SESLHD PROCEDURE COVER SHEET

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KEY TERMS	Borders, infectious diseases, public health, biosecurity
SUMMARY	This document provides guidance and delineates procedures and responsibilities within SESLHD to support the response to a health incident at an international point of entry (IPOE) related to a confirmed or suspected infectious disease of public health concern.

1. POLICY STATEMENT

This document is to be read in conjunction with the [NSW Health Guideline GL2021_003 - Human Biosecurity Officer](#).

2. BACKGROUND

- The Australian Government is responsible for developing and maintaining systems to manage communicable disease threats at international points of entry (IPOE). Border surveillance systems for human health diseases are primarily implemented by officers of the Australian Department of Agriculture on behalf of the Australian Department of Health, and under the provisions of the *Biosecurity Act 2015.*
- A robust capacity for border health surveillance and border health incident response measures also come under the Australian Government's obligations under the International Health Regulations.
- The Australian Department of Health works closely with the relevant state and territory health departments to coordinate border health surveillance. Specific state and territory health department officials are authorised as Human Biosecurity Officers (HBOs) by the Commonwealth Chief Medical Officer (Director of Human Biosecurity) under the *Biosecurity Act 2015*, including a Chief Human Biosecurity Officer (CHBO). These officials provide 24/7 support to assist Department of Agriculture Fisheries and Forestry (DAFF) biosecurity officers to assess sick passengers and crew at IPOE.
- Local health districts (LHDs) are, along with the NSW Ambulance, key response resources for health incidents at IPOE in their districts including incidents known or suspected to be related to infectious diseases. In SESLHD, staff specialists in the Public Health Unit are appointed as human biosecurity officers (HBO) under the *Biosecurity Act 2015*.

The purpose of this procedure is to describe the roles, responsibilities and procedures in SESLHD to support the public health response to a health incident at an international point of entry (IPOE) related to a confirmed or suspected infectious disease of public health concern.

3. RESPONSIBILITIES

3.1 SESLHD Public Health Unit will:

- Be the contact point for DAFF biosecurity officers regarding cruise vessels in NSW and commercial vessels entering Port Botany and Sydney Harbour.
- Maintain a 24 hour/7 day roster of authorised HBOs to respond to and action immediately any call from a DAFF biosecurity officer or a request from the NSW Chief Human Biosecurity Officer. The main task of the HBO is to assess the probability of a listed human disease ([Appendix A](#)) and, if required, institute case and contact management, advise staff about personal protection measures, and provide advice on precautionary environmental cleaning and disinfection.

- Notify SESLHD Disaster Management Unit (DMU) of cruise ships arriving in Sydney with an infectious diseases outbreak that requires a public health or clinical response.
  - If this occurs after hours, HSFAC is to be notified.
- Provide public health personnel at the border for screening and non-clinical activities and in the public health unit as requested by the NSW Chief Health Officer.
- If deployment of a large clinical team is required, liaise with HSFAC or District Executive on call.
- If mass or non-standard pathology testing is required see the mass testing workplace instruction and notify NSW Health Pathology – Public Health Pathology.
- Ensure that any border response staff, including identified border nurses, receive regular training in biosecurity and infection control procedures, and are provided with appropriate personal protective equipment (PPE).
- Maintain regular contact with relevant agencies in First Points of Entry.
- Monitor and manage cruise vessel movements in NSW with support from the COVID-19 and Influenza Branch (CIB), including:
  - reviewing line lists
  - managing communication to relevant stakeholders
  - managing case entry into NCIMS and cruising webpage update
  - managing COVID-19 on board the vessel, as aligned with the *Protocol for the management of confirmed/suspected COVID-19 on vessels*
- Manage the Vessel Inspection Program for cruise ships.

3.2 SESLHD Disaster Management Unit will:

- Notify NSW Ambulance and relevant Emergency Departments (St Vincent's Hospital, Sydney / Sydney Eye Hospital and Prince of Wales Hospital) of cruise ships arriving in Sydney with substantial infectious diseases outbreaks.
- Supplement public health personnel at the border for screening and non-clinical activities where capacity allows, or as requested by Executive on call or District HSFAC.

SESLHD facilities will:

- Assemble and deploy larger border response teams if required for larger scale incidents or on-going border health responses as requested by Executive on call or District HSFAC.
- Support potential border response staff to be upskilled in biosecurity and infection control procedures, and provided with appropriate personal protective equipment (PPE).
- Support health surveillance and response activities coordinated by the Public Health Unit.

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3.3   The COVID-19 and Influenza Branch (CIB), Health Protection NSW (HPNSW) will provide:

- The contact point for DAFF biosecurity officers at Sydney Airport.
- If contacted by DAFF regarding a suspected infectious condition, the CHBO (or their delegate) to provide:
  - timely advice regarding the management of persons with suspected infectious conditions and their contacts
  - infection control expertise, including seeking advice on appropriate PPE (via the Clinical Excellence Commission as required)
- NSW policy positions, guidelines and communication resources, including the HBO Guidelines, webpage support, and advice to the Communicable Diseases Network Australia (CDNA) or Australian Health Protection Principal Committee (AHPPC) as required, with input from SESLHD and other relevant LHDs.
- Management of media enquiries, with input from SESLHD and other relevant LHDs.
- Support to SESLHD for the management of cruise ships in NSW, including:
  - secretariat support for Health Response and Interagency meetings related to outbreaks on vessels.
  - data entry support for >25 COVID-19 cases from vessels into NCIMS
  - notifying interstate jurisdiction(s) of public health concerns on vessels or planes
- Assistance to SESLHD with additional training for border nurses and other border protection personnel, on behalf of the Australian Government Department of Health (for example advanced training in biosecurity procedures), if required.
- Overall direction and coordination of the public health response, including coordination across LHDs if required, in liaison with the NSW Public Health Controller and State HSFAC.

3.4   NSW Ambulance will:

- Provide first response to health incidents at international ports.
- Transport sick patients to health care facilities.
- Supply appropriate number of GRN radios or other communication devices as needed
- Inform appropriate stakeholders per NSW Incident Response Plan.

3.5   Other participating and Supporting Agencies:

3.5.1 Australian Department of Health

The Australian Department of Health and Aged Care (DHAC) has primary responsibility for managing human infectious diseases subject to the provisions of *Biosecurity Act 2015*. In NSW, NSW Health manages incidents related to these diseases on behalf of and in coordination with DHAC.

3.5.2 Department of Agriculture, Fisheries and Forestry (DAFF) Biosecurity

One of the roles of DAFF Biosecurity is to enforce the human health quarantine provisions of the *Biosecurity Act* on behalf of DHAC. DAFF biosecurity officers assess sick international passengers or crew according to accepted protocols, principally the traveller with illness checklist and the latest COVID-19 questionnaires for vessels (as required), with the assistance of NSW Health human biosecurity officers as required.

Sick international passengers may be identified for DAFF assessment by one of a range of surveillance methods, including: report by a captain as required by the *Biosecurity Act* or by other flight or sea crew; identification by a DAFF biosecurity officer of sick passengers on an arrival concourse, or; identification by Australian Border Force officials on the basis of a passenger's response on a health declaration card at the primary line.

3.5.3 Australian Border Force (ABF)

The role of ABF includes:

- referral of persons identified as having a possible condition of concern on their Health Declaration Card to DAFF biosecurity officers
- batching Health Declaration Cards by hour and/or by flight for easy retrieval by NSW Health officials.

In the event of an infectious disease incident involving a large number of passengers, ABF may also assist with:

- mass registration of affected persons
- referral to, and escort of, persons involved in an incident for transfer to a local hospital for medical assessment
- referral to, and escort of, persons involved in an incident for assessment at an ad hoc medical service established in response to the incident.

3.5.4 Australian Federal Police (AFP)

The role of AFP includes:

- security of Sydney International and Domestic Airport
- AFP may assist DAFF biosecurity officers or HBOs to enforce a human biosecurity order.

4. PROCEDURE

The preferred pathway for urgent communications and responses related to one or more sick international passengers or crew with symptoms suggestive of a listed human disease or other serious infectious disease on an aircraft is detailed in Table 1 and Chart 1.

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Where COVID-19 is confirmed or suspected on a maritime vessel, the Protocol for management of confirmed/suspected COVID-19 on vessels should be employed to engage stakeholders including Port Authority, the National Maritime Centre, and Maritime Area Command, to coordinate the health response.

For response to other suspected or confirmed listed human diseases or significant outbreaks on a maritime vessel see Chart 2.

Table 1: Communication matrix for border response for ill passengers or crew on aircraft [1]

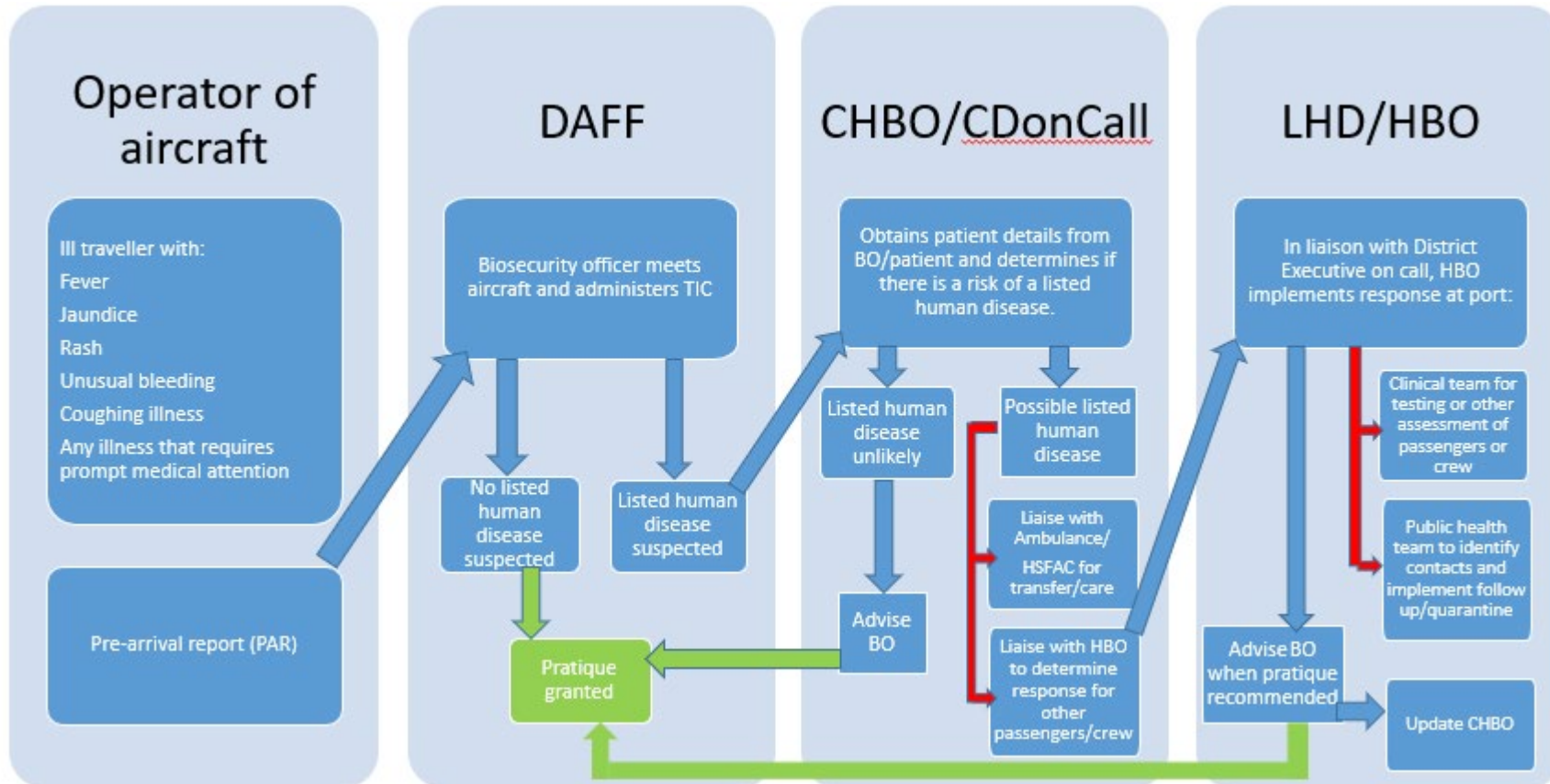| Step No. Position Responsible	Single Case Traveller with Symptoms	Multiple Cases of Travellers with Symptoms
1. DAFF (at border)	Assess using the Traveller with Illness Checklist and contact HBO via Communicable Diseases Branch on call (CDOnCall) when required. For aircraft with suspected COVID-19, assess using the COVID-19 questionnaires.	
2. CHBO / HBO on call (HPNSW)	Telephone review and triage of ill traveller with DAFF biosecurity officers. If listed human disease suspected proceed to step 3; if not advise pratique can be granted and health care to be arranged through usual channels.	
3. CHBO / HBO on call / CDOnCall (HPNSW)	If hospital care/isolation required: • Liaise with NSW Ambulance to specify infection control precautions and if assessment at NSW Biocontainment Unit is preferred. Liaise with HBO in PHU to identify and manage non-ill travellers and crew who may be contacts. Determine whether any clinical or public health screening is required. Advise biosecurity officer whether pratique can be granted or if further actions are required.	If there is significant potential for Ambulance transfers or other complexities on arrival: • Advise State Public Health Controller/Chief Health Officer • Advise State HSFAC – (02) 9391 9806 (24/7 number) Liaise with HBO in PHU to identify and manage non-ill travellers and crew who may be contacts. Determine whether any clinical or public health screening is required. Advise biosecurity officer whether pratique can be granted or if further actions are required.
4. NSW Ambulance	Called by airport staff or ship doctor as per routine business. NSWA will determine hospital in consultation with HBO. Certain suspected listed human diseases should be transferred to the biocontainment unit at Westmead Hospital.	Communication as per NSW HEALTHPLAN with State HSFAC. Coordinate transport of multiple cases and ensure Ambulance staff aware of infection control precautions required.
5. Public Health Unit / HBO	Coordinate with DAFF biosecurity officer, Sydney Airport Corporation and ABF to ensure contact details and other relevant information is collected for passengers and crew. This may require deployment of a public health or clinical screening team. If deployment of a large clinical team is required liaise with DMU & HSFAC or District Executive on call and notify Public Health Pathology if large numbers or non-standard pathology testing is planned. Follow up with clinicians to obtain case assessment and recommend other investigations if required. Regularly update CHBO.	
6. State HSFAC		Notify SESLHD HSFAC. If requested by Ambulance or CHBO deploy State Medical Commander to port to support public health guidelines including staff or other passengers who administered medical care – and provide contact information & control measures per guidelines.

• [1] Any agency receiving a report of one or more ill passengers should notify CDOnCall (9391 9195 Mon-Fri 9am-5pm **or** 0419 230 683 After Hours).

Chart 1: Health response to ill travellers on aircraft

Chart 2: Health response to ill travellers on maritime vessels*

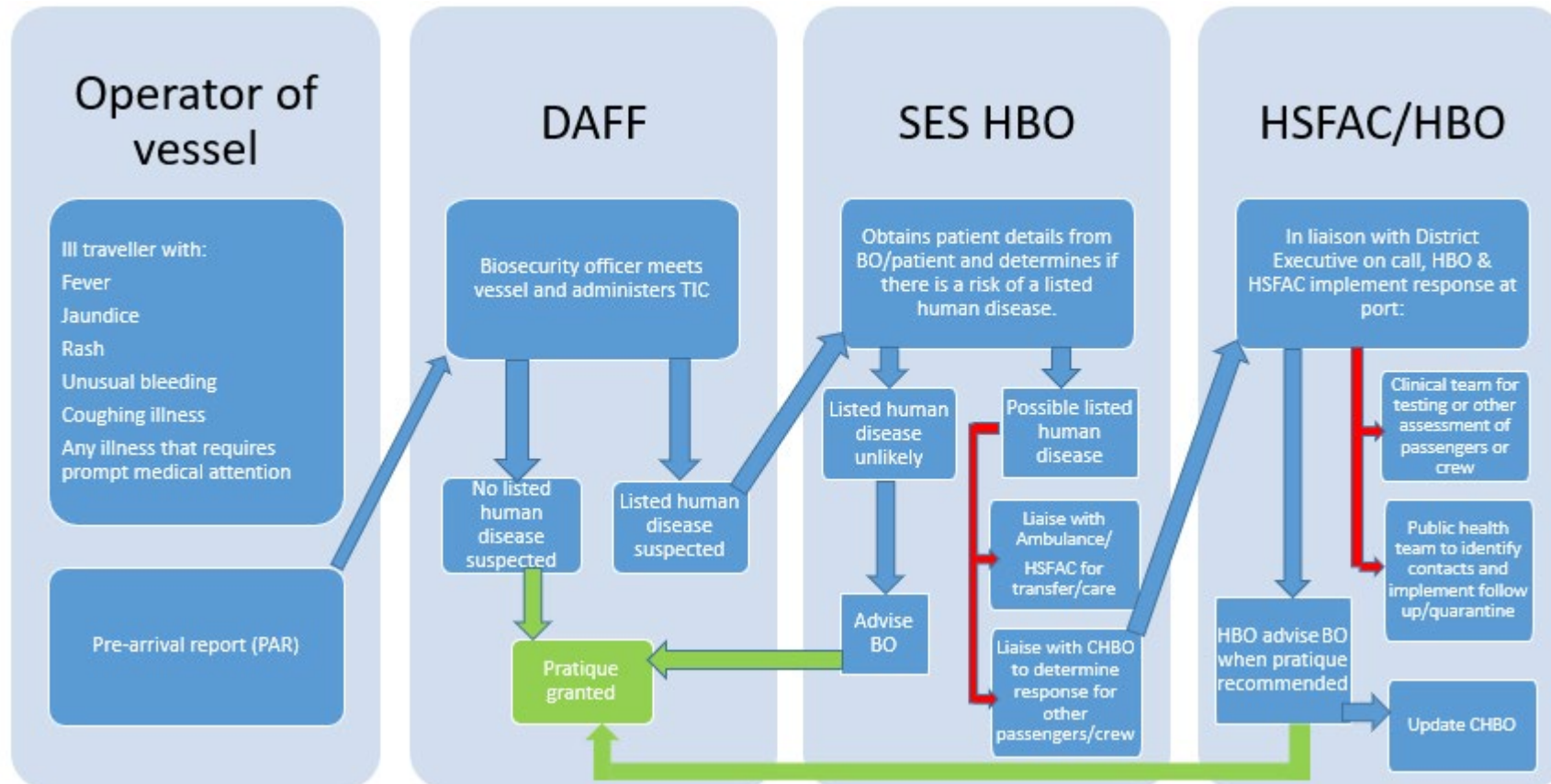*If COVID-19 is suspected on a ship utilise the Protocol for the management of confirmed/suspected COVID-19 on vessels

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5. DOCUMENTATION

This document is to be read in conjunction with the NSW Health Guideline GL2021_003 - Human Biosecurity Officer.

6. AUDIT

N/A

7. REFERENCES

- Australian Health Management Plan for Pandemic Influenza April (AHMPPI) 2019

- Biosecurity Act 2015

- NSW Health Guideline GL2021_003 - Human Biosecurity Officer

- NSW State Emergency Management Plan (EMPLAN)

- NSW Health Services Functional Area Supporting Plan (NSW HEALTHPLAN)

- NSW Health Protocol – Management of confirmed/suspected COVID-19 on vessels
  (Restricted access on Maritime Vessel Surveillance and Response Sharepoint site)

- SESLHD WPI: Process for Mass Swabbing of Cruise Ship Passengers on Disembarkation (draft)

8. ACRONYMS AND ABBREVIATIONS

ABF	Australian Border Force. Australian Government Department responsible for managing the security and integrity of Australia's borders, by detecting and deterring unlawful movement of goods and people across the border
AFP	Australian Federal Police
AHMPPI	Australian Health Management Plan for Pandemic Influenza. This is a national health plan for responding to an influenza pandemic. Its purpose is to outline the measures that the health sector will consider in response to an influenza pandemic and to provide an overview of the preparedness activities being undertaken to ensure that the health sector is adequately prepared for an influenza pandemic.
NSWA	NSW Ambulance
BO	Biosecurity officer. DAFF employees authorised by the Director of Biosecurity. These individuals assess and manage human, animal and plant health, and environmental biosecurity risks at Australia's borders

Border Health Response Team	Health Response Team placed at designated international ports to provide clinical assessment of travellers (passengers and crew) who have signs and symptoms of the disease.
CHBO	Chief Human Biosecurity Officer. In NSW this position is usually held by the Director of Communicable Diseases Branch, NSW Health
CIB	COVID-19 and Influenza Branch. This branch comes under Health Protection NSW (HPNSW)
CMO	Chief Medical Officer (of Australia) – Department of Health
Department of Agriculture, Fisheries and Forestry (DAFF)	Responsibilities include quarantine inspection for international passengers, cargo, mail, animals, plants and animal or plant products arriving in Australia, and inspection and certification for a range of agricultural products exported from Australia.
Department of Health and Aged Care (DHAC)	Australian Department of Health - has primary responsibility for managing human infectious diseases subject to the provisions of the *Biosecurity Act 2015.*
Director of Human Biosecurity	A position held by the person in the role of Commonwealth Chief Medical Officer. This individual authorises Chief Human Biosecurity Officers (CHBOs) and HBOs, can review measures imposed by a human biosecurity control order and holds legislative powers, one of which is to determine the requirements for positive (automatic pratique.
HBO	Human biosecurity officer
HDC	Health declaration card
State HSFAC	The State Health Service Functional Area Coordinator. The senior medical officer appointed by the NSW Minister for Health or delegate, who has the responsibility for the control and coordination of the arrangements detailed in HEALTHPLAN. The State HSFAC is contactable 24 hours on 02 9391 9806
Health Commander	The Commander appointed by the State HSFAC to coordinate and control all health responses (medical, ambulance, public health and mental health) at an incident site. The Ambulance Commander operates as Health Commander unless the State HSFAC determines otherwise.
Health Controller	Usually a senior NSW Health officer, located distant from the disaster/incident site at a Disaster/Incident Control Centre, responsible for controlling all health aspects of the disaster/incident.

Health Emergency	An emergency, due to actual or imminent occurrence, which endangers or threatens to endanger the safety and health of persons in the state of NSW, and requires a significant and coordinated whole-of-health response. This particularly applies to human infectious disease emergencies from whatever cause.
Health Incident	A localised event, either accidental or deliberate, which may result in death or injury, which requires a normal response from an agency, or agencies from one or more of the components of NSW Health.
HPNSW	Health Protection NSW – Directorate reporting to Chief Health Officer, responsible for coordinating health protection activities within NSW.
IPOE	International Point of Entry. Synonymous in this document with Border.
Listed Human Disease (LHD)	Diseases named in the Biosecurity Determination which can trigger actions under the *Biosecurity Act 2015*
Local Health District (LHD)	Local health districts are established under the *Health Services Act 1997* to provide health services to the residents within their geographical boundaries. A local health district is responsible for the administration of NSW Health's policies and responsibilities within those geographical boundaries.
LHD HSFAC	The Local Health District (LHD) State Health Service Functional Area Coordinator (HSFAC). An appointed position at local health district level that has the delegated authority of the LHD Chief Executive to coordinate and commit LHD resources for the response to, and recovery from, an emergency. The LHD HSFAC is the initial point of contact within a local health district for an emergency and notifies the State HSFAC of any emergency that may require State-level coordination or support under the NSW HEALTHPLAN.
MARS	Maritime Arrivals Reporting System. An online portal used by commercial vessel masters and shipping agents to submit pre-arrival documents required of all international vessels under the Australian *Biosecurity Act 2015*
Medical Commander	Refers to the medical commander at an incident/emergency site who is responsible for controlling, directing and coordinating the medical services at the site.
NMC	National Maritime Centre
PPE	Personal protective equipment is equipment that can be worn by an individual to protect them or others from infection. PPE may include the following types of equipment: protective masks/respirators, gowns, coveralls, gloves, goggles and boots.

Pratique	**Pratique** Pratique allows things to be unloaded from/loaded onto, and persons to disembark and embark, aircraft or vessels. Pratique can be granted by force of the *Biosecurity Act* (positive pratique) or by a biosecurity officer (where the criteria for positive pratique under the Act have not been met). **Positive pratique** When an aircraft or vessel arrives in Australian territory, pratique is granted by force of subsection 48(2) of the *Biosecurity Act* (positive pratique), unless the class of aircraft or vessel is one for which pratique must be granted by a biosecurity officer. **Negative pratique** Arises where the Director of Human Biosecurity (Commonwealth Chief Medical Officer) prescribes classes of aircraft or vessels that are subject to negative pratique, that is, must comply with requirements before a biosecurity officer will grant pratique. Information on the classes of aircraft/vessels subject to negative pratique and the compliance requirements is set out in the *Biosecurity (Negative Pratique) Instrument 2016* made under subsection 49(1) of the *Biosecurity Act*.
Pre-arrival Report (PAR)	A pre-arrival report (PAR) provides information on aircraft or vessels entering or intending to enter Australia. For a vessel, the PAR provides information about the vessel, arrival details, sanitation, human health and biosecurity. For an aircraft, a PAR is submitted if there is illness or death of a person on the aircraft.
Public Health Commander	Refers to the public health commander at an incident/emergency site who is responsible for controlling, directing and coordinating the public health response at the site.
TIC	Traveller Illness Checklist
Vessel	For the purpose of biosecurity legislation, the term 'vessel' means aircraft or ship as defined in [Guidelines for Airline and Aircraft Operators Arriving in Australian territory](#)

9. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
July 2023	1	New document. Approved at District Clinical and Quality Council.
6 June 2024	1.1	Amendment made to State HSFAC phone number in Table 1.

Appendix A: Listed human diseases

Human influenza with pandemic potential
Severe acute respiratory syndrome (SARS-CoV-1 infection)
Middle East respiratory syndrome coronavirus (MERS-CoV infection)
Viral haemorrhagic fevers (VHFs - various)
Smallpox (*variola* virus infection)
Yellow fever (YFV infection)
Plague (*Yersinia pestis* infection)
Human coronavirus with pandemic potential (including SARS-CoV-2 infection).