones - Scenario

- Effective requirements:
 - Individuals entering the Zone must use personal protective equipment.
 - Individuals exiting the Zone must provide contact information and monitor health status.
- Other measures:
 - Only health personnel may enter the Zone.
 - Individuals exiting the Zone must be isolated for a specified amount of time.



Conclusion and Review



Australian Government
Department of Health

In summary...

- *Biosecurity Act 2015* replaces *Quarantine Act 1908* on 16 June 2016.
- Listed Human Diseases to replace Quarantinable Diseases.
- New human health powers and positions:
 - Human Biosecurity Control Orders
 - Director of Human Biosecurity, Chief Human Biosecurity Officers, Human Biosecurity Officers.
- All training materials will be made available on govdex.
- ‘Border Measures Guide’ – coming soon.
- Border Health Section is here to help!



Review Quiz... have you been paying attention?

- Introduction: Principles of General Protection
 - Which of the following is **not** a principle?
 - Exercising the power must be effective in contributing to or managing the risk?
 - The measure must not be more intrusive than is necessary?
 - The measure must be the most extreme measure possible for the circumstance?
 - The circumstances are sufficiently serious to justify use of the measure?



Review Quiz... have you been paying attention?

- 1 . Chief/Human Biosecurity Officers
 - Which of the following is **not** an authorised position under the Act?
 - Director of Human Biosecurity?
 - Director of Enforcement?
 - Human Biosecurity Officer?
 - Biosecurity Enforcement Officer?



Review Quiz... have you been paying attention?

- 2. Listed Human Diseases
 - Which of the following is **not** a Listed Human Disease?
 - Middle East respiratory syndrome?
 - Smallpox?
 - Yellow fever?
 - Rabies?



Review Quiz... have you been paying attention?

- 3 . Assessing Travellers at the Border
 - When will a Biosecurity Officer call a Chief/Human Biosecurity Officer?
 - If a passenger is being really annoying?
 - If the Traveller Illness Checklist has been administered and symptoms of a Listed Human Disease identified?
 - If a deceased human has entered Australia with a death certificate?
 - If an individual has returned from a Yellow Fever declared country but does not have a vaccination certificate?



Review Quiz... have you been paying attention?

- 4 . Human Biosecurity Control Orders
 - When might it be appropriate to impose a Human Biosecurity Control Order? (multiple response)
 - If an individual has signs and symptoms of a Listed Human Disease?
 - If an individual has failed to comply with an entry requirement?
 - If an individual has died in transit?
 - If an individual is under the influence of drugs or alcohol?



Review Quiz... have you been paying attention?

- 5 . Pratique
 - When is negative pratique applied?
 - If the aircraft or vessel reports an ill passenger who may have signs and symptoms of a Listed Human Disease?
 - If there are human remains on board?
 - If an aircraft does not provide a pre-arrival report?
 - If the aircraft or vessel has illicit drugs on board?



Review Quiz... have you been paying attention?

- 6 . Human Remains
 - In what circumstances will an officer (health or DAWR) need to provide permission for human remains to enter the country? (multiple answers)
 - If the human remains are not accompanied by medical documentation?
 - If the bones are for display as curios, and are free from adhering blood/tissue/faeces?
 - If the human remains are brought into the country for purposes other than burial, cremation, display or curios?
 - If the teeth or hair have adhering tissue?



Review Quiz... have you been paying attention?

- 7. Vector Management
 - What best describes the role of a Human Biosecurity Officer?
 - Undertakes treatment activity at points of entry?
 - Provides advice on appropriate treatments to be carried out by ports?
 - Directs Biosecurity Officers to undertake a treatment?
 - No role.



Review Quiz... have you been paying attention?

- 8 . Human Biosecurity Emergencies
 - Who declares a Human Biosecurity Emergency?
 - The Director of Human Biosecurity?
 - The Health Minister?
 - The Chief Human Biosecurity Officer?
 - The Governor-General?



Review Quiz... have you been paying attention?

- 9 . Human Health Response Zones
 - When is it **not** appropriate to impose a human health response zone? (multiple apply)
 - If the disease outbreak is a Listed Human Disease?
 - If it is necessary to manage the risk presented by a Listed Human Disease?
 - If it is a Human Biosecurity Emergency?
 - Without consultation with the relevant Chief Health Officer?



Any final questions?



Australian Government
Department of Health

Thanks for coming!

Let us know if you have any questions, concerns, or would like further information.

humanquarantine@health.gov.au



Australian Government
Department of Health

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

26 June 2020

PDR Number: IQ20-000383

Question Subject: Modelling used by the AHPPC

Question Type: Written

Senator: Katy Gallagher

Question

Please provide all modelling used by the AHPPC and/or the Chief Medical Officer to develop advice in relation to the stockpiling and distribution of personal protective equipment since 1 January 2020.

Answer:

Modelling risk scenarios was key to determining the amount of personal protective equipment (PPE) and other medical supplies needed for Australia to respond to the COVID-19 pandemic. Modelling continues to inform delegate decision-making in relation to deployments from the National Medical Stockpile (NMS).

In February and March, decisions on procurement for and distribution from the NMS were informed by modelling developed by the Doherty Institute and provided to the Australian Health Protection Principal Committee (AHPPC).

This early modelling was based on preliminary estimates of the infection and hospitalisation rates of COVID-19. It indicated that the total volume of PPE required in the event of a high severity, moderate transmissibility COVID-19 epidemic in Australia would far exceed the available supply. The estimated requirements were:

- Surgical masks – 1 billion assuming high usage of PPE, about 350-400 million for moderate usage
- P2 masks – 45 million in high usage, moderate usage about 40 million.

Since March, the Department has been working with Quantum Health on internal modelling of PPE usage in Australia in a number of epidemic scenarios. The modelling supports national security decision making and relies on data provided confidentially by states and

territories outlining their current stock holdings, rates of monthly usage, stock on order, and expected delivery dates. This modelling cannot be provided as it would compromise national security.

It can be noted that the modelling includes scenarios that feature various effective reproduction rates and usage rates, including potential overuse of PPE, which influenced procurement for P2 masks in particular. This modelling has also been used to estimate the effect of changes such as the recommencement of elective surgery, and expansion of distribution from the NMS to include additional sectors of the healthcare system (e.g. aged care).

AHPPC and the Chief Medical Officer are informed by Commonwealth and state and territory officials on a regular basis on the anticipated supply of PPE into the NMS relative to the modelled demand.