Memorandum of Understanding (MoU) between Department of Health and Human Services (DHHS) and Alfred Health (AH) for the Provision of Hotel Support Services

27 July 2020

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1.1. Background

1.2. On 28 March 2020, the Commonwealth Government announced that all people returning to Australia from overseas would be required to serve a mandatory 14-day quarantine period on arrival. In Victoria the end to end process to enable this to occur, including the management of guests in 14-day quarantine, is called Operation Soteria.

1.3. Following an initial request on 15 April 2020, by Department of Health and Human Services (DHHS), Alfred Health (AH or the Provider) has assisted in the support of international passengers arriving at Victorian airports and maritime ports that are required to complete a mandatory 14 day quarantine period in hotel sites across Victoria. AH provided registered nurses (RNs) initially for two weeks to telephone passengers who were accommodated at five hotel sites within Melbourne, and conduct welfare checks during their quarantine period. An extension of AH staff supporting all active hotel sites has subsequently occurred and remains in place.

1.4. From 17 June 2020, AH and DHHS further expanded this partnership and AH sequentially commenced provision of all nursing, security, cleaning and mental health services within the single COVID-19 positive hotel site. In addition, from July 6, AH agreed to increase its responsibilities by providing clinical (nursing) leadership and hotel services within 14 Standard Quarantine Hotels sites and an additional COVID-19 positive Hotel site (referred to as a Health Hotels). This broad clinical & operational support is referred to as Hotel Support Services (HSS).

1.5. Whilst in the initial stages of Operation Soteria quarantine accommodation was provided to returned travellers, as the pandemic progressed, accommodation has also been utilised by residents of greater Melbourne who are unable to safely quarantine within their homes. The evolving nature of the COVID-19 pandemic will require Operation Soteria to remain flexible and agile.

2. Aim and Intent

2.1. This Memorandum of Understanding (MoU) outlines the establishment of a single provider partnership between AH and DHHS to provide ongoing support to passengers arriving in Victoria needing to complete quarantine period in a hotel setting. This approach will allow greater consistency of standards and processes across all hotels and to ease operational challenges.

2.2. The implementation of AH scope of services is planned to occur over four phases, described in **Table 1** below.

Table 1: Implementation Plan

	Phase 1	Phase 2	Phase 3	Phase 4
Description	Establish core clinical (nursing) and non-clinical leadership and support roles at the COVID-19 positive site (Brady's)	Staged roll out of core clinical (nursing) and non-clinical support for all Melbourne quarantine hotels, including providing clinical governance advice	Staged roll out of onsite nursing and mental health services for Melbourne quarantine hotels, including embedding clinical processes This scope of this is still to be determined in collaboration with DHHS and AH (and its sub-contractors).	Staged roll out of other clinical and non-clinical support services identified as to be delivered by AH and its subcontractors. The delivery of these services will be recorded in documents that will be attached to this MoU Transfer of existing contractual arrangements in place with DHHS for clinical and support services to be managed and / or delivered by AH. This scope of this is still to be determined in collaboration with DHHS and AH (and its sub-contractors).
Indicative timeframes for implementation	From June 16 2020	From 1 July 2020 for a period of 2 weeks	From mid-July, with a period to be determined.	TBC and as agreed between DHHS and AH

2.3. Establishing services progressively across sites will occur through a risk-based approach, with hotels prioritised by DHHS based on arrival numbers. The schedules attached to this Agreement will be updated as Phase 2 and Phase 3 progress.

2.4. This document outlines:

- Partnership Principles;
- Governance and reporting requirements to be in place;
- Duration of the partnership
- Definition of the services to be provided by ~~Alfred Health~~AH;
- Roles and responsibilities to be provided by ~~Alfred Health~~AH;
- The minimum performance required to be met under this MoU; and
- Financing and Funding Implications.

3. Partnership Principles

3.1. The partnership is underpinned by a set of key principles including that:

- Person-centred care is the cornerstone of service delivery;
- The scope of services, method of delivery and establishment timeframes is flexible and will be collaboratively developed and updated between DHHS and AH on an ongoing basis, adjusting as the health and political environment changes and improvements are identified;
- The service delivery model will be continuously reviewed and improved;
- Information will be shared between parties to support the delivery of safe and efficient service delivery, this includes any updates to DHHS Hotel operational or governance frameworks;
- The MoU has been created to simplify the commercial framework for working together, it is not designed to be an exhaustive list;
- Risks, issues and complaints will be escalated and managed in a timely basis between DHHS and AH;
- The evidence base of COVID-19 is evolving and requires both parties to rapidly assimilate new research evidence into practice;
- The efficient use of resources and reduction in the duplication of effort is a priority of this MoU;
- AH endeavour to provide dedicated workforce at each site meaning, where practical individual staff should only work at one hotel site (recognising that casual staff will be required on occasions to fill unplanned leave, episodes of increased demand and some support services will be required to work across multiple site for operational excellence) and
- While AH will deliver full, frank and conscientious advice to DHHS about best practice in relation to the delivery of services, DHHS has final authority to make decisions about how services are to be delivered and (subject to AH's workplace safety obligations) AH must not alter its services in any significant way without obtaining DHHS's approval

4. MoU Governance and Reporting

4.1. In delivering the prescribed services, AH will be required to meet the following Performance Criteria and Minimum Standards. Performance Metrics are outlined in **Table 2** below.

4.2. **Performance Criteria**

Performance reporting method and approach to be agreed between AH and DHHS. It is expected that as a minimum in delivering this service AH must provide:
- Performance reporting in accordance with the clinical governance framework (when finalised);

- Suitable numbers of qualified staff across the defined roles, present for prescribed hours of operation across each site;
- Up-to-date evidence based protocols and practices developed within 2 weeks of MoU signing, in place and regularly reviewed and updated for each site;
- Evidence of compliance and management of infection control across sites (e.g. completion of routine audits and inspections; training compliance; cleaning schedules) and recognising that agreed joint DHHS & AH IP protocols are yet to be finalised.

- Evidence of compliance with appropriate clinical practice as outlined in XXX (e.g. COVID screening practices undertaken at prescribed days; health and welfare checks complete; escalations / referrals in place; hand over undertaken; incident reporting);

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- Maintain current and accurate data records as prescribed by DHHS
- Updates and approval from DHHS on any changes to sub-contracting arrangements
- Accurate and timely expenditure management;
- Adherence to service levels as defined in **Schedule 2 Roles and Responsibilities**; and
- Management and resolution of complaints and incidents.

4.3. **Performance Metrics**

Table 2 Performance Metrics

No.	Title	Metric
1.	**Workforce**	• 100% of roles to be filled by suitably qualified and trained staff at all times
2.	**Infection Prevention**	• Oversee and adhere to infection prevention and control policies and procedures • Report any breaches of infection control by, or involving AH staff and implement rectification processes in a timely manner • All AH staff are trained in infection prevention and control prior to commencing on site • Training is offered to all other staff within the Hotel site(s)
3.	**Health**	• Evidence of welfare checks being conducted on day 3 and 9 for all passengers and where this requirement is not met, providing timely explanation as to why, and any rectification processes that are required • Evidence of COVID-19 swabs being undertaken on day 3 and day 11 for those who have provided consent and where this requirement is not met, providing timely explanation as to why, and any rectification processes that are required
4.	**Wellbeing**	• Access to mental health support within 2 hours of notification • All Health or transferring services are notified of potential mental health needs ahead of patient arrival
5.	**Reporting**	• Accurate maintenance of staff records including training and logs of rostered attendance on sites 100% of passenger electronic care record records maintained . Documentation must be maintained throughout the passengers stay in HSS, with all records of testing, special requests and any health related incidents included (such as mental health assessment). Records should outline care delivered by Alfred Health staff and must be documented in the Compliance and Welfare Management System (CWMS) • • Incidents are documented daily with escalation of serious incidents (ISR1 or ISr2 level, or incidents requiring DHHS intervention) to DHHS nominated contact via Riskman report • Provision of a weekly summary report comprising all risks by severity and site

> **Commented [FM6]:** NOTE: Amended (Passenger health record relates to all passenger information whilst in a health or quarantine hotel. This is expected to be kept up to date or maintained as the passengers progress through their stay. We expect that this would include as a minimum records of testing, special requests and any health related incidents (such as mental health assessment). Including any care delivered by Alfred Health staff – documented in the Compliance and Welfare Management System (CWMS)
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4.4. **Minimum Standards**

Alfred Health must comply with:

- Operation Soteria Clinical Governance Framework (version XX);
- Operation Soteria Standard Operating Procedures (version XX);
- Maintain accurate records of all staff attending each site to facilitate contact tracing;
- DHHS COVID-19 Quarantine Incident Reporting Guidelines; and
- Department of Health and Human Services Exercise and fresh air implementation plan (15 April 2020).

5. Duration of Partnership

5.1. The partnership will be put in place as an ongoing arrangement.

5.2. The partnership will finish when notice is provided by DHHS or AH. A minimum of 4 weeks' notice is required to cease the partnership.

5.3. The partnership (and the way that this MoU records the partnership) should be reviewed on an ongoing basis (and at least quarterly) and updated as required. Amendments will be determined by the Senior Executive Officer CoVID Accommodation and Enforcement and AH Chief Operating Officer collaboratively (see **Schedule 9** and **Schedule 10**).

6. Scope of Services

6.1. Services in scope for this MoU are services provided from preparation of the hotel to receive returning travellers entering the hotel (bump in) to actions necessary after the last passengers have exited the hotel (bump out). Return travellers are required to stay in the hotel for 14 days with the exception of travellers who refuse testing on day 11. Those who refuse testing will be required to stay in hotel quarantine for an additional 10 days to the original 14 day quarantine (making their total quarantine stay 24 days). Services are required for different stages of the passenger quarantine journey including (at a high level) bump in, receipt (receiving passengers), health and welfare operations (14 or 24 days dependent on acceptance of day 11 testing), support services and bump out. The required services through the returning traveller journey are outlined in **Table 3** below (noting that not all services listed are the responsibility of AH):

Table 3 Patient Journey

Patient Journey			
Journey Step	**High level overview of key services provided at each stage**	**Pre-requisites**	**Responsibility**
Bump in	• Clean, reset and resource hotel in preparation for passengers responsibility • Planning for guest with special needs (mental health, disability, chronic	Early notification of incoming passengers and special needsTBC Appropriately skilled staff available to	DHHS & Hotel AH (Clinical Resources)TBC

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Patient Journey			
Journey Step	**High level overview of key services provided at each stage**	**Pre-requisites**	**Responsibility**
	illness)	meet passenger need	AH
Receipt	• Receive and allocate passengers to room • Luggage movements • Safe PPE during reception • Documenting specific needs (CALD, allergies, food requirements)	TBC Clinical staff have CWMS log on assigned	• DHHS & Hotel • TBC • AH • AH • • AH DHHS
Health and Welfare operations during patient quarantine	• Health Screening • Welfare surveys • Referrals to specialist teams • Transport for guests requiring hospital visits (chemotherapy) • Fresh Air Walks • • Care Package Delivery	TBC	• AH • AH • AH • Authorised Officer TBC • Authorised Officer, ?Vic Pol & AH • AH
Support services	• Food services for passengers • Managing staff and guest movement • Transport • Pharmacy • Pathology • Medical • Security • • Clinical rReferrals • Specialist clinical services teams • Pharmacy • Medical • Allied health • Pathology • Security • Clinical waste management removal • Transport • PPE audits and training • Infection prevention audits and training	TBC DHHS Contract waste removal	• Hotel services • DHHS • DHHS • DHHS • DHHS • Currently DHHS, to become AH • Victoria Police & Corrections Victoria • • AH • AH • • • AH • • • AH • AH • AHTBC
Bump out	• Voluntary screening before release • Confirming passenger release • Transport/movements out of hotel • Luggage removal • Appropriate PPE use during departure • Cleaning of hotel	TBC	• AH • DHHS & Authorising Officer • Authorising Officer • AH • ALL • Refer schedule

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Patient Journey			
Journey Step	**High level overview of key services provided at each stage**	**Pre-requisites**	**Responsibility**
			TBC

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6.2. There are two service provisions models (please see **Schedule 1** for a breakdown):

- Health Hotels (COVID-19 positive Hotel sites); and
- Standard Quarantine Hotels.

6.3. The expectations of what AH will be responsible for throughout the journey include:

- Clinical staff, customer service officers, cleaning staff as outlined in Table 1;
- Clinical governance oversight & operational management of all nursing staff including agency nurses, mental health nurses; and
- Clinical and workforce data integrity and reporting.
- Decisions that impact the health and safety of AH staff
- Provision of clinical advice to DHHS relating to the health and safety of passengers and non AH staff, for example, providing advice on measures that need to be taken to ensure effective social distancing and infection control throughout the Hotel(s).

6.4. The combination of these roles will provide the following functional outcomes:

- Guest clinical assessment and immediate care,
- Governance framework and reporting
- Infection prevention
- PPE training and standards
- Safe and compliant care.

6.5. Roles and Responsibilities

In collaboration with the DHHS Team Leader (TL) role, Alfred Health will provide clinical leadership and care services within the Hotel sites. Alfred Health will provide a workforce to cover agreed operational and clinical roles. AH HSS Director of Operations, Clinical Managers and Clinical Team Leaders will work collaboratively with the DHHS TL and other services providers to implement and manage the clinical governance framework.

For clarity, ~~AH roles will not be able to incur expenses~~ should the costs incurred (or expected to be incurred) by AH be greater than those ~~beyond the costs~~ outlined in this MoU, AH ~~on behalf of the state without prior approval from~~ will refer to DHHS ~~Team Leader.~~ Operation Soteria Leadership

> **Commented [FM14]:** ACTION: DHHS to provide feedback ██████, what should the mechanism be for managing this?
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> **Commented [SS15]:** I don't think it would the DHHS TL – would be someone higher?
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> **Commented [SS16]:** Should this be moved to be under section 8 "Operational Costing"?

Alfred Health will provide a workforce to cover key clinical and operational roles at hotels as defined in **Table 4** below with Roles and Responsibilities outlined in Schedule 2:

Table 4: Summary of Workforce model within Quarantine Hotels

	HSS Health Hotels (COVID-19 Positive)		HSS Standard Quarantine Hotels	
Number of Sites	2		14	
	Alfred Health	**Other**	**Alfred Health**	**Other**
Authorised Officer		✓		✓
DHHS Team Leader		✓ DHHS		✓ DHHS
Clinical Team Leader	✓		✓	
Nursing Workforce	✓		✓	
COVID Testing Team	✓		✓	
Mental Health Clinicians	✓ Second site yet to implement AH MH model		Model yet to be agreed & implemented	
Security or Residential Support Workers		✓ Security by Victoria Police (1 person) RSOs Corrections Victoria		✓ RSOs Corrections Victoria (AH Requests review of this arrangement)
Customer Service Officers or Patient Service Attendants	✓		✓	
Security Bag Screening *(limited time agreement for this task)*	▢		▢	
Clinical Cleaning *(Refer Appendix 1)*	✓		✓	
General Hotel Cleaning & Housekeeping (refer Appendix 1)		✓ Site Hotel Cleaning		✓ Site Hotel Cleaning
Clinical Waste Management	✓		✓	

(to designated site point only)				
Clinical Waste Removal (from HSS site)		✓ DHHS Contracted		✓ DHHS Contracted
Infection Prevention Consultancy (mobile service)	✓		✓	
Medical services	*Model yet to be agreed & implemented*		*Model yet to be agreed & implemented*	
Pharmacists		✓ Private scripts from contracted pharmacies		✓ Private scripts from contracted pharmacies
Pathology *(COVID Testing)*		✓		✓
Passenger Food services		✓ DHHS Contracted		✓ DHHS Contracted

6.6. The roles, responsibilities and service levels required to deliver these services are outlined in **Schedule 2 Roles and Responsibilities.** These services will be phased over a reasonable time period to support safe general and clinical operations and ensuring consistency in human resourcing, an indicative Implementation plan is provided in **Schedule 3**.

6.7. **Changes / Amendments to Services**

Should (as expected) roles and responsibilities change overtime, this should be agreed between DHHS and AH in writing, in advance of the changes. The attached schedules should be updated and signed by both parties to reflect the updated understanding,

6.8. **Governance of services**

Image 1 below highlights the Governance of Services. Hotel specific roles as well as central operations services are included.

Image 1: Governance of Services

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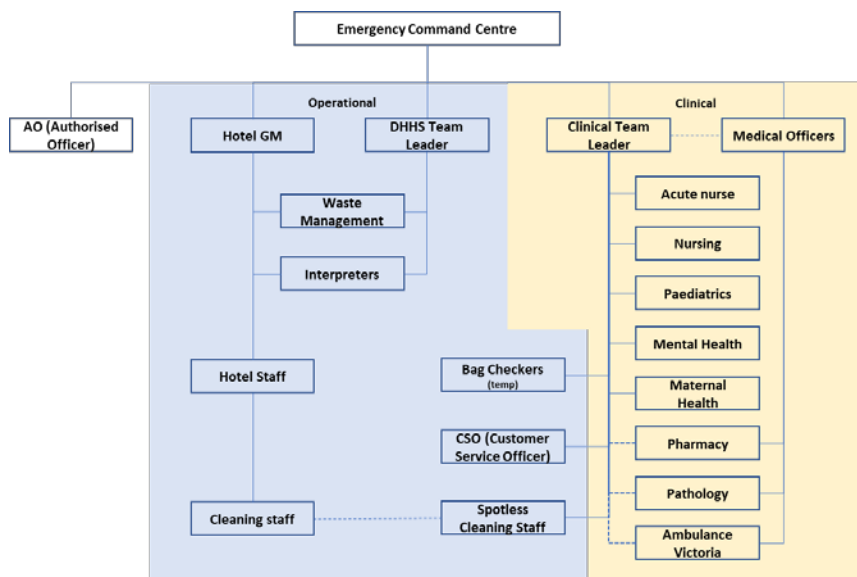
6.9.   **Escalation**

Clinical and operational issues will be escalated to, and predominately managed by the site Clinical Manager and HSS Director of Operations.

If a passengers clinical condition deteriorates such that (in AH's opinion) the passenger requires external medical treatment, (including admission to Hospital), AH will consult with DHHS and other stakeholders regarding safe passenger transfer. AH Clinical Team Leader will hand over all relevant clinical and COVID quarantine related information to the receiving organisation e.g. Ambulance Victoria or Hospital

6.10.   **Risk Management**

Clinical and non clinical staff engaged by Alfred Health will utilise the Riskman platform to document and escalate all incidents and identified risks.

Incidents are documented daily with escalation of serious incidents (ISR1/ISR2 or incidents requiring DHHS intervention) to DHHS nominated contact via Riskman report. Significant or urgent incidents will be escalated immediately via the established HSS governance framework (**Schedule 9**). Provision of a weekly Risk summary report comprising all risks by severity and site (as produced from Riskman).

All risks and incidents reported involving personnel for which AH is responsible for, will be screened and investigated (if required) by AH Clinical Governance Unit with the input of HSS clinicians as appropriate. Any recommendations that result from these reviews will be discussed with a nominated contact within DHHS Operation Soteria prior to implementation.

AH will maintain an active Risk Register in relation to HSS Operations. Additionally, risks unique to each site will be added to this Register with mitigation strategies implemented and discussed with DHHS as necessary.

Passenger complaints will be directed to DHHS Team Leader onsite for documentation, delegation or escalation.

7.   Scalability

Due to the changing and unpredictable environment of COVID-19, there is a potential need for Alfred Health to scale services up and down based on demand. This includes scaling up and down the number of hotels required for quarantine and potentially the types of services required to be provided at those hotels and the types of returned travellers (e.g. International students). In all instances, early and clear communication from DHHS to AH regarding potential service changes is required to ensure service delivery and reasonable expenditure management.

Alfred Health expects to be able to meet foreseeable surges in passenger number and guest acuity provided ~~we receive~~ at least a minimum of 24 hours' notice is provided.

7.1.   **Transition Expectations**

AH in consultation with DHHS will consider the feasibility of extended service provision for any identified needs such as Pharmaceutical, Allied Health and Pathology service provision.

7.2. Any further expansion of Hotel Support Services provision, including the addition of any new Hotel sites will require early consultation and negotiation between DHHS and AH. Should new roles and services be implemented at Hotels, AH must update **Schedule 3 Implementation Plan** confirm which dates the services commence at each hotel. **Schedule 3** should be agreed and updated as new services go live by hotel or as agreed between AH and DHHS.

8. Operational Costing

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> ACTION: DHHS to review and confirm

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9. Use of subcontractors

9.1. AH will inform DHHS which subcontractors are conducting the whole or any part of the Services.

9.2. AH will be responsible for managing any 3rd parties and/or subcontractors engaged to conduct any part of the Services, AH remains fully responsible for delivering the services as outlined in the MoU and DHHS must approve the use of sub-contractors.

9.3. **Cleaning & Security**

As AHs contracted provider of security and cleaning, Spotless is fully aware of its responsibilities in this service provision and has experience in managing infection control environments. In line with standard operations, Spotless service provision will continue to be governed and monitored by AH including implementation of required cleaning audits and PPE compliance reviews. Spotless will utilise its own staff wherever possible and agrees to limit use of sub contracted staff. Unavoidable short term workforce gaps will be filled by subcontracted staff with suitable experience. Spotless will escalate any issues via AH structures and any external feedback regarding Spotless performance should be directed to, and will be managed by, AH Site Team Leader in the initial instance.

9.4. **Nursing**

Strong nursing leadership and consistent staffing is an important component of maintaining the required high standard of governance. Experienced AH Clinicians will be rostered into the Clinical Manager and Team Leader roles with strong efforts made for consistent staff amongst other clinical roles. Use of Agency staff will be limited, with any unavoidable workforce gaps filled by Agency staff with suitable experience & qualifications. At all times Agency staff will be under the supervision and governance of Alfred Health

9.5. **Infection Prevention (IP) Consultants**

Infection Prevention is now the responsibility of AH at all HSS sites and it is an expectation that all AH staff on site must comply with agreed IP procedures. AH has adopted a site based IP Clinical Nurse Consultant approach with planned flexibility that allows teams to provide intensive set up, regular review and on-call site support as needed. Specialised consultants will be employed via HealthCare Australia who have significant experience in NSW Quarantine Operations. All Infection Prevention intervention will however continue to be overseen by Alfred Health.

It is recognised that staff from other public Agencies involved in Operation Soteria have their own organisational IP and employee PPE guidelines. AH will advise staff from other Agencies (eg Corrections Victoria, Victoria Police, DHHS, Hotel staff) in relevant IP procedures on each site, however AH is not able to be responsible for non AH staff compliance or reporting of their compliance. It is noted that in some instances, the recommended procedures advised by AH for IP and PPE will exceed those standards normally employed by the relevant Agencies.

9.6. **Mental Health**

AH is providing an onsite mental health clinician role within the Health Hotels, with confirmation of the service model for the remaining 14 sites yet to be agreed. It is expected that the model will replicate a consultant liaison service with daily phone assessments, 24hr escalation and onsite intervention as required

9.7. **Medical Services**

AH does not currently oversee the provision of Medical services however agrees to consider assuming responsibility for this aspect of clinical care. AH agrees to investigate partnering with medical service providers to ensure that the established model of ~~remote~~ passenger ~~consultations~~ care is maintained. This may include a change in medical service provider however AH will discuss and agree with DHHS any change in service provision prior to implementation.

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10. Financial management

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Schedule 1: Hotel Support Services Sites

HSS Site Type	HSS Location	Comments
Health Hotel (COVID-19 Positive site)	• Brady Hotel • Grand Chancellor	
Standard Quarantine Hotel	• Novotel Collins • Novotel South Warf • Mercure Welcome • Pullman • Marriot • Crown Promenade • Crown Metropol • Pan Pacific • Rydges Swanston • Stamford Plaza • Four Points • Holiday Inn Flinders Lane • Holiday Inn Airport • Park Royal Airport	*Sites may not be all operational simultaneously and are opened and closed as directed by DHHS*

Schedule 2: Roles and Responsibilities

Alfred Health

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Alfred Health						
Clinical Team Leader (all sites)	- Supports the DHHS Team Leader onsite to meet operational requirements as outlined in Table 3 - Responsible for making and documenting clinical decisions - Coordinates clinical nursing and alternate workforce onsite - Provide support to Non clinical workforce in collaboration with Spotless Team Leader - Escalates all relevant issues or actions to Clinical Manager or DHHS Team Leader as required - Leads daily operationalisation of infection prevention measures across site (AH and non AH staff) - Day to day oversight and management of clinical team - Oversight of clinical activities, including testing - Oversight and management of referrals to allied health and emergency departments - Assists guests to access virtual/telehealth - Clinical governance advice, including infection control compliance monitoring and management across staff, including bump-in and bump-out readiness assessments s - Works with Hotel Team Lead to address Clinical and Operational Issues and document outcomes/resolutions - Escalation of Mental Health	RN ANUM or Senior RN Allied Health Practitioner	Yes	Yes	24/7	AH

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Acute care nursing Health Hotels only Senior RN (Health Hotels only)	• Responds to guests' clinical needs • Complete clinical assessments throughout quarantine period • Completes health screening forms • Escalates clinical concerns • Documents all care on electronic record	RN	Yes	Yes	24/7	AH
Onsite nursing staff	• Completes clinical assessments required and medical screening and responds to guests clinical needs • Provision of over the counter pharmaceuticals and checking of passenger personal script medication upon delivery • Undertake daily health and welfare checks • Preparation, training and logistics for COVID-19 screening (Day 3 and Day 11) • Attend to other pathology request as required • Completes clinical activities as directed by clinical team lead and medical officer • Completes welfare surveys (day 3 and day 9) in conjunction with mental health team • Assists in escalating clinical issues • Supports guests in transport to hospital as required	RN EN	Yes	Yes	24/7	AH / Agency Pending full model transition in Quarantine Hotels
Alternative health workers	• Attends to guest needs, as directed by Registered Nurse/Team Leader • Responds to guests' general needs • Completes activities as directed by clinical team lead • Supports arrivals and room allocation – support with moving of luggage. • Support swabbing on days 3 and 11 • Support departures from hotel • Support security, hotel and clinical staff in guest requirements.	AIN AHA	Yes	Yes	27/7	AH / Agency

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Paediatric nursing staff NOTE: Full rollout model yet to be agreed and implemented	• Supports clinical teams and passengers under 18 years (and families) as required • Responds to paediatric guest needs • Completes clinical activities as directed by clinical team lead • Refers to maternal and child health services (with oversight from Clinical Team Lead and medical Officer)	RN	Yes	Yes	To be determined	AH Pending full model transition
Mental health nursing staff NOTE: Full rollout model yet to be agreed and implemented	• Provides direct and indirect assessment and intervention for passengers experiencing mental health challenges • Provides specialist consultation and assistance to clinical teams. • Responds to mental health guest needs • Completes clinical activities as directed by clinical team lead and medical officer • Refers to mental health service (NWMH) (with oversight from Clinical Team Lead) • Proactively supports guests in self-management and preventative mental health care • Escalates clinical concerns and liaises with appropriate mental health services and Victoria Police as required • Supports guests through smoking cessation and other drug and alcohol concerns during quarantine	RN or Allied Health Practitioner	Yes	Yes	24/7 (on call overnight)	AH Pending full model transition
Medical Staff NOTE: Full rollout model yet to be agreed and implemented	• Review guest health needs • Repeat prescriptions • Order appropriate pathology and other diagnostics as clinically indicated • Guest medical review as required • Support clinical staff with appropriate care and clinical escalation • Available onsite or via telehealth	AHPRA	Yes	To be confirmed	24/7 (To be confirmed)	AH Pending full model transition

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Customer service officers	- Provide support and supervision (escort during fresh air breaks) to passengers Delivery of care packages to Passengers floors - Fresh air breaks (this would be in partnership with the security workforce and dependent on guest/individual need) - Arrivals and room allocation – support with moving of luggage - Delivering parcels and food to rooms - Health screening questionnaire on arrival - Support swabbing on days 3 and 11 - Departures from hotel - Support security, hotel and clinical staff in guest requirements.	PPE Training	No	Yes	8am to 8pm Daily	Spotless managed by AH
Cleaning staff	Clinical cleaning of communal areas and vacated passenger rooms refer Schedule 7	PPE Training Specific local training	No	Yes	24/7	Spotless managed by AH
Spotless Team Leader	Provides site overview of Spotless cleaning & security staff in collaboration with Clinical Manager and Clinical Team Leader.	Not Applicable	No	To be confirmed	To be confirmed	Spotless managed by AH
Security (Bag Screening)	Receive (and inspect where appropriate) passengers delivered Care Packages (time limited task)	Not Applicable	No	Yes	0800-1800	Spotless managed by AH

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Clinical Manager	• Key communication & escalation lead onsite (cluster of sites). • Liaises with AH Operational Leadership team. Refer Schedule 9 • Provides daily handover to out of hours escalation team • Ensures compliance to IP, risk and other clinical standards • Reviews of infection prevention and control compliance across sites • Delivery and management of infection control and clinical education across all hotel staff • Support the management of staffing profile across hotels to minimise rotation and infection risk	Nurse Manager or Allied Health Manager	Not Applicable	Yes	0800-1700 with on call support overnight	AH
Infection Prevention Consultants (roving team)	**Onsite review** • Physical distancing compliance and layout, cleaning, PPE review, waste management plan, hand hygiene facilities, workflows (clinical and office based) including checklists and logs and auditing **Education** • Ensure AH Clinical Team Leader is equipped for daily operational coaching role • Education of clinical/non-clinical workforce **Contact tracing** • Relating to AH staff – active involvement under the governance of the DHHS Contact Tracing Team	CNC or RN IP experience & qualification in IP or Public health	Not Applicable	Yes	0800-1630 M-F, oncall weekends and afterhours	AH
Clinical Operational Management	• Clinical Governance • Workforce management • Risk Management • Expenditure Management & Cost control • Clinical reporting		Not Applicable	Not Applicable	0800 – 1800 M – F, on call weekends and after hours	AH

Commented [SS20]: NOTE: Awaiting advice from ███ re scope of responsibility

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Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Workforce / Allocations Lead & team	• Rostering and timesheet management • Remuneration and allowance management • Workforce and allocation management • Allocation of staff • Manage staffing profile across hotels to minimise rotation and infection risk • Request CWMS access for new staff	Not Applicable	Not Applicable	Yes	0700 -2100	AH
PPE supply	• Coordinate central management and dispatch of PPE to quarantine hotels • Monitor stock usage and work with clinical team lead if there are inconsistencies across sites	Not Applicable	Not Applicable	Not Applicable	Not Applicable	See schedule 8

Other Parties

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Other Parties						

Commented [SS21]: QUERY: Is this an actual DHHS role/person or is this done by one of the roles already listed?

Commented [FM22]: NOTE: Not a role but given we link this to schedule 8 I think its OK

Commented [FM23]: ACTION – DHHS to review schedule 8

Commented [SS24]: Can we please move this PPE section down to the next table as we are proposing that PPE supply is not AH responsibility (in line with schedule 8)

Commented [FM25]: ACTION: DHHS to review and confirm TBC's and Not Applicable

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Hotel Team Lead	• Complete Bump-in and bump-out checklists and report to command on readiness of hotel • Day to day management of hotel quarantine operations • Incident reporting and management, compliant resolution • Hold daily briefings and hand overs • Logistics and stock management, including PPE • Passenger data management • Passenger food safety management • Management of fresh air policy • Reporting • Monitoring of training attendance and compliance across the hotel • Oversee waste management • Coordinates passenger transport between hotels, hospital and community • Responsible for making and documenting operational decisions om conjunction with the medical officer • Works with Clinical Team Lead to address Clinical and Operational Issues and document outcomes/resolutions • Contributes to case management and planning for complex guests at weekly grand round – multidisciplinary meeting • Discharge planning for guests who have had episodes of care and need community support when leaving quarantine • Liaise with mental health team • Ensures good clinical governance is in place • Responds to passenger complaints • Assists in relevant incidents as escalated by Alfred Health • Documents all care on electronic record	Not Applicable	Yes	To be confirmed	24/7	DHHS
Hotel Cleaning staff	• Standard hotel floor and surface cleaning in communal areas including toilets and rest zones refer Schedule 7 • Standard housekeeping and room cleaning post guest departure (non COVID positive guests) • Set up of rooms pre guest arrival	PPE Specific local training	No	To be confirmed	Various	Individual Hotels

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Hotel Services	• Coordinate and provide food services • Coordinate and provide hotel maintenance services • Assist with luggage movement, parcel delivery (maintaining 1.5m distance) • Provision of cleaning equipment to be used by cleaning staff	Not Applicable	No	To be confirmed	24/7	Individual Hotels

Authorised officers	• Delegated powers under *Public Health and Wellbeing Act* 2008, including
	  o Completing Direction & Determination Notice
	  o Explain orders
	  o Authorise Victoria Police to detain / arrest people refusing to comply
	  o Grant temporary leave to individuals
	• Provides advice and directives in relation to the CHO's directions
		Not Applicable	To be confirmed	To be confirmed	24/7	DHHS

Residential Service Officer (RSO)	• Day to day oversight and management of security team • Tracking and monitoring of any security issues • Escalation of Security Issues • Maintain and updating security standard operating procedures in consultation with others • RSO staff will be provided with sanitising wipes to clean their own personal equipment • RSO officers to have access to hand sanitiser on every floor (not just sitting on a chair outside of lift) • RSO staff will be provided with sanitising wipes to clean their own personal equipment prior to going home at end of day if they wish – in the staff break out room. • Access to masks from health care team before that interaction occurs – or each floor is provided with masks for RSO to be provided with in event that is required.	Cert III	To be confirmed	To be confirmed	24/7	Corrections Victoria
CART	• Manage escalated welfare issues of passengers	Not Applicable	To be confirmed	To be confirmed	24/7	DHHS
Pharmacy	• Management of prescriptions issued by hotel quarantine medical staff and other medical professionals • Provision of pharmacy supply across all sites • Central pharmacy Stock management	AHPRA registration	No	To be confirmed	24/7	Private scripts from contracted pharmacies

Commented [SS26]: Given we don't go in to any other roles specifics IP/PPE, do we need to dictate it here, especially given this MoU is not between Corrections Vic and AH?

Commented [FM27]: QUERY DHHS: Have left this in for the moment as DHHS provided this wording. DHHS to confirm.

Role	Description	Minimum Qualifications	Working with Children Check Required	Police Check	Hours of operation	Provider(s)
Pathology	• Coordination and completion of pathology screening of COVID-19 and other pathology tests ordered in quarantine • Provides outcomes back to Clinical Team Lead / Medical Lead	AHPRA registration	No	To be confirmed	24/7	DHHS
Clinical waste and sharps	• ~~The collection of clinical waste bins and sharps containers will be undertaken by contractors and coordinated by DHHS~~ • ~~Clinical waste bins and sharps containers must be placed by AH staff at the loading dock / bin collection point for contractors.~~ • ~~Clinical Waste collection schedule will be determined and agreed for each site based on passenger numbers and volume of PPE in use.~~	Not Applicable	No	To be confirmed	TBC	DHHS Contracted
Operational Management Lead & team	• Capacity planning • Staffing management • Logistics coordination and management • Contract management • Transport coordination and management • Facilitating new AH staff access to CWMS within 24hrs of notification to DHHSOpSoteriaeoc@dhhs.vic.gov.au	Not Applicable	No	To be confirmed	24/7	DHHS

Commented [SS28]: This is not a role per say and is covered by Schedule 7, point 5

Commented [FM29]: QUERY DHHS: Have left this in for the moment as DHHS provided this wording and may help them re responsibilities across the service. DHHS to confirm.

Schedule 3: Implementation Plan

Phase 1 – Brady's Hotel

Hotel roles and shared services provided at Brady's hotel based on the commencement dates in the table below:

Hotels	Hotel								Shared Services			
	Clinical Team Lead	Acute nursing care	Onsite nursing staff	Alternative health workers	Mental health nursing staff	Medical Staff	Cleaning staff	Security	Infection Prevention Consultants	Maternal and Child Health	Workforce / Allocations Lead & team	Medical Practitioner
Brady's	1-Jul	16-Jun	16-Jun	16-Jun	29 Jun	16-Jun	16-Jun	19-Jun	16-Jun	TBC	16 Jun	TBC

Phase 2 – Brady's Hotel and Leadership Roll Out

Phase 1 hotel roles and shared services plus roles and services outlined on the commencement dates outlined in the table below:

Hotels	Hotel			Shared Services			
	Clinical Team Lead	Customer service officers	Cleaning staff	Infection Prevention Consultants	Maternal and Child Health	Workforce / Allocations Lead & team	Medical Practitioner
Rydges on Swanston	1st July	1st July	1st July	1st July	TBC	1st July	TBC
Mercure Welcome Melbourne	1st July	1st July	1st July	1st July	TBC	1st July	TBC
Pullman	6th July	6th July	2nd July	1st July	TBC	1st July	TBC
Grand Chancellor	6th July	6th July	2nd July	1st July	TBC	1st July	TBC
Four Points	6th July	6th July	2nd July	1st July	TBC	1st July	TBC
Stamford Plaza	8th July	8th July	8th July	1st July	TBC	1st July	TBC
Crown Metropol	8th July	8th July	8th July	1st July	TBC	1st July	TBC
Crown Promenade	8th July	8th July	8th July	1st July	TBC	1st July	TBC
Marriot	13th July	13th July	13th July	1st July	TBC	1st July	TBC
Holiday Inn Flinders Lane	13th July	13th July	13th July	1st July	TBC	1st July	TBC
Holiday Inn Melbourne Airport	13th July	13th July	13th July	1st July	TBC	1st July	TBC
Parkroyal Melbourne Airport	13th July	13th July	13th July	1st July	TBC	1st July	TBC
Pan Pacific	13th July	13th July	13th July	1st July	TBC	1st July	TBC

Phase 3 – Fully Operational Model

Phase 1 and 2 of hotel roles and shared services plus roles and services outlined on the commencement dates outlined in the table below:
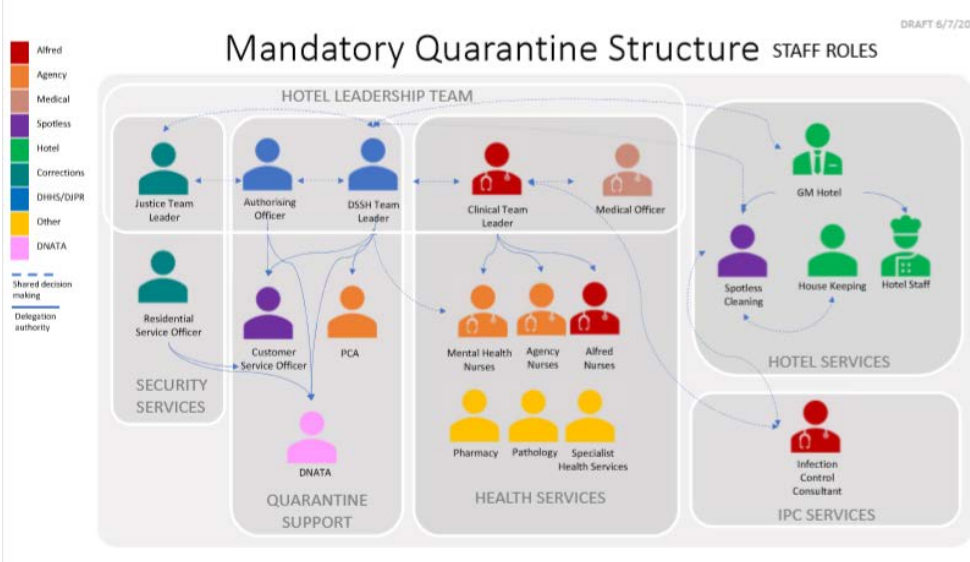
Hotels	Hotel	
	Onsite nursing staff	Mental health clinicians
Rydges on Swanston	TBC	TBC
Mercure Welcome Melbourne	TBC	TBC
Pullman	TBC	TBC
Grand Chancellor	TBC	TBC
Four Points	TBC	TBC
Stamford Plaza	TBC	TBC
Crown Metropol	TBC	TBC
Crown Promenade	TBC	TBC
Marriot	TBC	TBC
Holiday Inn Flinders Lane	TBC	TBC
Holiday Inn Melbourne Airport	TBC	TBC
Parkroyal Melbourne Airport	TBC	TBC
Pan Pacific	TBC	TBC

Phase 4 – Fully Operational Model

Note – this is a placeholder to be completed as the model develops

Schedule 4: **Quarantine Structure**

This diagram outlines the Quarantine Structure and responsibilities.

Mandatory Quarantine Structure STAFF ROLES

Mandatory Quarantine Structure

Schedule 5 Alfred Health Hotel Support Services Workforce Summary

Health Hotel (COVID-19 Positive)					
Role	AM	PM	ND	Coverage days	Coverage hours
Clinical Manager		1		5 (plus on call)	0800-1630
Clinical Team Leader	1	1		7	0700-2130
General RN/EN	3	3	2	7	24 hr
Alternate Healthcare Worker	2	2	1	7	24 hr
Mental Health Clinicians	1	1			1000-2200
Spotless Manager		1		5	0800-1630
Spotless Team Leader	1	1		7	0700-2100
Cleaning	5	5	1	7	24 hr
Customer Service Officers	2	2	1	7	24 hr
Security Bag Screening	2	2		7	24hr

Quarantine Hotel <200 guests (small)					
Role	AM	PM	ND	Coverage days	Coverage hours
Clinical Manager (multi sites)		1		5 (plus on call)	0800-1630
Clinical Team Leader	1	1	1	7	24hr
General RN/EN	3	3	2	7	24hr
Alternate Healthcare Worker	3	3	2	7	24hr
Mental Health Clinicians	to be confirmed				
Spotless Manager		1		5	0800-1630
Spotless Team Leader	1	1		7	0730-1800
Cleaning	4	4	2	7	24 hr
Customer Service Officers	2	2	2	7	24 hr
Security Bag Screening	2	2	2	7	24 hr

Quarantine Hotel >200 guests (large)					
Role	AM	PM	ND	Coverage days	Coverage hours
Clinical Manager (multi sites)		1		5 (plus on call)	0800-1630
Clinical Team Leader	1	1	1	7	24hr
General RN/EN	4	4	3	7	24hr
Alternate Healthcare Worker	4	4	3	7	24hr
Mental Health Clinicians	to be confirmed				
Spotless Manager		1		5	0800-1630
Spotless Team Leader	1	1		7	0730-1800
Cleaning	6	6	3	7	24hr
Customer Service Officers	2	2	2	7	24hr
Security Bag Screening	2	2	2	7	24hr

HSS Support					
Role	AM	PM	ND	Coverage days	Coverage hours
Infection Prevention Lead		1		5 (on call)	0800-1630
Infection Prevention Consultant (all sites)		5		5 (flexible days)	flexible
HSS Administration Officer	1			5	0800-1630

Surge Team (arrival, departure and testing days - mix of below dependant on passenger volume)
Role
General RN/EN
Alternate Healthcare Worker
Cleaning
Customer Service Officers

HSS Operational Management
Role
Director HSS Operations
Project Support Services
Spotless HSS Operations Manager
Workforce Allocations Lead
Workforce Allocations staff

Schedule 6: Alfred Health Hotel Support Service Indicative Costing Per Hotel Type

AlfredHealth - Hotel Support Service Jul-■

The above Total Monthly Costs indicate the **estimated cost per type of hotel**, per month. Actual costs may vary.

Schedule 7: Cleaning and Waste Management Responsibilities

Refer to Operation Soteria Quarantine Hotel Cleaning Procedure Document v 2.1, & Spotless HSS Work Instructions for cleaning task detail

|	Task	Alfred Health (Spotless) Responsibility	Hotel/Other Responsibility
1	**Communal Areas** All HSS sites	Cleaning of high touch points only within lobby's, elevators, HSS staff toilets, change rooms, HSS office, staff meal preparation areas, staff rest areas, passenger corridors and other Hotel communal areas	Standard hotel floor and surface cleaning in communal areas including toilets and rest zones. Cleaning in Hotel food preparation zone and non passenger or HSS zones (eg Loading docks and linen zones)
2	**Health Hotel Passenger Rooms** (COVID Positive)	Pathogen clean post departure including removal of soiled linen and other disposable items Interim clean during occupancy in case of urgent requirement (eg significant spill or clinical incident.	Set up of rooms, including linen & general housekeeping prior to new passenger arrival
3	**Standard Quarantine Hotel Passenger Rooms** (non COVID)	No responsibilities in non COVID passenger vacated rooms	Standard hotel clean and linen removal post non COVID-19 passenger departure Set up of rooms, including linen & general housekeeping prior to new passenger arrival
4	**Outbreak Pathogen Clean Standard Quarantine Hotel**	Exit Pathogen clean post transfer of known or suspected COVID Positive passengers within Quarantine Hotel	Set up of rooms, including linen & general housekeeping prior to new passenger arrival
5	**Clinical Waste** All sites	Removal of clinical waste from communal areas and passenger zones. Delivery to agreed collection zone within Hotel site and replacement of receptacle	DHHS contracted removal of Clinical Waste from agreed Hotel collection point at agreed intervals and times. DHHS supply of additional 10 replacement bins at all sites to ensure adequate supply at all times
6	**Non-Clinical Waste**	Removal & transport of non clinical waste (eg food/rubbish) from Health Hotel and/or Positive passengers corridors to designated areas	Removal and transport of non-clinical waste (eg food/rubbish) from Quarantine Hotel passenger corridors (non COVID) and other communal & staff locations to designated areas. Replacement of receptacles
7	**Document Security Management**	No responsibilities	Removal and replacement of secure document control bins as required
8	**Linen**	Bagging and transportation of soiled linen from Health Hotel passengers or other confirmed COVID Positive rooms only	Removal of linen from Quarantine Hotel passenger rooms (non COVID) & other hotel locations (eg change rooms, kitchenettes). Cleaning of all soiled linen Supply of all required fresh linen
9	**Crockery/Cutlery**	Removal of used crockery/cutlery from Health Hotel or passenger rooms/corridors and delivery to agreed location	Removal of used crockery/cutlery from Quarantine Hotel Passenger rooms/corridors Cleaning of all HSS crockery & cutlery

Schedule 8: Equipment Provisions

	Item to be Supplied	Alfred Health Responsibility	DHHS/Hotel Responsibility
1	PPE Trolleys, masks, goggles/face shields, gowns, gloves for clinical and non clinical staff as required		✓ DHHS
2	Clinical consumables Hand hygiene supplies, minor wound dressing, over the counter medications etc		✓ DHHS
3	Clinical scrubs For use by clinical and cleaning staff		✓ DHHS supply disposable scrubs for those staff without personal scrubs
4	Computers (Laptops or PCs)	✓ For Alfred Health Communication and risk/incident documentation	✓ DHHS supply for passenger documentation as required by DHHS
5	Clinical Equipment		✓ DHHS
6	Telehealth equipment	✓ For use with passengers unable to use own devices	
7	Telephones	✓ For communication to AH staff and contractors	✓ DHHS supply for communication with passengers, DHHS and Hotel site staff
8	Cleaning Equipment	Supply portable equipment and cleaning supplies required for assigned tasks (Appendix 2)	Hotel supply portable equipment and cleaning supplies required for assigned tasks (Appendix 2)
10	Staff linen Towels, tea towels		✓ Hotel

Schedule 9: Alfred Health HSS Operational Governance Structure

Alfred Health has established governance structures and escalation processes to oversee all aspects of its involvement in HSS. This includes the provision of clinical and operational oversight and 24 hr escalation points for all issues.

Onsite, Alfred Health Team Leaders actively participate in the twice daily team huddles (led by DHHS Team Leader) and ensure attendance of relevant Alfred Health stakeholders
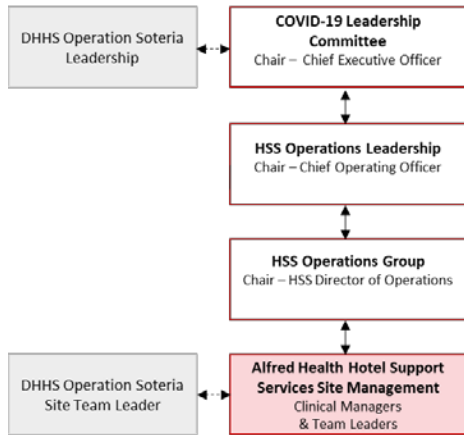
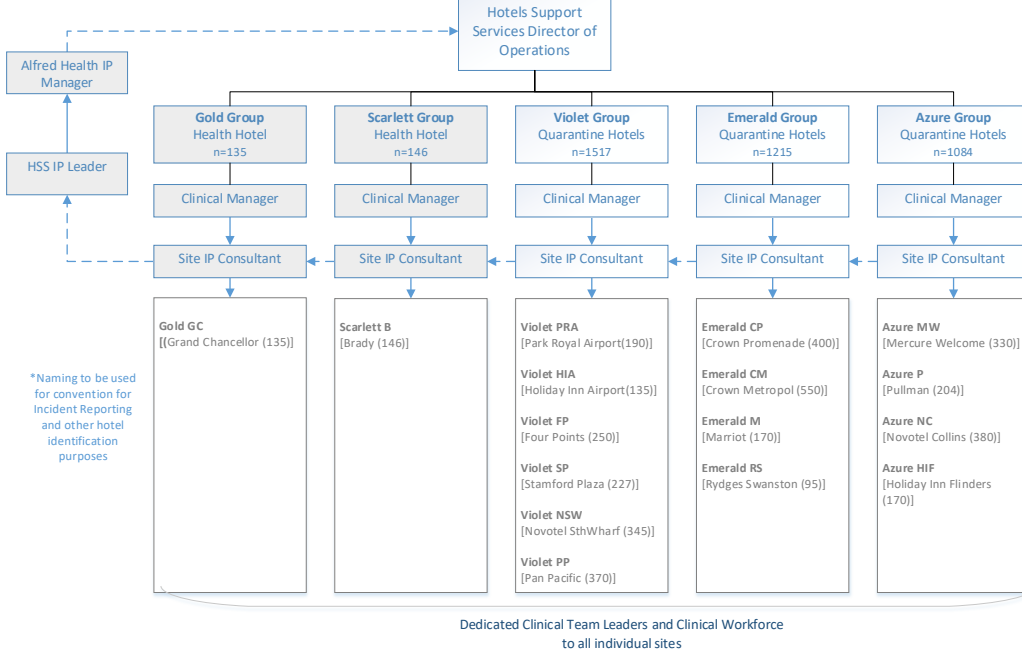**Schedule 10: DHHS HSS Operational Governance Structure**

> **Commented [FM32]:** ACTION: DHHS to provide a Governance Structure Diagram to provide AH with clarity

<<Insert DHHS Operational Governance Structure>>

Schedule 11: AH Operations Site Structure

**Hotel Support Services
Operations Site Structure**

AlfredHealth

Hotels Support Services Director of Operations

Alfred Health IP Manager

HSS IP Leader

Gold Group Health Hotel n=135	**Scarlett Group** Health Hotel n=146	**Violet Group** Quarantine Hotels n=1517	**Emerald Group** Quarantine Hotels n=1215	**Azure Group** Quarantine Hotels n=1084
Clinical Manager	Clinical Manager	Clinical Manager	Clinical Manager	Clinical Manager
Site IP Consultant	Site IP Consultant	Site IP Consultant	Site IP Consultant	Site IP Consultant

Gold GC
[(Grand Chancellor (135)]

Scarlett B
[Brady (146)]

Violet PRA
[Park Royal Airport(190)]

Violet HIA
[Holiday Inn Airport(135)]

Violet FP
[Four Points (250)]

Violet SP
[Stamford Plaza (227)]

Violet NSW
[Novotel SthWharf (345)]

Violet PP
[Pan Pacific (370)]

Emerald CP
[Crown Promenade (400)]

Emerald CM
[Crown Metropol (550)]

Emerald M
[Marriot (170)]

Emerald RS
[Rydges Swanston (95)]

Azure MW
[Mercure Welcome (330)]

Azure P
[Pullman (204)]

Azure NC
[Novotel Collins (380)]

Azure HIF
[Holiday Inn Flinders (170)]

*Naming to be used for convention for Incident Reporting and other hotel identification purposes

Dedicated Clinical Team Leaders and Clinical Workforce to all individual sites

Schedule 12: Assumptions

The costing model is based on the following assumptions:

- Hotel Cleaning Equipment is provided by the Hotel
- DHHS will commit to consulting & communicating with AH at the earliest possible opportunity when services are required to scale up or down
- COVID Positive Hotel is approximately 25-50 guests
- Small COVID Negative Hotel = less than 200 beds
- Large COVID Negative Hotel = more than 200 beds
- Costs are estimated based on AH workforce model and DHHS Hotel site information. Costs may vary as sites are reopened and full workforce model is operationalised, or if service requested by DHHS alters.
- Fixed costs are expected to remain constant and should not significantly alter with the volume of Hotels in operation.