Australian Government
Department of Home Affairs

Departure Health Check

SUPPORTING MATERIAL

Guidelines for health practitioners and administrators who deliver the Departure Health Check (DHC) for Offshore Refugee and Humanitarian Program Entrants to Australia

September 2023

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1. Introduction

The purpose of the Departure Health Check (DHC) supporting material for Offshore Humanitarian Program entrants to Australia is to guide health practitioners and administrators in how to manage the clinical, administrative and reporting aspects of DHCs. It outlines the process and standards required by the Department of Home Affairs (Home Affairs).

This document updates the DHC supporting material in use prior to the publication of this document (version dated July 2019).

Panel Members should also refer to the eMedical tip sheets "Processing 949 Departure Health Check" and "Processing 955 Escort Requirement" for technical advice. This is located under the eMedical Support tab, Australia specific section.

Authorship of this document resides with the Department of Home Affairs, Australia.

1.1 Related Framework documents

The Panel Member Instructions are available through:

- eMedical support tab, Australia specific section, Panel Member Instructions; and
- Panel Physician Gateway page of Department of Home Affairs Website - Conducting Australian visa medicals (homeaffairs.gov.au)

The current version of the Panel Member Instructions at the time of publishing this document is dated July 2023. eMedical and the Panel Physician Gateway will always contain the most updated version.

2. Scope

This document applies to all offshore Refugee and Humanitarian Program Entrants to Australia.

It is to be implemented by the Department's Panel Members and their administrators.

3. How to Contact Us

All DHC related enquiries should be made through the Panel Physician Enquiry (PPE) form available both within eMedical under the 'Contact us' tab (preferred) and also on the Home Affairs website.

See: https://immi.homeaffairs.gov.au/form-listing/Pages/Panel-Physician-Enquiry-Form.aspx

Clinics who do not have eMedical access or cannot access the PPE form on the Home Affairs website can contact us by email. If using email, please ensure that you include your official signature block in your email, including your full clinic name and location. Queries relating to specific cases should include the applicant's HAP ID. Additional contact information is as follows:

Email: health@homeaffairs.gov.au

Website: https://immi.homeaffairs.gov.au/help-support/tools/panel-physician-gateway/immigration-health

4. Glossary

Table 1 - Acronyms

Term	Acronym	Definition
Assisted Passage Service Provider	AP Service Provider	The AP Service Provider is responsible for facilitating Offshore Humanitarian Program entrants' attendance at medical appointments, including the IME and DHC.
Child bearing age	-	In an Australian context, this is commonly understood as from the onset of menarche (the first period) to menopause, otherwise known as the reproductive years.
Department of Home Affairs	Home Affairs	Home Affairs performs central coordinated strategy and policy leadership for Australia's national and transport security, federal law enforcement, criminal justice, border, immigration, multicultural affairs, settlement, emergency management and trade related functions.
Departure Health Check	DHC	A Departure Health Check is a health check undertaken within 72 hours of an Offshore Humanitarian Program entrant's confirmed departure for Australia. The DHC may be commenced up to four weeks before the departure date, for visa holders with significant medical conditions.
Health Assessment Portal Lite	HAPlite	HAPlite is a read-only version of the IT system that stores pre-migration health screening information captured at the time of the Immigration Medical Examination and Departure Health Check. For use by approved refugee health physicians in Australia only.
Humanitarian Contract and Settlement Referrals Section	HCSRS	Humanitarian Contract and Settlement Referrals Section (HCSRS) is responsible for the procurement processes and management of contracts for the Humanitarian Program. HCSRS manages and delivers the Australian Cultural Orientation (AUSCO) Program, Assisted Passage, Medical and Related Services Program and the Legal Services Assistance (LSA) Program. HCSRS refers Offshore Humanitarian Program visa holders to their final settlement destination after their visa has been granted offshore.
Humanitarian Settlement Program Contract Management Section	HSP CM	Humanitarian Settlement Program Contract Management Section (HSP CM) is responsible for managing the Humanitarian Settlement Program (HSP) contracts and the HSP System (utilised by onshore service providers). HSP CM supports efficient and effective delivery of the HSP through provision of contract management, operational policy advice, program administration, HSP IT system management. HSP CM also engages closely with HSP Service Providers on the delivery and improvement of services for humanitarian entrants (including health services).
Humanitarian Settlement Program Service Provider	HSP Service Provider	The HSP supports Offshore Humanitarian Program entrants integrate into Australian life by building the skills and knowledge they need to become self-reliant and active members of the community. The HSP is delivered on behalf of the Australian Government by contracted HSP Service Providers located in each state and territory. HSP Service Providers are responsible for working with settlement services, mainstream services and communities to collaboratively deliver services.
Immigration Health Policy and Assurance Branch	Immigration Health	The Immigration Health Policy and Assurance Branch is responsible for the development and maintenance of strategic and operational migration health policy and processing procedures to balance the facilitation of immigration with the protection of the health Public Interest Criteria.

Term	Acronym	Definition
Immigration Medical Examination	IME	The purpose of the Immigration Medical Examination is to assess the visa applicants' health status against the visa health requirement.
Medical Officer of the Commonwealth	MOC	A Medical Officer of the Commonwealth provides an opinion to determine whether applicants who undertake Immigration Medical Examinations meet the Health Requirement.
Offshore Humanitarian Program	OHP	The Offshore Humanitarian Program comprises two categories of permanent visas. - Refugee (visa subclasses 200, 201, 203 and 204), for people who are subject to persecution in their home country and are typically outside that country - Special Humanitarian Program (SHP) (visa subclass 202), for people outside their home country who are subject to substantial discrimination amounting to gross violation of human rights in their home country. Applicants must be proposed by an eligible Australian citizen or permanent resident, an eligible New Zealand citizen or an organisation based in Australia.
Offshore Humanitarian Program Section	OHPS	The Offshore Humanitarian Program Section is responsible for supporting the Humanitarian Program by designing, monitoring, managing and reporting on the delivery of the offshore component of the program.

5. Overview

Applicants for Australian permanent residency visas including Offshore Humanitarian Program visas must satisfy the health requirement as specified by Australian law in the *Migration Regulations 1994*.

The purpose of the health requirement is to:

- Protect the Australian community from threats to public health, particularly tuberculosis (TB);
- Contain public expenditure on health and community services; and
- Safeguard the access of Australian residents to health and other community services in short supply.

Management of health needs is fundamental to successful resettlement and should begin prior to arrival in Australia as part of the IME and continue through to pre-departure. A comprehensive migration process, which considers health, instils confidence in the receiving community and facilitates better settlement outcomes.

5.1. The Immigration Medical Examination

Offshore Humanitarian Program visa applicants are required to undergo an Immigration Medical Examination (IME) conducted by a Panel Member who is authorised by Home Affairs. The Panel Member records the results of the IME in the eMedical system online, which is then used to assess the visa applicant against the visa health requirement (public interest criteria 4007). The IME includes a thorough physical examination and a chest x-ray, as well as other tests and vaccinations as required.

More information about Australia's immigration health requirement is available on the Home Affairs website: https://www.homeaffairs.gov.au/trav/visa/heal

For more information on the IME process, please refer to the Australian Panel Member Instructions: Australian Immigration Panel Member Instructions - July 2023 (homeaffairs.gov.au)

5.1.1 Health Undertakings

A health undertaking is an agreement that an applicant makes with the Australian Government to attend a health clinic in Australia for follow-up care on a condition for which the health undertaking was requested. Only a MOC can determine whether a visa applicant requires a health undertaking. A health undertaking is required for applicants whose health examination indicated exposure to TB or other health conditions of concern such as Hepatitis B, Hepatitis C, and HIV. Further general information regarding health undertakings is available on the Department of Home Affairs website: https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/health-undertaking

5.2. The Departure Health Check

The Departure Health Check (DHC) is to be conducted by a Panel Member who is authorised by Home Affairs. Significant, long standing or chronic health conditions should ideally be identified at the time of the IME and noted on both the Medical examination (501) and/or the Resettlement needs examination (948) in eMedical.

The purpose of the DHC is to:

- Identify and document details of any new medical conditions that have developed or existing medical conditions that have improved or deteriorated since the IME and upload relevant specialist reports that are available to eMedical
- Ensure that any previously identified medical conditions are being well managed and that the visa holder's condition has been optimised for travel
- Ensure that visa holders are fit to travel by air and to identify any specific health needs which may need management or support during travel, including ascertaining whether a medical escort is required
- Ensure that visa holders have not developed any communicable diseases, such as TB, since undertaking their IME, which might affect their ability to travel safely
- Review immunisation status and provide vaccinations and parasite/infestation treatment as required
- Manage specific health needs depending on country of origin (e.g. malaria screening)
- Support facilitation of arrangements for medical care and settlement needs on arrival in Australia
- Facilitate resettlement and protect the health of the Australian community by mitigating acute health issues before arrival to Australia

If significant medical abnormalities or health concerns are identified, the Panel Member should review and manage these to ensure the visa holder is fit to travel.

5.3. Which visa holders have access to DHC?

The Department offers a DHC to Offshore Humanitarian Program visa holders who are outside of Australia – holders of visa subclasses 200, 201, 202, 203 and 204. Clinics invoice the Assisted Passage Service Provider (AP Service Provider) for payment. It should be noted that while the DHC is not mandatory for Offshore Humanitarian Program visa holders, it is strongly recommended.

The AP Service Provider will strongly encourage all Offshore Humanitarian Program visa holders to undertake a DHC before travel to Australia. They also establish processes to ensure that Offshore Humanitarian Program visa holders who are in locations where the DHC is available, are able to access and be provided with DHC services. Particular attention is also given to encouraging attendance by Special Humanitarian Program (SHP) visa holders (subclass 202).

Completing the DHC will ensure that visa holders are appropriately vaccinated and linked into the relevant medical services in Australia, where required.

Where there is a need for DHCs to be conducted, but no DHC enabled clinic is available in that location, please advise Immigration Health by email to: health@homeaffairs.gov.au and the Panel Management and Assurance Team can look into enabling DHC access to existing clinics and/or sourcing other new clinics where required.

5.4. Timing of the DHC

The DHC is conducted after an IME, and after the visa is granted. It is only available to Offshore Humanitarian Program visa holders, not visa applicants.

The DHC should ideally be conducted at least 72 hours before the visa holder's confirmed departure for Australia and submitted to Home Affairs at least 48 hours before a visa holder's arrival in Australia. Visa holders identified at the IME as having significant health needs, including those who may require a Medical Escort, can commence the DHC up to four weeks before date of departure, noting that in these cases, final fitness to travel should be assessed closer to departure. Note that airlines may have specific timeframes for their requirements and approvals processes for those travelling with special health needs.

6. The DHC Process

6.1. Visa holder consent and declaration

The Panel Member must ensure that consent and a declaration are obtained from the visa holder prior to conducting the DHC. If necessary, a suitable interpreter should read and explain the consent and declaration information in a language understood by the visa holder ('suitable' is defined in the Panel Member Instructions). After the interpreter has explained the information to the visa holder, the DHC Client Consent form in eMedical must be signed or marked by the visa holder. The interpreter should also sign the DHC Client Consent form. In the case of families, one adult family member may complete and provide consent on behalf of the family unit.

Panel Members without eMedical should email health@homeaffairs.gov.au for the latest version of the DHC Client Consent form. Completed forms must be returned by email to health@homeaffairs.gov.au.

Panel Members are obligated to comply with their *'Undertaking to Operate within the Bounds of the Australian Panel Member Instructions'* and to protect the privacy of Australian visa holders with regards to personal information which includes information about their health, in accordance with the *Australian Privacy Act 1988* (Commonwealth of Australia).

The Privacy Act defines 'Personal Information as'…*information or an opinion about an identified individual, or an individual who is reasonably identifiable:*

(a) whether the information or opinion is true or not; and

(b) whether the information or opinion is recorded in a material form or not.'

See: www.oaic.gov.au/privacy-law/privacy-act/

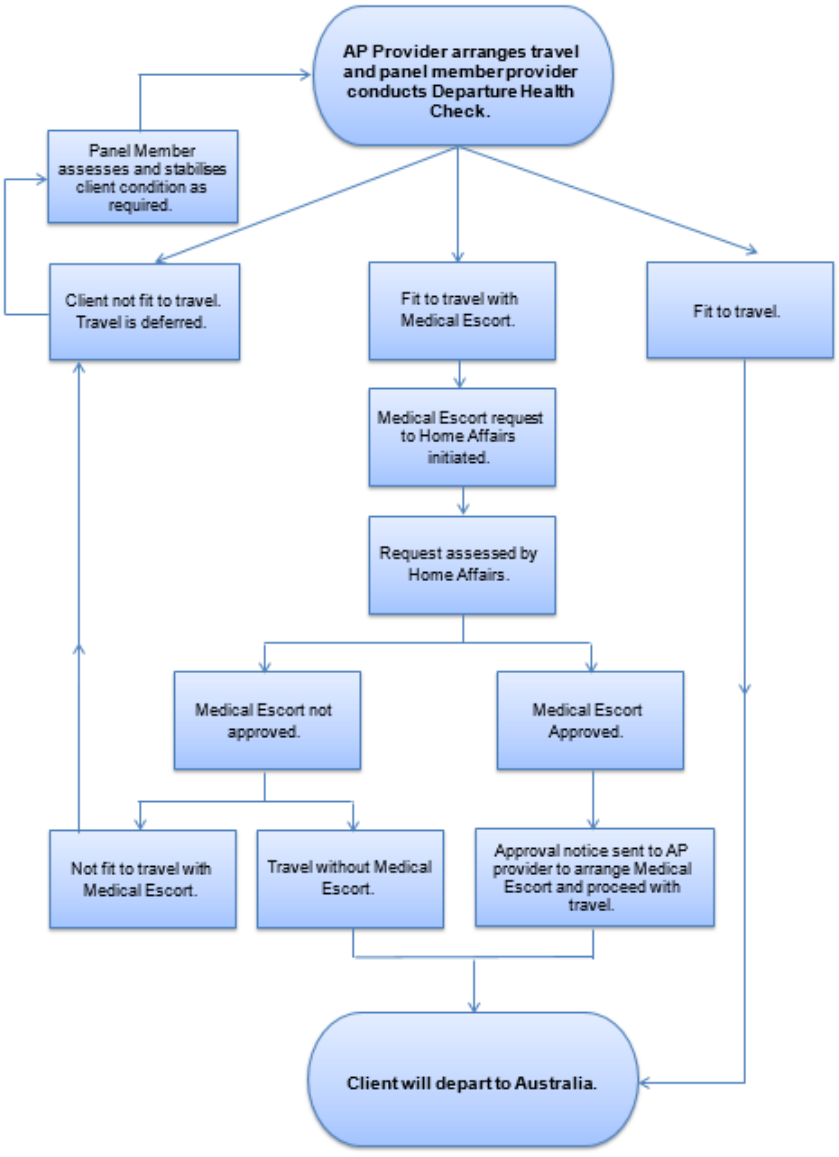
See: www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles

6.2. Identity Verification

At the commencement of the DHC, the Panel Member must ensure that the visa holder's identity is established by verification against accepted identity documents. Users of eMedical must also verify the visa holder's identity against the photograph uploaded in eMedical at the time of the IME.

For information about accepted forms of identity, please refer to the *Australian Panel Member Instructions*. Identity verification must be conducted at each stage of DHC process. Please note that there is also a Privacy of Client Data and Managing Identify (outside Australia) tip sheet in eMedical for further guidance.

6.3. DHC process for Refugee visa subclasses 200, 201, 203 and 204



Note: SHP visa holders (subclass 202) and their proposers independently arrange travel. If the Panel Member identifies the need for a Medical Escort for a subclass 202 visa holder, approval for associated costs and ability to meet these costs need to be obtained from the visa holder or proposer (and not Home Affairs) before the Medical Escort is arranged. This information must be recorded in eMedical.

7. DHC Medical Services

The below services are required as part of the DHC and must be recorded in eMedical or on the Health Manifest for non-eMedical enabled clinics (Appendix A).

It should be noted that many visa holders at this stage may not declare significant changes to their health status given they do not want to interrupt their travel. The assessment needs to be thorough enough, including asking open ended questions, to identify matters that visa holders will not be forthcoming about.

7.1. Clinical Consultation

The visa holder's medical history should be reviewed and include the following:

- Known health conditions, including any management and medical follow up since the IME
- History of syphilis, including stage (primary, secondary, latent or tertiary) and specific treatment provided since the IME
- Mental health screening
- Medications, including strength, dose and method of administration and any essential dietary supplements or feeds. Compliance and the amount provided for travel should also be noted
- Any recent infective symptoms, especially symptoms of TB
- Pregnancy status for women of reproductive age
- Immunisation history, including any potential contraindications to vaccination

7.2. Physical Examination

The physical examination, following review of visa holder's medical history, should, at minimum, include the following checks:

- General observation of physical condition, including mobility
- Height and weight
- Blood-pressure measurement where age appropriate
- Body temperature measurement
- Examination of the mouth, throat, eyes and ears, including hearing and visual acuity assessment
- Signs of anaemia or jaundice
- Auscultation of heart and chest
- Abdominal examination for masses and pregnancy
- Examination of skin, including check for any rashes that need management prior to travel

    - Identification of skin conditions which have a current or future implication to the visa holder's health must be recorded as abnormal with accompanying notes
    - Some skin conditions present with similar appearances and the diagnosis may not be easily apparent. Details of the skin condition, including size, area, and duration of any lesion must be noted
- Examination of feet and legs for infestations and infections (note: any wounds must be reviewed by a Panel Member or a consultant specialist. Dressings must be changed at the time of the examination)
- Review of other medical conditions not specifically mentioned above

Some of these tasks can be delegated to allied health professionals (e.g. nursing staff) but a Panel Member must examine and document their findings for all applicants.

7.3. Tuberculosis (TB)

At the time of DHC, a repeat chest x-ray is required for visa holders with:

- History of treated or inactive TB
- Clinical suspicion of active TB disease (for example, cough for more than two weeks, haemoptysis, recent weight loss or night sweats)
- Immunocompromised (e.g. HIV infection, immunomodulating therapy)
- Close household contact with active TB since the date of the IME

Panel Members should review all chest x-rays and compare with that taken at the IME. If the DHC chest x-ray is normal, please document the details in eMedical or on the Health Manifest.

If there is any suspicion of possible active TB (e.g. any parenchymal change in chest x-ray findings, or symptomatology as noted above) then two sputum samples must be collected.

These can be either

1. One spot specimen and a second early morning specimen, provided they are at least 8 hours apart, or
2. An early morning specimen collected on two consecutive days, or
3. An early morning specimen collected on one day and a second induced specimen on the same day. Induced sputa must be appropriately labelled

Xpert MTB/RIF assay (e.g. GeneXpert) is required on at least one of these specimens. If the Xpert MTB/RIF assay is unavailable then smear testing for acid fast bacilli (preferably auramine staining) should be used on both collected specimens.

The only exception to this is those visa holders who have previously been treated for TB. In these cases smear testing is preferable, (i.e. not Xpert MTB/RIF), as molecular tests can remain positive post treatment due to the presence of genetic material.

Results should be attached to the DHC examination (949) in eMedical and submitted. If both smear and/or molecular tests are negative, it is not necessary to set up a culture.

If either smear or molecular tests are positive, then an additional early morning specimen should be collected (i.e. so that there are three specimens in total) and all specimens sent for standard laboratory testing, including culture. **Travel in this case must be deferred until the diagnosis is confirmed and, if necessary, treatment commenced.**

A general alert may be appropriate for visa holders with CXR changes and negative sputum tests. Panel Members should use clinical discretion. Refer to Alerts (Medical Indicators) below for further information.

7.4. Pregnancy

The pregnancy status of all female visa holders of child-bearing age (in an Australian context, this is commonly understood as age 15 to 49 years but may vary in other countries) must be established at the DHC using a urine pregnancy test (UPT), allowing for immediate results to guide initiated treatment, vaccinations and health alerts. All urine pregnancy tests are relatively accurate and provide a result within 2-3 minutes.

Panel members should be mindful of cultural and other sensitivities when conducting pregnancy testing and advising of any results.

The following information should be recorded for all pregnant women:

- Identification of, or confirmation of pregnancy
- Document gestation (either using date of last menstrual period or estimated due date on previous ultrasound scan)
- Where available, attach any letters or antenatal scan results that the visa holder has with them, from their treating doctor including likely due date
- Document any current or previous obstetric complications that is known

The pregnant visa holder's known medical history should be reviewed. Fitness to travel for all pregnant women must be considered, as postponing travel might sometimes be advised. An individual risk assessment must be conducted.

For pregnant visa holders, confirm that gestational age has not passed the maximum allowed for travel. Travel must be deferred in advanced pregnancy as international air travel is not recommended after the 36th week of a single pregnancy and the 32nd week of a multiple pregnancy.

The following considerations must apply to pregnant women at the DHC:

- Immunisations - Live vaccines must not be administered in pregnant woman including MMR, varicella, OPV, yellow fever (refer to 7.5 Immunisation)
- Parasites - Albendazole and Ivermectin must not be given to any pregnant woman at any stage of pregnancy and Praziquantel must not be given in the first trimester (Refer to 7.7 Parasites and infestation)
- Malaria - Pregnant women with sero-positive rapid diagnostic testing results will require specialist care as artemisinin-based combination therapies may be contraindicated (Refer to 7.9 Malaria)

Alert/Medical Indicator guidelines for pregnant women (Refer to 7.11 Alerts):

- Follow up within 72 hours is required for all pregnant women (CMI – General Alert). The purpose of the health alert is so that so the pregnant visa holder can be linked with appropriate care after arrival in Australia

7.5. Immunisation

The Australian Panel Member Instructions provide the background to immunisation requirements, including links to Australian immunisation recommendations. The Australian Immunisation Handbook can be found at the following link: https://immunisationhandbook.health.gov.au/

This provides assistance in managing catch-up immunisation and outlines possible contraindications to vaccination. It is noted that there are a plethora of combination vaccines available worldwide and multivalent vaccines may be provided. Live attenuated vaccines are not recommended in pregnant women or people who are severely immunocompromised. If there is uncertainty, do not vaccinate them.

The visa holder's immunisation history must be reviewed at the DHC. Vaccination providing cover for the following conditions is mandatory for Australian bound Humanitarian Program visa holders and must be provided, unless a vaccination certificate or record of previous immunisation (in line with the vaccine coverage requirements in the Australian Immunisation Handbook) is available. If the Panel physician is satisfied that the documentation meets their national standards, this vaccination history should be documented in eMedical with the record or certificate uploaded as an attachment.

7.5.1 Measles, Mumps and Rubella (MMR)

All visa holders born after the year 1966 and aged over nine months are to undergo MMR vaccination unless a reliable written record of two previous doses is available, or the person is pregnant or has a medical contraindication. For those with a record of only one previous dose of MMR, a second dose can be administered at the IME or DHC. For those who have no record of MMR vaccination, the first dose should be administered at the IME and the second dose (or first if not provided at IME) at the DHC. The second dose can only be given if the period of time between the IME and the DHC is at least four weeks, otherwise it should be withheld until arrival in Australia.

In case of MMR unavailability, it is preferred that the visa holder be given MMRV or Measles alone, whichever is available. If MMR is unable to be given, this should be documented.

7.5.2 Polio

The vaccine (OPV or IPV) should be provided to those identified as requiring these vaccinations and where it has not already been provided at IME. If a booster dose is required, it should also be administered.

7.5.3 Yellow Fever

Unimmunised visa holders from Yellow Fever affected areas should be provided a Yellow Fever vaccine. In addition to documenting this in the Vaccination examination (951) in eMedical, or on the Health Manifest, visa holders should be provided a valid Yellow Fever Vaccination Certificate as this may be requested on arrival to Australia. Yellow fever vaccine should not be given to infants less than twelve months of age or women breastfeeding infants under nine months of age. However, breastfeeding women who cannot avoid or postpone potential exposure to yellow fever virus should receive a yellow fever vaccine. However, Yellow fever vaccine must not be administered to pregnant women.

Care also needs to be considered in adults aged over 70 years old who have a higher risk of side effects.

A list of Yellow Fever affected areas can be found on the following link: Yellow fever (health.gov.au)

7.6. Mental Health Screening

Mental health screening is a mandatory component of the DHC. Mental health screening is designed to identify visa holders who may have a mental health condition and may require:

- Urgent intervention and specialist assessment prior to departure to ensure the visa holder is fit to travel or may need support throughout travel
- Immediate follow up on arrival in Australia

- Routine follow up after resettlement in Australia.

Mental health screening should be part of the clinical consultation completed during the DHC and should be conducted through use of the tool contained in the eMedical examination (949). For non-eMedical enabled clinics the relevant Mental Health Screening Tool based on the age of the visa holder contained at Appendix C should be completed.

If the Mental health screening was completed during the IME as part of the Resettlement Needs examination (948) and there has been no change in the visa holder's condition, it does not need to be repeated but a comment indicating this is the case should be provided.

Panel Members should keep in mind that organic illness can manifest as acute psychiatric disturbance (e.g. acute delirium can be caused by sepsis) and that organic causes may need to be excluded.

7.6.1 Mental Health Screening Tool

The screening tool should be completed for all Humanitarian Program visa holders. It is designed to identify conditions such as anxiety, depression, post-traumatic stress disorder, psychosis and mania. It also aims to note severe withdrawal, agitation, response to non-observable external stimuli (voices/visions), evidence of recent deliberate self-harm (e.g. wrist/forearm lacerations), social withdrawal or behavioural disturbance.

Panel Members should be aware that the Mental Health Screening Tool is age based and there are different questions for visa holders aged above or below 15 years. Note that the DHC is not intended to be a counselling session but one to identify disorders for further assessment, care or attention. In depth questioning should not be undertaken unless significant concerns are evident that require immediate treatment or support through travel.

7.6.2 Outcomes of the Mental Health Screening

- 'Normal' – no further action is required and the visa holder can be cleared to travel (unless there are other reasons to delay travel).
- 'Assistance required', 'Visa holder is not Able/Dependent' – the Panel Member will need to determine if the visa holder requires urgent intervention (e.g. specialist referral and assessment) before travel or if immediate follow up is required after arrival.

Acute psychotic episodes require urgent psychiatric attention and must be referred immediately. Other severe and significant psychiatric conditions, especially if unstable, should also be referred for specialist care.

An opinion about fitness to travel, with or without an escort (medical, operational or family) must also be obtained and included in the report. If a specialist psychiatric consultant is not immediately available, the Panel Member should document findings themselves. Visa holders with unstable or newly identified psychiatric conditions are generally not fit to travel until appropriate measures are in place to mitigate risk.

Instructions for completing the Mental Health Screening Tool for non-eMedical Panel Members can be found at Appendix C.

7.7. Parasites and infestations

Home Affairs recommends presumptive treatment for parasites and infestations at the DHC. This should consist of the following, noting that the availability of certain treatments will differ depending on the departure country. The provision of medication must be clearly documented, with any gaps noted in systems. For cases where presumptive treatment is unable to be administered due to unavailability, contraindication or for other reasons, this should be noted accordingly in systems or the Health Manifest for follow up onshore in Australia as required.

Home Affairs recommends that all doses of presumptive parasite treatment be administered as Directly Observed Treatment (DOT) by medical staff. This will allow medical staff opportunity to review any potential side effects that visa applicants may experience from the first dose, ensure accurate dosing and enable documentation of treatment completion.

If the refugee has never received presumptive therapy as part of a mass anti-helminth treatment campaign, and if it is logistically feasible, administering praziquantel first, followed by albendazole and ivermectin, may reduce the risk of adverse events caused by the release of antigens by dying parasites in persons with high parasite loads. In areas where refugees have received previous rounds of mass anti-helminth treatment, ivermectin, albendazole, and praziquantel co-administration is well tolerated.

Where there are difficulties in administering the treatment in infants/children/other people, do not persist with/insist on treatment, instead make a note in systems for follow up onshore in Australia.

7.7.1 Soil transmitted helminths (parasitic worms)

Urine pregnancy testing must be performed in all women of child-bearing age (in an Australian context, this is commonly understood as age 15 to 49 years but may vary in other countries), before treatment for soil transmitted helminths with albendazole is administered. The pregnancy test must be a rapid detection test, so that results are immediately available to the panel member.

Presumptive treatment for soil transmitted helminths should consist of:

- A single 200mg dose of albendazole required for all visa holders aged six months and older, and/or weight 10kg or less
- A single 400mg dose of albendazole for all visa holders aged 12 months and older **and** weight 10kg or greater

Contraindications
Albendazole **must not** be administered to:

- Pregnant women
- Children less than six months of age
- Persons who have unexplained seizure disorders or clinical signs of neurocysticercosis

Women of child-bearing age are strongly advised to use effective contraceptive methods for at least one month after receiving the treatment. In cases where access to contraception is problematic, the panel member should conduct a risk-benefit assessment to determine if administering the treatment is appropriate, with any gaps noted in systems for onshore follow up. Albendazole is not contraindicated in breast feeding mothers.

Albendazole should ideally be administered with food.

Please reference further information about albendazole and its contraindications in the Australian Consumer Medicine Information Summary and the Australian Product Information at the Australian Register of Therapeutic Goods website: https://www.ebs.tga.gov.au/

7.7.2 Strongyloides

Urine pregnancy testing must be performed in all women of child-bearing age, before treatment for *Strongyloides* with ivermectin is administered at the DHC. The pregnancy test must be a rapid detection test, so that results are immediately available to the panel member.

Presumptive treatment for *Strongyloides* should consist of:

- A single 200mcg/kg dose of ivermectin for countries where prevalence is presumed to be high (10% or greater based on available global prevalence studies) including East Asia, the Pacific, Sub Saharan Africa and Latin America.

Contraindications
Ivermectin **must not** be administered to:

- Pregnant women
- Breastfeeding women during the first week after birth
- Children who weigh less than 15kg
- Individuals from central/west Africa due to the prevalence of *Loa loa*.
- Persons who have or may have *Loa loa* (loiasis - unexplained seizures, lymphadenopathy or eosinophilia, eye worms or migratory subcutaneous swellings), as there is a risk of serious adverse events.

Please reference further information about ivermectin and its contraindications in the Australian Consumer Medicine Information Summary and the Australian Product Information at the Australian Register of Therapeutic Goods website: https://www.ebs.tga.gov.au/

7.7.3 Schistosomiasis ('Bilharzia')

Urine pregnancy testing must be performed in all women of child-bearing age, before treatment for schistosomiasis with praziquantel is administered. The pregnancy test must be a rapid detection test, so that results are immediately available to the panel member.

Presumptive treatment for schistosomiasis at the DHC should consist of:

- A single 40mg/kg dose of praziquantel, which may also be divided into two doses given four hours apart, for individuals in endemic areas (Venezuela, sub-Saharan Africa, including Democratic Republic of Congo, Central African Republic, Eritrea, South Sudan and Ethiopia).

Contraindications
Praziquantel **must not** be administered to:

- Pregnant women in their first trimester of pregnancy
- Children less than 12 months of age
- Persons who have unexplained seizure disorders or clinical signs of neurocysticercosis
- Breastfeeding women, unless there are clear signs of disease where the benefits of treatment to the mother outweigh the risk to the infant.

Praziquantel should ideally be administered with food.

Further information about praziquantel and its contraindications is contained in the Australian Consumer Medicine Information Summary and the Australian Product Information at the Australian Register of Therapeutic Goods website: https://www.ebs.tga.gov.au/

7.8 Medication Supply

Any acute medical conditions identified at DHC should be stabilised prior to travel. Treatment records, including medication prescribed, must be provided.

A review of current long term medications must occur at the DHC. Panel members should ensure that visa holders have sufficient medication (ideally four weeks supply) with them to last until they can be reviewed

after arrival in Australia. The details of all medication and treatment must be recorded in the Treatment / Medication (952) examination in eMedical.

7.9 Malaria

In many malaria-endemic countries, transmission does not occur in all parts of the country. For country specific information on malaria, please refer to: https://www.cdc.gov/malaria/travelers/country_table/a.html

Malaria rarely presents with classical symptomatology and infection may result in a wide variety of symptoms, ranging from absent or very mild symptoms, to severe disease and death. Rapid and accurate diagnosis is essential to treat affected individuals and to help prevent further spread of the disease. Pregnant women and young children are particularly vulnerable.

Home Affairs therefore requires that all Humanitarian Program visa holders from malaria endemic regions are screened and does not recommend presumptive treatment.

7.9.1 Screening for Malaria

Rapid Diagnostic Testing (RDT) is a way of quickly establishing the diagnosis of malaria infection by detecting specific malaria antigens in the blood. RDT is Home Affairs' preferred method of screening. Where RDT is done, the result (positive or negative) should be documented.

If RDT is unavailable, please contact Immigration Health to discuss alternative screening.

Malaria testing is currently required for all visa holders in the following locations:

- Sub-Saharan Africa: All locations
- South Asia: India, Bangladesh, Pakistan and Afghanistan
- South-East Asia: Myanmar, Thailand and Indonesia and Cambodia
- South America: Venezuela
- Pacific Islands: Papua New Guinea and Solomon Islands

Please note that this list is not exclusive and if clinicians have clinical suspicion of malaria, or believe that the visa holder may have been exposed to malaria, please raise this with Immigration Health and screen the visa holder along with any accompanying family members.

7.9.2 Treatment for Malaria

Visa holders with negative RDT do not require treatment.

Treatment is required for sero-positive RDT results. Confirmatory microscopy is not required prior to travel if the visa holder is asymptomatic and if the likely resistance pattern is known. However, if done, results must be uploaded into eMedical.

Whilst it is understood that Plasmodium vivax infections may respond to treatment with chloroquine, Home Affairs recommends that artemisinin-based combination therapies (ACTs) be used for visa holders with a positive RDT (partly because species identification has not taken place).

RDT positive cases are to be treated with first-line antimalarial treatment (artemether/lumefantrine), unless contraindicated. Dosages are outlined below:

Body weight (kg)	Dose (mg) of artemether + lumefantrine given twice daily for 3 days
5 to < 15	20 + 120
15 to < 25	40 + 240
25 to < 35	60 + 360
≥ 35	80 + 480

Visa holders treated for uncomplicated malaria, who are either asymptomatic, have mild symptoms or who respond to treatment, should not need to have travel postponed but must be identified as an Alert (see details under Alerts).

Refugees coming from or travelling through sub-Saharan African countries should be informed that suspected malaria is a medical emergency and that, if fever develops after arrival to Australia, they should seek immediate medical assistance.

7.9.3 Special Risk Groups for Malaria

Pregnant and breastfeeding women, children less than 5kg in weight or less than three months of age, the immunocompromised and those taking potent enzyme inducers (e.g. efavirenz),will require specialist care as ACTs may be contraindicated. Visa holders with severe malaria are likely to require inpatient care and should be referred for specialist management. Panel Members may refer to WHO Malaria guidelines for further information: https://apps.who.int/iris/rest/bitstreams/1493946/retrieveh

www.who.int/malaria/en/

http://apps.who.int/iris/bitstream/10665/162441/1/9789241549127_eng.pdf?ua=1&ua=1

7.10 Outbreak Management

Panel Members must immediately notify Home Affairs of any infectious disease outbreaks in their region. This information should be emailed to Immigration Health with all available details including number of Australia-bound persons affected and steps taken to manage and counter the outbreak.

For Australia-bound cases that have come to the Panel Member's attention, the Panel Member should, where possible:

- Regularly monitor signs and symptoms amongst visa holders, particularly closer to the departure day.
- Upon detection, isolate and treat the affected visa holders and their close family contacts. Continue monitoring remaining visa holders.
- Their travel may be deferred where necessary if there is risk to the visa holder's health while flying or risk of disease spread to others during travel.
    - If the Panel Member is uncertain as to whether to delay a visa holder's travel for further investigation or treatment, advice should be sought by contacting Immigration Health.
- Provide health education including respiratory etiquette, hand washing and general hygiene practices.
- Depending upon the disease, further vaccination and other public health intervention may be required.

Home Affairs will notify the relevant Australian authorities (e.g. Department of Health and Aged Care) of any information relating to infectious disease outbreaks in areas in which entrants have been residing before departure and will provide summary data relating to DHC activities on request.

7.11 Alerts (Medical Indicators)

It is critical that any potentially serious health issues are flagged with the visa holder and in the Department's systems as soon as possible to ensure that the visa holder's in-flight medical needs can be met and the visa holder can be connected with appropriate settlement and health services on arrival. Such Medical Alert cases are to be treated with the highest priority.

- Humanitarian Settlement Program Service Providers (HSP Service Providers) in Australia are responsible for linking visa holders to any required medical care after they arrive in Australia.
    - For subclass 202 visa holders under the Community Support Program (CSP), the visa holder's support group or person in Australia, through an Approved Proposing Organisation (APO), are responsible for providing settlement support, in lieu of an HSP provider.
    - Panel Members should actively provide this subset of visa holders their IME or DHC examination results before departure (either as a print out or electronically), to enable them to provide this information to their Australian support person if required.
- HSP Service Providers are required to address any 'immediate' health needs, and assist visa holders to attend a Comprehensive Health Assessment (CHA) (sometimes referred to as a Refugee Health Assessment or RHA) within one month of arrival in Australia.
    - Although the CHA is not compulsory and cannot be enforced, HSP providers encourage attendance as it provides the applicant an opportunity to link in with the Australian healthcare system.
    - Refugee health practitioners conducting the CHA can obtain access to pre-migration health screening information that you have recorded in eMedical at the time of the IME and DHC. They access this important health information through the HAPlite system. To assist with the continuity of care of visa holders in Australia, panel members should ensure they include details of chronic health conditions, treatments and medication doses. Any available specialist reports or investigation results should also be uploaded to eMedical. Recent reports are particularly helpful for Australian healthcare providers.
- Alert timeframes are provided as a guide only. Alerts ensure visa holders with high acuity health needs are flagged with HSP Service Providers who can arrange for medical practitioner review either on arrival or within 72 hours of arrival to Australia.
    - An alert allows HSP Service Providers to book visa holders with complex or high acuity health needs medical appointments in advance of arrival in Australia. It also allows refugee health practitioners in Australia to provide recommendations on any healthcare required prior to and during travel (e.g., pre-travel optimisation or need for a medical escort).
    - Panel Members should be aware that availability of family physicians (or general practitioners/GPs) in Australia can be variable, with significant wait times in some areas. Furthermore, to see a medical specialist in Australia, an applicant must first see a family physician to obtain a referral letter. Knowing this, panel members should have a lower threshold for flagging a family physician review within 72 hours of arrival, to avoid timely specialist review being missed.
    - Applicants with acute health needs and those that may have become unwell during travel will need to present to an Emergency Department on arrival.

- HSP Service Providers do not have access to the Department's HAPlite system, and instead use their own dedicated HSP system to view medical information that has been flagged by the Panel Member at the IME or DHC.
    - As part of the Pre-Arrival Assessment, it is expected that HSP Service Providers will view the "health" page of the HSP System to ensure a client's medical needs will be met on arrival.
    - For applicants with an alert, only some medical information from the IME and DHC will be imported into the HSP system. In the HSP system, an alert is referred to as a 'Medical Indicator'.
        - For an applicants with an alert, HSP Service Providers must provide the applicant's HAP ID to a Refugee Health Service or medical practitioner as soon as possible after referral. This allows the onshore practitioner to view the client's record in HAPlite and liaise with the HSP Service Provider to arrange any medical needs for the client on arrival.
- Two types of medical indicators are currently used in the HSP System:
    - Potential Medical Issue (PMI) – triggered at the IME only
    - Critical Medical Issue (CMI) – triggered at the DHC only if the visa holder has:
        - (1) an escort; or
        - (2) if the 'Recommended medical follow-up after arrival' has been selected as:
            - 'Immediately (in 24 hours)'; or
            - 'In 72 hours'

  Note: Health Alert timeframes are under review and will be updated when the new HSP system is launched in 2024. Additional alert timeframes will be added at that time.
- Panel Members should be aware of the risks of long haul air travel and ensure that all visa holders have been stabilised well in advance of the date of proposed travel.

7.11.1 Medical Escort (Red Alert)

A Medical Escort may be required where a visa holder needs medical care during travel to Australia. For details refer to the section below on Travel with Medical Escort.

Medical Escorts for Refugee visa (subclasses 200, 201, 203 and 204) are arranged by the AP Service Provider and are funded by the Department. The costs associated with Medical Escorts for subclass 202 visa holders are the responsibility of the visa holder or their proposer and Home Affairs does not cover the associated costs of the escort.

HSP Service Providers must meet all Refugee visa holders with a medical escort on arrival to Australia and facilitate handover of these clients to a medical practitioner.

The following are examples only, and Panel Members should use their clinical judgement in relation to individual circumstances where a medical escort may be required, and follow the process outlined below.

Unstable medical conditions requiring treatment/care during travel
For example, but not limited to: • Supplemental oxygen required during travel - for baseline condition, or to prevent deterioration in relative hypoxia during flight (e.g., sickle cell disease, congenital heart disease) • Unstable severe epilepsy • Unstable severe psychiatric conditions • High dependency care and no family/carers to provide care required

7.11.2 Medical follow-up required immediately after arrival (within 24 hours) (Red Alert)

This is to alert HSP Service Providers in Australia to medical needs that require urgent review with a doctor (i.e. within 24 hours of arrival) so that they can arrange the required medical services before the arrival of the visa holder.

In determining whether a visa holder will require medical follow up within 24 hours of arrival, Panel Members conducting DHCs should consider recommendations made on this aspect at the IME stage (refer to Resettlement Needs where completed) in conjunction with the visa holder's condition at DHC. It is recommended Panel Members also consider follow-up recommendations made at the IME and understand that an individual's health condition can fluctuate, and overseas travel can be a stressful event that can lead to deterioration of both physical and mental illnesses.

Particular attention should be given to children with a chronic illness as there is a high risk of deterioration during travel. In addition to an alert, a medical escort should also be strongly considered.

The following are examples of applicants who should have follow up 'within 24 hours' documented in their medical resettlement needs examination, therefore triggering a Red Alert. Panel Members should use their clinical judgement and trigger an alert for an applicant who does not fall in the below table but likely requires medical review within 24 hours of arrival.

Immediate follow-up is required	Immediate follow-up is not required but travel should be delayed until condition is treated, stabilised and resolved
• Conditions where supplementary (inflight) oxygen might be required (i.e. where significant desaturation may occur in the relative hypoxia of the aircraft cabin), such as sickle cell disease (not trait) or severe chronic airways disease • Symptomatic heart failure • Other end-organ failure • Dialysis • Stable but severe psychiatric or behavioural conditions • End-stage malignancy. • Acute wounds/recent surgery requiring active management	• Acute febrile illness • Severe acute anaemia (e.g. due to gastrointestinal bleeding) • Acute myocardial infarction • Cerebrovascular accident (CVA, or stroke) within the fortnight prior to travel • Late stage pregnancy (refer to specific airline requirements).

Immediate follow-up is required	Immediate follow-up is not required but travel should be delayed until condition is treated, stabilised and resolved
• Severe congenital heart disease	

7.11.3 Medical follow-up recommended within 72 hours (General Alert)

The aim of the General Alert is to notify HSP Service Providers of visa holders with significant medical conditions requiring follow-up between 24 and 72 hours of arrival in Australia. In Australia, family physicians manage many chronic medical conditions such as diabetes and hypertension and are often best placed to manage complex care needs, seeking specialist care when required. Recommendation for specialist appointments or hospital admission should be reserved for those with severe and acute conditions. Panel Members should be aware of extended waiting times in many areas of Australia for specialist appointments. General Alerts allow for earlier review with a family physician and onwards referral to a specialist if needed.

Note that for any child travelling with complex health issues, especially those requiring life-saving treatments and specialist review, a Red Alert (follow up within 24 hours) should be strongly considered instead.

The following are examples only, and panel doctors should use their clinical judgement in relation to when follow-up within 72 hours should be applied:

Follow-up within 72 hours is required	Follow-up within 72 hours is not required
• Malignancy – stable • All pregnant women • Ischaemic heart disease - stable • Schizophrenia or other psychotic illness – stable • Substance abuse or dependency syndrome - stable • Poorly controlled diabetes mellitus • Insulin dependent diabetes mellitus, even if stable • Recent CVA - stable • Moderate to severe levels of developmental delay and severe autism • Fractures still requiring ongoing care • Indwelling catheters • Assistance required for daily living but do not require a medical escort • Significant disability (e.g. cerebral palsy, paraplegia) • Malaria Positive RDT for malaria or recently treated malaria (family members should also be noted, even if RDT is negative)	• Inactive tuberculosis • Living with HIV • Chronic Hepatitis B or C • Non-insulin dependent diabetes mellitus - controlled • Polio vaccine not given where required • Stable epilepsy • Stable asthma • Longstanding CVA • Mild to moderate autism • Hypertension - stable • Stable depression or anxiety

7.12 Travel Decisions

The three possible travel outcomes at DHC.

- Cleared to Travel
- Travel Deferred
- Travel with Medical Escort

7.12.1 Cleared to Travel

No significant medical condition has been identified that requires stabilisation, no Medical Escort or immediate medical/personal care is required either during travel or immediately upon arrival is required. The visa holder is able to travel independently or with family group.

7.12.2 Travel Deferred

Consideration should be given by the panel member to delaying travel to provide treatment that optimises the visa holder's medical condition and mitigates the need for Medical Escort and/or medical attention immediately on arrival. Visa holders who present a risk to public health must have travel delayed until this risk has been addressed.

In general, any acute condition requiring significant medical intervention, which includes unstable, unevaluated significant conditions known to present a significant risk of deterioration during flight, are likely to lead to deferral of travel. Further investigation should be carried out and treatment provided as required. A new DHC should be conducted and reported before the date of rescheduled travel. The following are examples:

Significant conditions which will cause deferral of travel	Conditions which should not cause deferral of travel
• Pneumothorax • Acute otitis media • Active TB • Acute psychiatric illness • Contagious and infectious diseases should be deferred for treatment (e.g. conjunctivitis, chicken pox, influenza, scabies, measles) • Acute gastroenteritis • Advanced pregnancy (≥ 36 weeks single pregnancy, ≥ 32 weeks multiple pregnancy) • Severe anaemia (haemoglobin <8.5 g/dl) • Cardiovascular including unstable angina, congestive cardiac failure, uncontrolled hypertension • Myocardial infarction – within two weeks	• Inactive tuberculosis • Living with HIV • Stable chronic medical conditions (e.g. diabetes) • Intellectual impairment • Stable psychiatric illness • Stable epilepsy (seizure free for one week).

Significant conditions which will cause deferral of travel	Conditions which should not cause deferral of travel
• Recent CVA (within two weeks) • Acute Deep Venous Thrombosis or other thromboembolic disorders • Recent gastro-intestinal bleed (within 24 hours) • Epilepsy or seizure disorder - uncontrolled • Chronic Severe Airways disease requiring oxygen that is unstable • Febrile illness, including pneumonia • Recent trauma, which has not been fully evaluated	

The decision to defer travel should also be guided by the provisions outlined in the International Air Transport Association (IATA) guidelines. Individual airlines may have specific requirements. Panel Members may refer to the guidelines at the following link as an example: Qantas Group Medical Travel Clearance Guidelines

If the Panel Member is uncertain as to whether to delay a visa holder's travel for further investigation or treatment, advice should be sought by contacting Immigration Health.

7.12.3 Travel with Medical Escort

Many visa holders travel with family members who may be familiar with their health condition and therefore in the best position to manage the visa holder's specific medical needs during travel. As outlined above, Medical Escorts will be required in some situations, such as those where expert clinical care is required during travel or the visa holder has a condition which may deteriorate during travel to the extent that immediate medical care is required.

Managing and optimising the visa holder's clinical condition prior to travel is vital and in many cases will mean that the visa holder is able to travel without a formal Medical Escort.

For entrants who hold a Refugee visa (subclass 200, 201, 203 or 204), Home Affairs pays the cost of Medical Escorts. Therefore, it is mandatory that approval for a Medical Escort is obtained from Home Affairs for these visa holders. To seek approval, the Panel Member must obtain the cost of the escort from the AP Service Provider, and request a Medical Escort through the 955 Escort Requirement functionality in eMedical. A 955 Escort Requirement **must be** commenced in eMedical prior to commencing the 949 Departure Health Check in eMedical. The system will not allow for a 955 Escort Requirement to be generated after a 949 Departure Health Check is commenced. If a 949 Departure Health Check was commenced before the escort request was made, mark it as incomplete, generate the 955 Escort Requirement and then generate a new 949 Departure Health Check.

Tip sheets on how to enter the required information are available under the 'eMedical support' tab in eMedical. The Panel Member will receive confirmation through eMedical as to whether or not the escort request has been approved. The notification will either state 'escort clinically supported and approved' or 'escort not approved' or 'escort clinically not supported' or 'more info requested'. If approved, the Panel Member will refer to the AP Service Provider for managing relevant travel arrangements.

When requesting approval for a Medical Escort, Panel Members must outline:

- the visa holder's needs
- clinical condition at the time of the escort request
- details of the monitoring and treatment the Medical Escort will provide and any equipment or other special requirements for travel
- details of what medical/operational situations the Medical Escort might be expected to manage during the journey
- provision of medication plans and supporting documentation, such as specialist reports, to assist in the assessment of the Medical Escort request
- expected travel date
- total cost of escort (inclusive of travel and escort costs) detailing the currency of the request
- ensure supporting medical documentation and specialist reports are uploaded to eMedical in English (or officially translated) and are eligible, preferably using the AP Service Provider's escort request form.

This ensures that Panel Members have considered what the Medical Escort's role is and ensures a consistent and needs-based approach to support Home Affairs' decision to approve the request. All requests should be submitted through eMedical.

As noted above, Home Affairs will notify the Panel Member of its decision to approve or not approve a request for a Medical Escort through eMedical. In exceptional circumstances only, requests for Medical Escort may be submitted via email, by contacting: health@homeaffairs.gov.au.

It should be noted that for entrants who hold a SHP visa (subclass 202), the visa holder or their proposer must pay for the cost of a Medical Escort and this is not paid for by Home Affairs. If an escort is required for a SHP visa holder, consultation with the visa holder/proposer and their approval and agreement to cover associated costs is required before travel proceeds with an escort.

DHCs can be commenced up to four weeks prior to the proposed travel date where the need for a Medical Escort was identified at the time of the IME and a significant health issue has been identified. For all other cases, the DHC should be completed no later than 72 hours before the proposed travel date, with the final fitness to travel assessed within 72 hours of the departure date.

If the DHC findings confirm the need of a medical escort, a request should be raised immediately in eMedical through the completion and submission of 955 Escort Requirements.

The Panel Member conducting the DHC should not be the actual accompanying Medical Escort due to potential conflict of interest issues.

Where the Panel Member assesses that a Medical Escort is required for travel, the Panel Member should communicate this to the visa holder, ensuring their understanding of the requirement. This is particularly important for SHP visa holders (subclass 202), where the escort costs are the responsibility of the visa holder or their proposer.

8 Submitting the DHC in eMedical

8.1 Reporting the DHC findings using eMedical

DHC findings are to be recorded in eMedical at all locations that have been authorised for this function. eMedical is the electronic system used to manage health information online for Offshore Humanitarian Program visa holders. If your location does not have eMedical or is not authorised to record DHC findings in eMedical, please contact Home Affairs.

The Panel Member will commence the DHC process in eMedical by searching and locating the visa holder's record using an identifier. A family group may have to be created at this stage if it was not created at IME (refer to Australian cases only instruction under the eMedical Support tab in eMedical "How to create a family group" for details). Commencing the DHC will create:

- DHC examination (949)
- Vaccination examination (951)
- Treatment/Medication examination (952)

The examinations will be pre-populated with information recorded at the time of IME in the Medical examination (501), Resettlement Needs (948), Vaccination (951) and Treatment/Medication (952) if these were created at IME. Panel Members must update information (including current health status, current management plan of any underlying health conditions and updated current medications including dosages frequency and method of administration, any essential dietary supplements or feeds) or add any new clinical findings or new declared medical conditions as necessary.

The process for completing a DHC examination in eMedical is as follows:

1. Search and locate visa holder in eMedical
2. If required create a family group
3. Confirm identity and complete visa holder consent/declaration
4. Commence DHC examinations
5. Complete all the examinations and attach documents and x-ray images as required
6. Submit DHC examinations

Note: Please refer to the tip sheets provided in eMedical Support tab (Australian case only – "eMedical Instructions – Processing 949 Departure Health Check") for technical advice about this process.

Reminder: a 955 Escort requirement must be commenced in eMedical prior to commencing the 949 Departure Health Check in eMedical. The system will not allow for a 955 Escort Requirement to be generated after a 949 DHC is commenced. If a 949 DHC was commenced before the escort request was made, mark it as incomplete, generate the 955 Escort Requirement and then generate a new 949 DHC.

Once the DHC examinations have been submitted in eMedical, the system will generate an email notification to relevant stakeholders (including the Immigration Health section, the overseas processing office, HSP Referrals section and the Panel Member who completed the DHC). The possible outcomes of the DHC are: '**Cleared to Travel'**, '**Travel Deferred – Clinic**', '**DHC not Completed**' and '**Escort Requested'**. Please note that "Escort Requested" is only to be used when a Medical Escort is requested.

SHP (subclass 202) visa holders can also have an outcome of '**Cleared to Travel with Escort'**. The outcome is generated by eMedical based on Panel Members' responses to various questions in the 949 examination.

The DHC must be submitted in eMedical at least 48 hours before the visa holder's scheduled arrival in Australia.

If additional information needs to be added after submitting the DHC, Panel members must send an email to HSPReferrals@homeaffairs.gov.au and health@homeaffairs.gov.au with the updated information, so that the updated information can be communicated in time to HSP Service Providers. **A 'new' 949 DHC must also be completed, with the updated information.**

8.2 Recording the Mental Health Screening

The Mental Health Screening results are recorded within the DHC examination (949) under the heading 'Mental Health' within the 'Significant Medical Conditions' section. Panel Members should not record any mental health related information in the 'Other Medical Conditions present' field.

There is a list of questions that require responses. A 'Yes' answer to any of these questions will prompt the system to auto-select the 'Assistance Required' option for the Mental Health question. The responses to the screening tool questions will assist the Panel Member in determining whether the visa holder needs urgent intervention or a follow up post-arrival. If the Panel Member is concerned that the mental health condition is of such an acute nature they should follow the guidelines of deferring travel and organise urgent assessment by a psychiatrist/psychologist.

Panel Members should be aware that these questions are a guide, are provided primarily as a screening tool and that clinical judgement should still be exercised as part of any mental health screen.

If there are no 'Yes' responses to any of the screening tool questions, the system will auto-select the 'Normal' option. No further information will be required.

While recording the mental health screening results in the DHC examination (949), the 'Urgent' option should be selected for 'Psychiatrist Follow-up' if the visa holder's condition requires immediate attention (i.e. prior to travel). In this case, a referral to a psychiatrist/psychologist should be made immediately. If the specialist advice is not likely to be available immediately or the specialist advises against travel, proceed to deferring the travel. The selection of 'Urgent' option will result in auto-generation of a Psychiatric Referral (106). In order to be able to submit a DHC examination for 'Travel Deferred – Clinic' outcome, the Psychiatric Referral (106) will need to be finalised as 'Incomplete'.

Further decisions regarding future travel should be made on the basis of a specialist's report. When the visa holder is cleared to travel, new DHC examinations will need to be created and submitted in eMedical. In this case the panel member should select the relevant option of either 'Non-urgent' or 'Not required' in response to 'Psychiatrist follow-up' question and attach the specialist's report to the DHC examination (949) before submitting it.

8.3 Recording of 'Travel Deferred' decisions

Based on findings at the DHC, if a decision is made to defer travel, this needs to be recorded in the DHC examination (949). A 'Yes' response to the question '*Is there any medical condition that will delay travel?'* will automatically display a status of 'Travel Deferred – Clinic' and eMedical will automatically notify all stakeholders (including Immigration Health, HSP Referrals, the overseas processing post, and the Panel Member who conducted the DHC) by email.

A new DHC will need to be performed in respect to the rescheduled travel due to a medical condition. When subsequent DHC examinations are created in eMedical, the system will prepopulate the new examination with information contained in the previous examination. Panel Members will need to update the information as appropriate before completing the examination.

If the decision to defer is made on grounds other than medical, there is no need to perform the DHC again in respect of the rescheduled travel but a new DHC examination (949) would still need to be created and submitted in eMedical as the previous DHC examination would have been finalised in eMedical with "Travel Deferred" outcome. However, a new DHC will need to be conducted and reported in eMedical if the departure is delayed for more than three months. In this case, all three DHC examinations (949, 951 and 952) will need to be completed.

8.4 Medical Escorts in eMedical

For Refugee Visa Holders, Home Affairs pays the cost of the medical escorts (noting that for entrants who hold a SHP visa (subclass 202), the AP Service Provider will only arrange a medical escort service at the request of the visa holder or their proposer as the visa holder or their proposer must arrange and pay for the cost of a Medical Escort and this is not paid for by Home Affairs). Therefore, it is mandatory that approval for a medical escort be obtained from Home Affairs. In order to facilitate this, the Panel Member must liaise with the AP Service Provider to obtain costings for the proposed medical escort. Once the Panel Member has received these costings, the Panel Member will enter this information and all other required information (see paragraph 7.12.3) into eMedical and submit it to Home Affairs for approval. Home Affairs will respond to this request and if approved, the Panel Member will refer to the AP Service Provider for managing relevant travel arrangements. In exceptional circumstances only, requests for Medical Escort may be submitted via email, by contacting health@homeaffairs.gov.au.

8.5 Alerts in eMedical

eMedical will automatically generate the appropriate alerts in the subject line of the email notifications based on the Panel Member's response to the 949 examination question, '*Is medical follow up recommended?*'. If the Panel Member has indicated that medical follow up is required within 24 hours of arrival in Australia, a Red Alert will be generated.

The Red Alert will also appear in eMedical when a DHC is submitted with a Medical Escort request in respect to Refugee visa holders (subclasses 200, 201, 203 and 204). It will also be flagged in eMedical when a DHC for a SHP visa holder (subclass 202) is submitted with the status of 'Cleared to travel with Escort'.

A General Alert will be generated if the Panel Member has selected medical follow up within 72 hours. Details of the medical care or attention required for such visa holders should be noted in relevant parts of examination 949.

The Alert status is recorded in the subject line of the auto-generated notification emails.

9 Submitting the DHC using paper forms (Health Manifest)

Panel Members that are not eMedical enabled must report the DHC findings through a Health Manifest. Panel Members authorised to use eMedical must not submit DHC findings on Health Manifests unless exceptional circumstances exist.

For more information on access to eMedical please contact Immigration Health.

9.1 Reporting the DHC findings using a Health Manifest

Panel Members must check the Health Manifest for completeness and correctness before submission by email to Immigration Health. The Health Manifests must be sent as soon as possible to provide as much notice as possible of an arrival.

In relation to completing Health Manifests, the following procedures apply:

Recording information

- Health Manifests are to be completed in plain English. Please avoid technical medical terms and acronyms as much as possible.
- Health Manifests should only include details of one family unit. Each family's manifest should be sent in a separate email.
- Information should be typed into the template provided and completed health manifest should be electronically attached to an email.
- Red Alert or General Alert cases must include a reason for the Alert status. Updating current or any recent changes in the treatment provided for the medical conditions including medications, investigation results and specialist reports (that are available) of relevance to post-arrival follow-up.
- Health Manifests should specify any treatment administered in the 'Treatment/Medication' section. This includes presumptive treatment for parasites and infestations, medication supply and duration, vaccination history and vaccination given by the panel clinic.
- Visa holders with noted medical (including mental health) conditions, particularly those requiring ongoing medication, that do not require medical follow-up within 72 hours of arrival should have these conditions listed in the 'Medical follow up after arrival' section of the Health Manifest.
- X-ray findings at the IME should be noted in the 'CXR results' column. If another x-ray was obtained at DHC, the results of this should also be noted. Any additional information such as sputum test results must be provided.
- The 'Personal settlement requirement' section is to be completed for all visa holders. Details are to be provided for all persons with mobility issues that affect travel (e.g. wheelchair requirement) or resettlement (e.g. need for ground floor accommodation).

Recording health conditions

- Malaria need only be mentioned if RDT was positive. In such cases the manifest should record the treatment provided and whether directly observed. This should be recorded in the 'Treatment/Medication' section.
- Blood-borne diseases such as HIV, Hepatitis B, and Hepatitis C need not be recorded on Manifests unless they have been identified for the first time at DHC, because an internal referral process for post-arrival care (known as a Health Undertaking) is in place. If one of these conditions was identified at IME and therefore is known to exist at the time of DHC, a note should be made on the manifest stating "Health Undertaking condition known". Where Hepatitis B screening is done at DHC, the result (positive or negative) should be recorded. If one of these conditions is identified for the first time at DHC, please notify Immigration Health by email immediately to inform the existence of a Health Undertaking eligible condition identified at DHC. This is to support post-arrival follow-up arrangements. If HIV is to be included, this must be written in an anonymous fashion such as "immunocompromised condition".
- Health Manifests must include a detailed history of syphilis including stage and specific treatment information where a Humanitarian Program visa holder has been treated.
- A Health Manifest template is provided at Appendix A for the use of non-eMedical enabled Panel Members.

9.2 Recording the Mental Health Screening on the Health Manifest

Panel Members must complete the correct mental health screening tool depending on the age of the visa holder (See Appendix C). The screening must be completed for all visa holders and results recorded on the tool.

The completed screening tool should be electronically attached to the Health Manifest. The outcome of the screening should be noted on the Health Manifest. A hard copy should be provided to the Medical Escort or visa holder as appropriate.

9.3 Sending the Health Manifest

Health Manifests are sent by email with the travel notifications which include a summary of DHC findings.

Panel Members are to email completed Health Manifests to health@homeaffairs.gov.au in addition to the relevant Home Affairs overseas office as soon as possible after the DHC has been completed and at least a minimum of two business days before the visa holder's arrival in Australia.

Emails containing Health Manifests and supporting documents must have a consistent and specific subject title. The following subject title format is recommended:

Health Manifest - departure location - file number - visa type - no. of visa holders - destination - arrival date

For example:

Health Manifest - Damak - (2008/038500) - 202 - (4) - CNS - 15 Dec 2016

For emails containing Health Manifests with one or more Alerts, the Alert type should be added at the start of the email and document title.

For example:

RED ALERT: Health Manifest - Damak - (2008/038500) - 202 - (4) - CNS - 15 Dec 2016

9.4 Deferral of Travel Notification Template

For non-eMedical enabled Panel Members an email must be sent to Home Affairs to notify of any deferred travel. The email notification must have the words **'Travel Deferred – DHC**' in the subject field.

Refer to Appendix B for the DHC Deferral of Travel Notification Template.

Once a medical decision is made by the Panel Member that the Humanitarian Program visa holder is fit to travel, the Panel Member should provide an updated Health Manifest, rebook travel and notify Home Affairs by email of the arrangements.

Details in the travel notification must include:

- Name and file number
- Final destination state
- Full medical information, including treatment provided.

10 Appendices

Appendix A: Health Manifest Template for non-eMedical enabled service providers

The Health Manifest file should be saved with a title format as below:

Type of Alert (if any) - Health Manifest – departure location - Visa holder Surname, First name - File No - Visa subclass - No of visa holders on the manifest - destination - date of arrival

HEALTH MANIFEST TEMPLATE

For example: General Alert - Health Manifest - Damak - Surname, First name - (2011/029083) - 200 - (5) - BNE - 16-Sep-2014

HEALTH MANIFEST TEMPLATE

HEALTH MANIFEST TEMPLATE	
Visa holder Health Manifest number	
Group ID	
HAP ID	
Number of visa holders	
Visa category	
Point of Embarkation	
Final destination	
Original camp/country	
Date of DHC	
Health Screen supervised by	
Date of departure to final destination	
Date of arrival in final destination	
Project code	
Signed by	

Please attach any medical reports, x-rays, hospital discharge forms in relation to this visa holder since the completion of the IME.

PERSONAL INFORMATION					ALERT		HEALTH INFORMATION					
Surname	First Name	D.O.B	Gender	Case Identifier/ IRIS case number/ HAPID	**Red Alert** *requires immediate medical attention within 24 hours	**General Alert** *requires medical attention within 72 hours	Medical Issues	Mobility Issues	Treatment/ Medication/ Vaccination	CXR Results	Mental Health Issues	Pregnant/ Complicated pregnancy

Provide additional details regarding noted Health Information – (Medical Issues/Mobility Issues/ Treatment, Medication, Vaccination/ CXR results/ Mental Health Issues/ Pregnancy/Complicated pregnancy.)

A hard copy health information pack has been provided to the visa holder in an envelope marked “Medical-In-Confidence”. ☐Yes ☐No

Australian health care providers
Please note that the manifest serves as a summary of services provided and conditions known prior to departure.

Appendix B: DHC Travel Deferral Notification Template for non-eMedical enabled Panel Members

DHC DEFERRAL NOTIFICATION			
Initial date of Departure		Original Camp/Country	
Final Destination		Point of Embarkation	
Group ID		HAP ID	
Family Size		Date of DHC	
Visa Subclass		Supervised by Doctor/Clinical Officer	

Names of Family Group			
Surname	First Name	Gender	DOB

Surname	**First Name**	**Gender**	**DOB**
Reason for Delayed Departure			

Anticipated Departure Date	

Appendix C: Mental Health Screening Instructions – Departure Health Check for non-eMedical enabled Panel Members

Mental Health Screening is designed to identify visa holders who may have a mental health condition. It will assist in identifying cases which require:

- urgent intervention and psychiatric assessment to ensure the visa holder is fit to travel
- immediate follow up on arrival in Australia
- routine follow up after resettlement in Australia.

Mental Health Screening Tool

The screening tool must be completed for all visa holders. Examples of conditions the tool is designed to identify include:

- Anxiety
- Depression
- Post- traumatic stress disorder
- Psychosis or mania
- Other clinical indicators such as: severe withdrawal, severe agitation, response to non-observable external stimuli (voices/visions), evidence of recent deliberate self-harm (e.g. wrist/forearm lacerations), social withdrawal or behavioural disturbance.

If a screening was already completed at IME as part of Resettlement Needs examination (948), there is no need to conduct another screening at DHC unless the visa holder's condition has changed.

The Mental Health Tool is age based and there are different questions for visa holders under or over the age of 15 years.

Outcomes of the Screening

Mental Health – 'Normal'

No further action is required and the visa holder can be cleared to travel (unless there are other reasons).

Mental Health – 'Assistance required', 'Visa holder is Not Able/Dependent'

The Panel Member will need to determine if the visa holder requires urgent intervention before travel or if a follow up is required after arrival and the recommended timeframe for follow up.

A visa holder will require urgent intervention if there is an acute psychotic illness or the visa holder requires urgent psychiatric care for other mental health disorders. Any visa holders needing urgent intervention must be immediately referred to a psychiatrist for further care and an opinion about whether the visa holder is fit to travel and if any travel assistance, such as a Medical Escort, is required.

Australian Government
Department of Home Affairs

VISA HOLDER HAP ID:

Mental Health Screening Tool for Children

For applicants aged 14 years of age and below

Observation

Please note any abnormal findings in relation to observed social withdrawal or behavioural disturbance evident during the examination.

Findings:

Please note the following questions to be answered by the parent/guardian	Please indicate (circle)
Is your child extremely withdrawn or aggressive a lot of the time?	Yes / No
Are you very concerned with their behaviour in any other way?	Yes / No
Has your child witnessed or been directly exposed to violence and/or significant loss?	Yes / No
Describe if positive:	

Actions

If there is any indication of acute psychotic illness then the visa holder must be immediately referred to a psychiatrist/psychologist/paediatrician.

Any answer of 'Yes' a comment must be recorded on the Health Manifest to indicate they require mental health assessment after arrival.

Australian Government
Department of Home Affairs

VISA HOLDER HAP ID:

Mental Health Screening Tool for Adults

For applicants aged 15 years of age and above

Observation

Please note any abnormal observation of the following behaviours: Severely withdrawn, severely agitated, responding to non-observable external stimuli (voices/visions), evidence of recent deliberate self-harm (e.g. wrist/forearm lacerations).

Findings:

Questions	Please indicate
• Have you ever been hospitalised or treated for a mental health problem?	Yes / No
• Have you ever been suicidal?	Yes / No
• Do you have bad memories about violence or other events that won't leave you?	Yes / No
• Have you ever believed that someone was reading your mind, controlling your mind or could put thoughts in your mind?	Yes / No
• Have you ever heard things such as voices coming from inside of your head?	Yes / No
• Do you have thoughts of dying or wishing to die which do not go away?	Yes / No
Describe if positive:	

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Actions

- If there is any indication of acute psychotic illness then the visa holder must be immediately referred to a psychiatrist/psychologist.
- Any answer of ‘Yes’ a comment must be recorded on the Health Manifest to indicate they require mental health assessment after arrival.