

Referred to nurse: Yes/No

Referred to social worker: Yes/No

Survey completed online: Yes/No

Welfare Check – Initial long form survey – Tuesday 14 April AM version

***Check if they have already had contact from a DHHS employee for a Welfare Check, if yes, proceed to short script, if no, proceed below:**

Date:	
Time:	
Call taker name:	
Passenger location:	Hotel: Room number:
location (room number):	
Confirm passenger name:	
Passenger DOB:	
Contact number:	Mobile: Room:
Interpreter required:	Yes/no Language:

Script

Good morning / afternoon, I'm XXX. Can I confirm who I'm speaking with?

I am working with the Department of Health and Human Services to support people in quarantine following their arrival in Australia, and I'm giving you a call to check on your welfare. We know that this may be a stressful time for you, and our aim is to make sure that you are as comfortable as you can be during this quarantine period.

I am a Victorian Public Servant and any information that you provide to me is subject to privacy legislation.

We will be checking in with you and the people you have been travelling regularly to make sure that you are ok and to find out if you have any health, safety or wellbeing concerns that we can address.

There are 23 questions in total, and it should take only a few minutes to go through these with you. When you answer, we would like to know about you as well as any other occupants in your room.

If you have needs that require additional support, we will connect you with another team who can provide this support.

Introductory questions

1. Are you still in Room XXX at the hotel? Circle YES / NO

2. Are you a lone occupant in your hotel room? Yes/No if No:
 a. Who are your fellow occupants, including your partner or spouse, children or fellow travellers?

Name	Relationship	Age (children/dependents)

3. Have you or your fellow occupants had to leave your room for any reason? If so, what was the reason? YES /NO

Health questions

4. Do you have any allergies (to foods, medication etc)?

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If so, have you had an anaphylactic reaction to your allergy?

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5. Have you had a visit from the nurse today?

Yes / No (circle)

(If yes, they may have answered most questions from 4 to 11 so move through these more quickly. If no, continue as normal through questions 4 to 11).

If yes, can you please provide details and is it being monitored?

If no, have you been visited by a nurse on another day? *(If so, provide details)*

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6. Have you or your fellow occupants had any signs or symptoms of COVID-19, including fever, cough, shortness of breath, chills, body aches, sore throat, headache, runny nose, muscle pain or diarrhoea)?

7. Do you or anyone you are with have any medical conditions that require immediate support?

8. Do you, or anyone in your group (including children) have any immediate health or safety concerns?

9. Do you have any other health issues that require management? (ie smokers requiring nicotine patches)

10. Do you or anyone you are with have enough prescribed medication to last until the end of the quarantine period?

11. Are you keeping up regular handwashing?

--

12. What sort of things help you to live well every day? For example, do you exercise every day, do you eat at the same time every day?

Safety questions

13. Is everything okay with your family or the people you are sharing a room with?

14. Is there anything that is making you feel unsafe?

15. Are there any concerns that you anticipate in relation to your own or other occupant's safety that might become an issue in the coming days?

If the person answers yes to either question 12-14 or the one above, you could say:

- You have identified safety concerns -would you like me to establish a safe word if you require additional support regarding your safety?

If yes...

- The word I am providing is <xxx> (different word for each individual). You can use that word in a conversation with me and I will know that you need immediate support/distance from other occupants in the room or may be feeling a high level of distress.

Where family violence, abuse or acute mental health is identified as an issue refer to specific guidance / escalate for specialist support.

Wellbeing questions

16. How are you and any children or other people that you are with coping at the moment?

17. Do you have any immediate concerns for any children / dependents who are with you?

18. Do you have any additional support needs that are not currently being met, including any access or mobility support requirements?

19. Have you been able to make and maintain contact with your family and friends?

20. What kind of things have you been doing to occupy yourself while you're in isolation, e.g. yoga, reading books, playing games, playing with toys?

21. Have you been able to plan for any care responsibilities that you have in Australia? Can these arrangements be maintained until the end of the quarantine period?

Final

22. What has the hotel’s responsiveness been like? Have you had any trouble getting food, having laundry done, room servicing etc.?

23. Do you have any other needs that we may be able to help you with?

24. Do you have any other concerns?

Has a risk been identified?* yes or no

Have you escalated to the nurse for review?* yes or no

**If yes is triggered for either of these questions then a flag must be highlighted on the AOs daily report where then the AO can investigate further*

REFERRAL Numbers for Helplines (please provide as required)

Lifeline – 13 11 14

Beyond Blue 1300 224 636

Headspace 1800 650 890

Kids Helpline 1800 55 1800

Quitline 13 78 48

End of survey

Thank you for your time today. We will contact you again tomorrow.

Referral

If you need to make a referral due to concern can you please call the **nurse on site** and provide the name, room number and details of your concerns. Do not provide these numbers to the residents themselves

- For any immediate health concerns, please escalate to the nurse at the residents hotel on the listed numbers.

Crown Metropol **REDACTED**

Crown Plaza **REDACTED**

Crown Promenade **REDACTED**

Pan pacific, South Wharf XXX

For any non- immediate health concerns, please ask them to contact their local GP for a telehealth appointment.

For people who don't speak English, please refer to the nurse so they can double check medication needs.

For **Maternal and Child Health Nurse** services contact **REDACTED** | Co-ordinator Family Health | Community Services **REDACTED** – during office hours

If further escalation to medical care or mental health triage or complex care is required please contact the nurses on site

Office use only

1. Referral details

Nurse	
Authorised officer	
Complex Client Specialist	
Other	

2. NOTES:

3. Enter on spreadsheet

- Any referrals or issues
- Short or long survey for the next call contact (short may be by text message so they will need a mobile phone number)
- Safe word documented
- Make note of mobile number or if they don't have one.

Accommodation REOC

From: "Merrin Bamert (DHHS)" REDACTED
To: "Pam Williams (DHHS)" REDACTED
Cc: "Andrea Spiteri (DHHS)" REDACTED "Braedan Hogan (DHHS)"
REDACTED "Meena Naidu (DHHS)" REDACTED
Date: Tue, 07 Apr 2020 18:50:33 +1000

Hi Pam

As discussed, I have talked this through with one of my managers and agree that setting up an 'accommodation cell REOC is a great idea.

This would sit under you and over the top of an 'IMT' at each Hotel so local team leader and staff.

The REOC could run 8am – 8pm with after-hours support via phone for escalation

Roles would include

- Commander - needs to link to Meena's team for AO role and coordination and management of detention
- Deputy commander
- Health coordinator -support escalation and talking through complex cases – hospital transfer etc
- Planning (roster, sitrep)
- Logistics (PPE, notes)
- Operation (briefing of team leader, deployment)

You would take these people offline for 2-3 months, 3 people per role on rotating rosters or ?5 days rosters maybe working in line with the SEMC roster cell.

Just some thoughts

Happy to discuss further or do some more work on this tomorrow,

Also happy to be the mobile on for support for the teams tomorrow till we are more established

Kind regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

RE: Accommodation REOC

From: "Merrin Bamert (DHHS)" REDACTED
To: "Pam Williams (DHHS)" REDACTED
Cc: "Andrea Spiteri (DHHS)" REDACTED, "Braedan Hogan (DHHS)" REDACTED, "Meena Naidu (DHHS)" REDACTED, "StateEmergencyManagementCentre SEMC (DHHS)" REDACTED, <semc@health.vic.gov.au> "Michael Mefflin (DHHS)" REDACTED, "Melody Bush (DHHS)" REDACTED
Date: Fri, 10 Apr 2020 15:47:20 +1000

Hi all

I have been at the hotels today and have met with many distressed staff about the on the ground issues and communication they understand things are moving and escalating all the time but for them they are anxious and feeling like they require further up to date information and a check in with them on issues.

REDA and I have meet with RED and REDA to develop a quick handover cheat sheet to go with the roster email for each team and other work will continue to be developed

In the meantime it is obvious there is a real need for a specific accommodation REOC, I have spoken to Braedan today and Felicia Mecallef and I have agreed to meet tomorrow in our Dandenong office and develop a full REOC structure with roles and responsibilities.

We will forward the draft for this to all during the day for input /approval.

Each hotel would run like an IMC and REDA will talk to a couple of EM staff this afternoon to clarify DHHS team leader roles (those will experience this week) and I have asked Meena to forward any documentation on AO roles.

Regards
Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: Merrin Bamert (DHHS)
Sent: Thursday, 9 April 2020 3:00 PM
To: Pam Williams (DHHS) REDACTED
Cc: Andrea Spiteri (DHHS) REDACTED, Braedan Hogan (DHHS) REDACTED, Meena Naidu (DHHS) REDACTED, StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Michael Mefflin (DHHS) REDACTED, Melody Bush (DHHS) REDACTED
Subject: RE: Accommodation REOC

Hi all

Further to my email I have used our divisions operation plan and rewritten a REOC overview for this operation from airport to hotel and exit.

This is a rough document for your information and review.

If you are happy I can work with Michael to continue to thrash this out.

As discussed with Braedan this would be housed in Fitzroy with ability to for some virtual roles as required,

Thanks

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: Merrin Bamert (DHHS)

Sent: Tuesday, 7 April 2020 6:50 PM

To: Pam Williams (DHHS) REDACTED

Cc: Andrea Spiteri (DHHS) REDACTED Braedan Hogan (DHHS)

REDACTED Meena Naidu (DHHS) REDACTED

Subject: Accommodation REOC

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Merrin Bamert

Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

REDACTED

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages

Interim guidance

6 April 2020



Background

This document summarizes WHO's recommendations for the rational use of personal protective equipment (PPE) in health care and home care settings, as well as during the handling of cargo; it also assesses the current disruption of the global supply chain and considerations for decision making during severe shortages of PPE.

This document does not include recommendations for members of the general community. See here: for more information about [WHO advice of use of masks in the general community](#).

In this context, PPE includes gloves, medical/surgical face masks - hereafter referred to as "medical masks", goggles, face shield, and gowns, as well as items for specific procedures - filtering facepiece respirators (i.e. N95 or FFP2 or FFP3 standard or equivalent) - hereafter referred to as "respirators" - and aprons. This document is intended for those involved in distributing and managing PPE, as well as public health authorities and individuals in health care and home care settings involved in decisions about PPE use and prioritization; it provides information about when PPE use is most appropriate, including in the context of cargo handling.

This document has been updated to address key considerations for decision making processes during severe shortages of PPE.

Preventive measures for COVID-19 disease

Based on current evidence, the COVID-19 virus is transmitted between people through close contact and droplets. Airborne transmission may occur during aerosol-generating procedures and support treatments (e.g. tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy)¹; thus, WHO recommends airborne precautions for these procedures.

For all, the most effective preventive measures include:

- maintaining physical distance (a minimum of 1 metre) from other individuals;
- performing hand hygiene frequently with an alcohol-based hand rub if available and if your hands are not visibly dirty or with soap and water if hands are dirty;

- avoiding touching your eyes, nose, and mouth;
- practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;
- wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;
- routine cleaning and disinfection of environmental and other frequently touched surfaces.

In health care settings, the main infection prevention and control (IPC) strategies to prevent or limit COVID-19 transmission include the following:²

1. ensuring triage, early recognition, and source control (isolating suspected and confirmed COVID-19 patients);
2. applying standard precautions³ for all patients and including diligent hand hygiene;
3. implementing empiric additional precautions (droplet and contact and, wherever applicable for aerosol-generating procedures and support treatments, airborne precautions) for suspected and confirmed cases of COVID-19;
4. implementing administrative controls;
5. using environmental and engineering controls.⁴

Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions to be used, as a minimum, in the care of all patients.

Additional transmission-based precautions are required by health care workers to protect themselves and prevent transmission in the health care setting. Contact and droplets precautions should be implemented by health workers caring for patients with COVID-19 at all times. Airborne precautions should be applied for aerosol-generating procedures and support treatments.

Although use of PPE is the most visible control used to prevent the spread of infection, it is only one of the IPC measures and should not be relied on as a primary prevention strategy. In the absence of effective administrative and engineering controls, PPE has limited benefit, as described in WHO's Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care. These controls are summarized here.

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

- **Administrative controls** include ensuring resources for infection prevention and control (IPC) measures, such as appropriate infrastructure, the development of clear IPC policies, facilitated access to laboratory testing, appropriate triage and placement of patients, including separate waiting areas/rooms dedicated to patients with respiratory symptoms, and adequate staff-to-patient ratios, and training of staff. In the case of COVID-19, consideration should be given, wherever possible, to establish differentiated care pathways that minimize mixing of known or suspected COVID-19 patients with other patients (e.g. through separate health facilities, wards, waiting, and triage areas).
- **Environmental and engineering controls** aim at reducing the spread of pathogens and the contamination of surfaces and inanimate objects. They include providing adequate space to allow social distance of at least 1 m to be maintained between patients and health care workers and ensuring the availability of well-ventilated isolation rooms for patients with suspected or confirmed COVID-19, as well as adequate environmental cleaning and disinfection.⁴

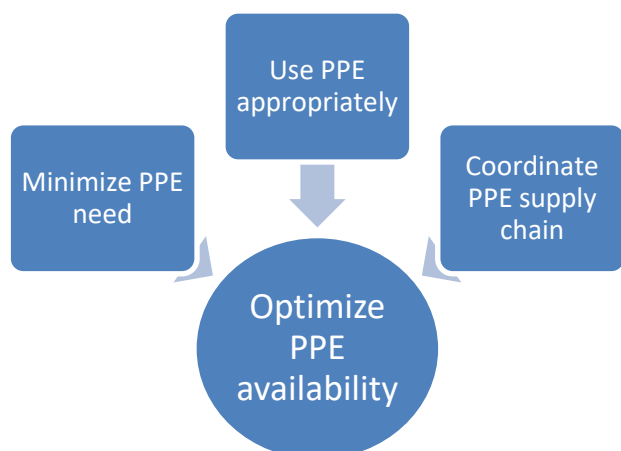
Coveralls, double gloves, or head covers (hood) that cover the head and neck used in the context of filovirus disease outbreaks (e.g. Ebola virus) are not required when managing COVID-19 patients.

Recommendations for optimizing the availability of PPE

The protection of our frontline health workers is paramount and PPE, including medical masks, respirators, gloves, gowns, and eye protection, must be prioritized for health care workers and others caring for COVID-19 patients.

In view of the global PPE shortage, strategies that can facilitate optimal PPE availability include minimizing the need for PPE in health care settings, ensuring rational and appropriate use of PPE, and coordinating PPE supply chain management mechanisms (Figure 1).

Figure 1. Strategies to optimize the availability of personal protective equipment (PPE)



1. Minimize the need for PPE in health care settings

The following interventions can minimize the use and need for PPE while ensuring that the protection health care workers and others from exposure to the COVID-19 virus in health care settings is not compromised.

- Wherever feasible, use telemedicine and telephone hotlines to initially evaluate suspected cases of COVID-19⁵, thus minimizing the need for these persons to go to health care facilities for evaluation.
- Use physical barriers to reduce exposure to the COVID-19 virus, such as glass or plastic windows. This approach can be implemented in areas of the health care setting where patients will first present, such as triage and screening areas, the registration desk at the emergency department, or at the pharmacy window where medication is collected.
- Postpone elective, non-urgent procedure, and hospitalizations, reduce frequency of visits for chronic patients, apply telemedicine and telephone solutions where possible so that health care workers, wards, and PPE can be redistributed to services in which COVID-19 patients receive care.
- Cohort confirmed COVID-19 patients without co-infection with other transmissible microorganisms in the same room in order to streamline the workflow and facilitate extended use of PPE (see below).
- Designate dedicated health care workers/teams only for COVID-19 patient care so that they can use PPE for longer periods of time (extended use of PPE), if necessary (see considerations section below for details).
- Restrict the number of health care workers from entering the rooms of COVID-19 patients if they are not involved in providing direct care. Streamline the workflow and reduce to a safe level care that requires face-to-face interaction between health worker and patient. To do so, consider bundling activities to minimize the number of times a room is entered (e.g. check vital signs during medication administration or have food delivered by health care workers while they are performing other care) and plan which activities will be performed at the bedside.
- Consider using specific PPE only if in direct close contact with the patient or when touching the environment (e.g. wearing a medical mask and face shield, not using gloves or gown over the scrub suit, if entering the patient's room only to ask questions or make visual checks).
- Visitors should not be allowed to visit confirmed or probable COVID-19 patients, but if strictly necessary, restrict the number of visitors and the time allowed; provide clear instructions about what PPE is required to be used during the visit, about how to put on and remove PPE, and perform hand hygiene to ensure that visitors avoid exposure.

2. Ensure rational and appropriate use of PPE

PPE should be used in combination with administrative and engineering controls. The indications for PPE should be

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

based on the setting, target audience, risk of exposure (e.g. type of activity) and the transmission dynamics of the pathogen (e.g. contact, droplet, or aerosol). The overuse or misuse of PPE will have a further impact on supply shortages. Observing the following recommendations will ensure rational use of PPE:

- The type of PPE used when caring for COVID-19 patients will vary according to the setting, type of personnel, and activity (Table 1).
- Health care workers involved in the direct care of patients should use PPE according to indications (Table 1).
- Specifically, for aerosol-generating procedures and support treatments (tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy)¹ health care workers should use respirators, eye protection, gloves and gowns; aprons should also be used if gowns are not fluid-resistant.⁴
- Among the general public, persons with symptoms suggestive of COVID-19 or those caring for COVID-19 patients at home should receive medical masks and instructions on their use. For additional information, see Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts.⁶
- For additional information, see Advice on the use of masks in the community, during home care, and in health care settings in the context of COVID-19.⁷

3. Coordinate PPE supply chain management mechanisms.

The management of PPE should be coordinated through essential national and international supply chain management mechanisms that include but are not restricted to:

- Using PPE forecasts based on rational quantification models to ensure the rationalization of requested supplies;

- Monitoring and controlling PPE requests from countries and large responders;
- Promoting a centralized request management approach to avoid duplication of stock and ensuring strict adherence to essential stock management rules to limit wastage, overstock, and stock ruptures;
- Monitoring the end-to-end distribution of PPE;
- Monitoring and controlling the distribution of PPE from medical facilities stores.

Handling cargo from affected countries

An experimental study conducted in a laboratory evaluated the survival of the COVID-19 virus on different surfaces and reported that the virus can remain viable up to 72 hours on plastic and stainless steel, up to four hours on copper, and up to 24 hours on cardboard.⁸ To date, there are no data to suggest that contact with goods or products shipped from countries affected by the COVID-19 outbreak have been the source of COVID-19 infection in humans. WHO will continue to closely monitor the evolution of the COVID-19 outbreak and will update recommendations as needed.

The rationalized use and distribution of PPE when handling cargo from and to countries affected by the COVID-19 outbreak includes the following recommendations:

- Wearing a mask of any type is not recommended when handling cargo from an affected country.
- Gloves are not required unless they are used for protection against mechanical hazards, such as when manipulating rough surfaces.
- Importantly, the use of gloves does not replace the need for appropriate hand hygiene, which should be performed frequently, as described above.
- When disinfecting supplies or pallets, no additional PPE is required beyond what is routinely recommended.
- Hand hygiene should be practiced

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Table 1. Recommended PPE during the outbreak of COVID-19 outbreak, according to the setting, personnel, and type of activity^a

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Health care facilities			
Inpatient facilities			
Screening ⁱ Clinical triage for prioritization of care according to severity (e.g. Manchester classification) should be performed in separate area for individuals with symptoms and signs	Health care workers	Preliminary screening not involving direct contact ^c	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre. Ideally, build glass/plastic screens to create a barrier between health care workers and patients No PPE required. When physical distance is not feasible and yet no patient contact, use mask and eye protection.
	Patients with symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre. Provide medical mask if tolerated by patient. Immediately move the patient to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1 metre from other patients. Perform hand hygiene and have the patient perform hand hygiene
	Patients without symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> No PPE required Perform hand hygiene and have the patient perform hand hygiene
Patient room/ward	Health care workers	Providing direct care to COVID-19 patients, <u>in the absence of</u> aerosol-generating procedures	<ul style="list-style-type: none"> Medical mask Gown Gloves Eye protection (goggles or face shield) Perform hand hygiene
	Health care workers	Providing direct care to COVID-19 patients in settings where aerosol-generating procedures are frequently in place ⁱⁱ	<ul style="list-style-type: none"> Respirator N95 or FFP2 or FFP3 standard, or equivalent. Gown Gloves Eye protection Apron Perform hand hygiene
	Cleaners	Entering the room of COVID-19 patients	<ul style="list-style-type: none"> Medical mask Gown Heavy-duty gloves Eye protection (if risk of splash from organic material or chemicals is anticipated) Closed work shoes Perform hand hygiene
	Visitors ^b	Entering the room of a COVID-19 patient	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre Medical mask Gown Gloves Perform hand hygiene

ⁱ The screening procedure refers to prompt identification of patients with signs and symptoms of COVID-19.ⁱⁱ AGP: tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy.

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Areas of transit where patients are not allowed (e.g. cafeteria, corridors)	All staff, including health care workers.	Any activity that does not involve contact with COVID-19 patients	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre No PPE required Perform hand hygiene
Laboratory	Lab technician	<p>Manipulation of respiratory samples</p> <p>Specimen handling for molecular testing would require BSL-2 or equivalent facilities.</p> <p>Handling and processing of specimens from cases with suspected or confirmed COVID-19 infection that are intended for additional laboratory tests, such as haematology or blood gas analysis, should apply standard precautions⁹</p>	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre Medical mask Eye protection Gown Gloves Perform hand hygiene
Administrative areas	All staff, including health care workers.	Administrative tasks that do not involve contact with COVID-19 patients.	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre No PPE required Perform hand hygiene

Outpatient facilities			
Screening/triage	Health care workers	Preliminary screening not involving direct contact ^c	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre. Ideally, build a glass/plastic screen to create a barrier between health care workers and patients No PPE required When physical distance is not feasible and yet no patient contact, use mask and eye protection. Perform hand hygiene
	Patients with symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> Maintain spatial distance of at least 1 metre. Provide medical mask if tolerated. Perform hand hygiene
	Patients without symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> No PPE required Perform hand hygiene
Waiting room	Patients with symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> Provide medical mask if tolerated. Immediately move the patient to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1 metre from other patients. Have the patient perform hand hygiene
	Patients without respiratory symptoms	Any	<ul style="list-style-type: none"> No PPE required Have the patient perform hand hygiene
Consultation room	Health care workers	Physical examination of patient with symptoms suggestive of COVID-19	<ul style="list-style-type: none"> Medical mask Gown Gloves Eye protection Perform hand hygiene
	Health care workers	Physical examination of patients without symptoms suggestive of COVID-19	<ul style="list-style-type: none"> PPE according to standard precautions and risk assessment. Perform hand hygiene
	Patients with symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> Provide medical mask if tolerated. Hand hygiene and respiratory etiquette

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

	Patients without symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> No PPE required Have the patient perform hand hygiene
	Cleaners	After and between consultations with patients with respiratory symptoms.	<ul style="list-style-type: none"> Medical mask Gown Heavy-duty gloves Eye protection (if risk of splash from organic material or chemicals). Closed work shoes Perform hand hygiene
Administrative areas	All staff, including health care workers	Administrative tasks	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre between staff No PPE required Perform hand hygiene
Home care			
Home	Patients with symptoms suggestive of COVID-19	Any	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre. Provide medical mask if tolerated, except when sleeping. Hand and respiratory hygiene
	Caregiver	Entering the patient's room, but not providing direct care or assistance	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre Medical mask Perform hand hygiene
	Caregiver	Providing direct care or when handling stool, urine, or waste from COVID-19 patient being cared for at home	<ul style="list-style-type: none"> Gloves Medical mask Apron (if risk of splash is anticipated) Perform hand hygiene
	Health care workers	Providing direct care or assistance to a COVID-19 patient at home	<ul style="list-style-type: none"> Medical mask Gown Gloves Eye protection
Points of entry at airports, ports and ground crossing as applicable			
Administrative areas	All staff	Any	<ul style="list-style-type: none"> No PPE required
Screening area	Staff	First screening (temperature measurement) not involving direct contact-	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre. Ideally, build a glass/plastic screen to create a barrier between health care workers and patients No PPE required When physical distance is not feasible, yet no patient contact, use mask and eye protection. Perform hand hygiene
	Staff	Second screening (i.e. interviewing passengers with fever for clinical symptoms suggestive of COVID-19 disease and travel history)	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre. Medical mask Gloves Perform hand hygiene
	Cleaners	Cleaning the area where passengers with fever are being screened	<ul style="list-style-type: none"> Medical mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes Perform hand hygiene
Temporary isolation area	Staff	Entering the isolation area, but not providing direct assistance	<ul style="list-style-type: none"> Maintain physical distance of at least 1 metre. Medical mask

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

			<ul style="list-style-type: none"> • Gloves
	Staff, health care workers	Assisting or caring for passenger being transported to a health care facility as a suspected COVID -19 cases	<ul style="list-style-type: none"> • Medical mask • Gown • Gloves • Eye protection • Perform hand hygiene
	Cleaners	Cleaning isolation area	<ul style="list-style-type: none"> • Maintain physical distance of at least 1 metre. • Medical mask • Gown • Heavy duty gloves • Eye protection (if risk of splash from organic material or chemicals). • Closed work shoes • Perform hand hygiene
Ambulance or transfer vehicle	Health care workers	Transporting suspected COVID-19 patients to the referral health care facility	<ul style="list-style-type: none"> • Medical mask • Gowns • Gloves • Eye protection • Perform hand hygiene
	Driver	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the COVID-19 patient	<ul style="list-style-type: none"> • Maintain physical distance of at least 1 metre. • No PPE required • Perform hand hygiene
		Assisting with loading or unloading patient with suspected COVID-19	<ul style="list-style-type: none"> • Medical mask • Gowns • Gloves • Eye protection • Perform hand hygiene
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments	<ul style="list-style-type: none"> • Medical mask • Perform hand hygiene
	Patient with suspected COVID-19.	Transport to the referral health care facility.	<ul style="list-style-type: none"> • Medical mask if tolerated • Have the patient perform hand hygiene
Cleaners	Cleaning after and between transport of patients with suspected COVID-19 to the referral health care facility.	<ul style="list-style-type: none"> • Medical mask • Gown • Heavy duty gloves • Eye protection (if risk of splash from organic material or chemicals). • Boots or closed work shoes • Perform hand hygiene 	

Special considerations for rapid-response teams assisting with public health investigations ^d			
Anywhere	Rapid-response team investigators	Remote interview of suspected or confirmed COVID-19 patients or their contacts.	<ul style="list-style-type: none"> • No PPE if done remotely (e.g. by telephone or video conference). • Remote interview is the preferred method.
		In-person interview of suspected or confirmed COVID-19 patients or contacts without direct contact	<ul style="list-style-type: none"> • Medical mask • Maintain physical distance of at least 1 metre. • The interview should be conducted outside the house or outdoors, and confirmed or suspected COVID-19 patients should wear a medical mask if tolerated. • Perform hand hygiene

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

^a In addition to using the appropriate PPE, frequent hand hygiene and respiratory etiquette should always be performed. PPE should be discarded in an appropriate waste container after use according to local guidance, and hand hygiene should be performed before putting on and after taking off PPE.

^b the number of visitors should be restricted. If visitors must enter a COVID-19 patient's room, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a health care worker.

^c This category includes the use of no-touch thermometers, thermal imaging cameras, and limited observation and questioning, all while maintaining a spatial distance of at least 1 m.

^d All rapid-response team members must be trained in performing hand hygiene and how to put on and remove PPE to avoid self-contamination.

For PPE specifications, refer to WHO's disease commodity package.

Disruptions in the global supply chain of PPE

The current global stockpile of PPE is insufficient, particularly for medical masks and respirators, and the supply of gowns, goggles, and face shields is now insufficient to satisfy the global demand. Surging global demand—driven not only by the number of COVID-19 cases but also by misinformation, panic buying, and stockpiling—has resulted in further shortages of PPE globally. The capacity to expand PPE production is limited, and the current demand for respirators and masks cannot be met, especially if widespread inappropriate use of PPE continues.

However, with manufacturing companies in some of the main exporting countries restarting their production, and an established global coordination mechanism that WHO anticipates will contribute to addressing the global shortage. Dedicated assistance and international solidarity mechanisms are required to meet the needs of the most vulnerable countries, which may face affordability issues in a context of rising prices determined by an unprecedented surge in demand, coupled with supply and distribution disruptions.

Members States and large responders can forecast their supply needs using the [Essential Supplies forecasting tool](#).

Considerations for decision making processes during severe shortages of PPE

In the context of severe PPE shortages despite application of the above-mentioned strategies, it is crucial to ensure a “whole of society” response and to protect frontline health care workers. This includes advocating for the urgent increased production of PPE, including, if needed, through advance market commitments, public-sector mandated scale up of production by the private sector, pursuing donation options, international solidarity through financial support of PPE purchase and distribution for the needs of the most vulnerable countries, and engaging with the general public to prevent irrational use of PPE at community level, among other strategies.

Any alternative approach to find temporary solutions to mitigate critical shortages of PPE should be based on scientific evidence, the principles of safe care delivery and health care safety, workload minimization for health care workers, and avoiding a false sense of security.

Based on current evidence, in consultation with international experts and other agencies in the field of IPC, WHO carefully considered **last-resort temporary measures** in crisis

situations to be adopted **only** where there might be serious shortages of PPE or in areas where PPE may not be available.

WHO stresses that these temporary measures should be avoided as much as possible when caring for severe or critically ill COVID-19 patients, and for patients with known co-infections of multi-drug resistant or other organisms transmitted by contact (e.g. *Klebsiella pneumoniae*) or droplets (e.g. influenza virus).

The following temporary measures could be considered independently or in combination, depending on the local situation:

1. PPE extended use (using for longer periods of time than normal according to standards);
2. Reprocessing followed by reuse (after cleaning or decontamination/sterilization) of either reusable or disposable PPE;
3. Considering alternative items compared with the standards recommended by WHO.

An additional consideration is the use of PPE beyond the manufacturer-designated shelf life or expiration date for a limited time. The items should be inspected before use to be sure they are in good condition with no degradation, tears, or wear that could affect performance. N95 respirators that are past their designated shelf life are no longer NIOSH-approved, as all manufacturer-designated conditions of use must be met to maintain the NIOSH approval. An expired respirator can still be effective at protecting health care provider if the straps are intact, there are no visible signs of damage, and they can be fit-tested. Health care providers should inspect the mask and perform a seal check before use.

The reuse of any item without a reprocessing/decontamination process is considered inadequate and unsafe. The reprocessing should be performed by trained staff in the sterile services department of a health care facility or at bigger scale under controlled and standardized conditions. Many medical devices are designed to be reusable, hence their compatibility with decontamination methods; this is not the case for face shields, medical masks, and respirators. Normally, for any reprocessing methods, cleaning before disinfection and sterilization is required. This is a problem for masks and respirators because they cannot be cleaned without losing their properties.

Methods for reprocessing masks or respirators are not well established nor standardized, and therefore should be considered only when there is critical PPE shortage or lack of PPE. Issues to take into consideration when reprocessing include:

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

1. efficacy of the process to guarantee disinfection or sterilization
2. reprocessing method not resulting in residual toxicity for health care workers
3. maintenance of functional integrity and shape of item. Further, when considering reprocessing and reuse, manufacturers' instructions for reprocessing should be followed, if available. In addition, systems should be put in place to routinely inspect, repair (if applicable) and dispose of reused PPE when necessary (e.g. damaged, no longer suitable for reuse).

In the current exceptional crisis scenario of the COVID-19 pandemic, reprocessing of disposable PPE is an evolving area where research and development is ongoing and urgently needed. In this document, only methods that have been tested and either published in peer-reviewed journals or commissioned by the US Food and Drug Administration (FDA) are reported. However, WHO is aware of ongoing studies that are testing promising approaches (e.g. steam or heat sterilization of medical masks if performed in standardized conditions). As more evidence becomes available, WHO will update these considerations accordingly and hence this document should be considered interim guidance.

Alternative materials

As of the date of publication, the replacement of standard PPE with items produced with materials not having the necessary requirements (e.g. cotton cloth masks to replace medical masks or respirators) has not been proven to be effective and is discouraged (see below). If production of any PPE for use in health care settings is proposed locally in situations of

shortage or stock out, a local authority should assess the proposed PPE according to specific minimum standards and technical specifications.

Each of these measures carries significant risks and limitations and thus should be considered only as **a last resort when all other strategies for rational and appropriate use and procurement of PPE (see Figure 1) have been exhausted.**

Summary of temporary measures in the context of severe PPE shortage

Table 2 summarizes temporary measures in the context of severe PPE shortage or stock-out. For each option, there is a description of how the measure should be used, what the limitations are, criteria for PPE removal and precautions, and feasibility. The latter mainly takes into consideration costs and local capacity (e.g. infrastructures, equipment, human resources) to undertake the measure in the safest and most standardized conditions possible, and it refers to feasibility for high-income countries (HIC) vs low and middle-income countries (LMIC).

Irrespective of the measure implemented, health care workers must have the required IPC education and training about the correct use of PPE and other IPC precautions, including demonstration of competency in appropriate procedures for putting on and removing PPE required for direct care of patients with COVID-19 and other tasks - see: [WHO | How to put on and take off Personal Protective Equipment \(PPE\)](#).

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Table 2. Options for temporary measures due to the shortage of Personal Protective Equipment (PPE): extended use, reprocessing, or use of alternative PPE

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
Medical mask use by health workers	1) Extended use	The use without removing for up to 6h, when caring for a cohort of COVID-19 patients	<p><u>Risks:</u></p> <ul style="list-style-type: none"> • Extended use of medical mask may increase risk of contamination of the mask with COVID-19 virus and other pathogens • Wearing the mask for a prolonged period may increase the chance of the health care worker touching the mask or having inadvertent under-mask touches; if the mask is touched/adjusted, hand hygiene must be performed immediately • Damage to or reactions of face skin tissue may occur with prolonged use of medical masks • Filtration media of the medical mask may become clogged, thereby increasing breathing resistance and the risk of breathing unfiltered ambient air from the sides of the medical mask • Extended periods of time in active patient wards required for health care workers <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> • If the mask becomes wet, soiled, or damaged, or if it becomes difficult to breathe through • If the mask is exposed to splash of chemicals, infectious substances, or body fluids • If the mask is displaced from face for any reason. • If the front of the mask is touched to adjust it • Follow the safe procedure for removal and do not touch the front of the mask • The mask needs to be removed whenever providing care outside a designated cohort of COVID-19 patients <ul style="list-style-type: none"> • Follow the safe procedure for removal and do not touch the front of the mask • Use of the same medical mask by a health care worker between a patient with COVID-19 and a patient who does not have COVID-19 is not recommended owing to the risk of transmission to another patient who would be susceptible to COVID-19 	<p>Feasible in all countries</p> <p>Minimum requirements include definition of standard procedure, training and follow up to ensure good practices</p>

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
	2) Reprocessing	No quality evidence is available to date on medical mask reprocessing and is not advised	NA	NA
	3) Alternative items in absence of medical masks	i) FFP1 respirator	<u>Removal criteria and precautions:</u> <ul style="list-style-type: none"> • If the mask becomes wet, soiled, or damaged, or if it becomes difficult to breathe through • If the mask is exposed to splash of chemicals, infectious substances, or body fluids • If the mask is displaced from face for any reason • If the front of the mask is touched to adjust it • The mask needs to be removed whenever providing care outside of designated cohort of COVID-19 patients • Follow the safe procedure for removal and do not touch the front of the mask 	
		ii) Face shield with proper design to cover the sides of the face and below the chin To be used only in the critical emergency situation of lack of medical masks	<u>Risks:</u> Protective against direct exposure of mouth, nose and eyes to droplets; however depends on the design and on the positioning of HCW in relation to the patient <u>Removal criteria:</u> <ul style="list-style-type: none"> • If face shield is contaminated by splash of chemicals, infectious substances, or body fluids • If face shield obstructs health care worker safety or visibility of health care environment • Follow the safe procedure for removal and do not touch the front of the face shield 	<p>Feasible in HIC and LMIC</p> <p>Potential of local production</p> <p>Minimum requirements include definition of standard procedure, training, and follow up to ensure good practices</p>
Respirators (FFP2, FFP3 or N95)	1) Extended use	The use without removing up to 6h, when caring for a cohort of COVID-19 patients.	<u>Risks:</u> <ul style="list-style-type: none"> • Extended use of respirators may increase risk of contamination with COVID-19 virus and other pathogens • The prolonged period may increase the chance of health care workers touching the respirator or having inadvertent under-respirator touches; if respirator masks are touched/adjusted, hand hygiene must be performed immediately 	<p>Feasible in HIC and LMIC</p> <p>Minimum requirements include definition of standard procedure, training and follow up to ensure good practices</p>

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
			<ul style="list-style-type: none"> • Facial dermatitis, respirator-induced acne, respiratory fatigue, impaired work capacity, increased oxygen debt, early exhaustion at lighter workloads, elevated levels of CO₂, increased nasal resistance, and increased non-compliance with best practices while wearing a respirator (adjustments, mask or face touches, under-the-respirator touches, and eye touches), have been reported after prolonged use of respirators. • Extended use may clog the filtration media, leading to increased breathing resistance <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> • If respirator becomes wet, soiled, damaged, or difficult to breathe through. • If exposed to splash of chemicals, infectious substances, or body fluids • If displaced from the face for any reason. • If the front of the respirator is touched to adjust it • Follow the safe procedure for removal and do not touch the front of the respirator • Use of the same respirator by a health care worker between a patient with COVID-19 and a patient who does not have COVID-19 is not recommended owing to the risk of transmission to another patient who would be susceptible to COVID-19 	
	2) Reprocessing (see Annex 1 for evidence)	<p>Process to decontaminate a respirator using disinfection or sterilization methods.</p> <p><u>Methods (not validated) for respirator reprocessing (see Annex 1):</u></p> <ul style="list-style-type: none"> • vapor of hydrogen peroxide • ethylene oxide • UV radiation lamp 	<p><u>Limitations/ Risks:</u></p> <ul style="list-style-type: none"> • Reprocessing methods have not been validated by substantial research and there are currently no standardized methods or protocols for ensuring the effectiveness nor integrity of the respirators after reprocessing • Shelf-life of reprocessed respirators is unknown; however, degradation of the filtration media or elastic strap after one or more sterilization cycles affects the fit of a respirator to the face • Damage to the shape of respirators due to the reprocessing may affect fit and protection properties • Number of reprocessing cycles highly variable, depending on the reprocessing method used and the respirator brand/model <p><u>Disposal criteria and precautions:</u></p> <ul style="list-style-type: none"> • After a pre-defined number of reuses the respirator should be discarded in appropriate contained waste receptacle according to local guidance/policy 	<p>Feasible in HIC</p> <p>Potentially feasible in LMIC;</p> <p>Human resources, equipment installation, procurement of consumables, health care worker safety during the reprocessing should be considered.</p> <p>Minimum requirements include defining a standard operating procedure, training, and follow up to ensure good practices</p>

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
			<ul style="list-style-type: none"> When a respirator is removed from the face, it should be immediately placed in a designated container for reprocessing and labeled with the original wearer's name. The respirator should be returned to original wearer after reprocessing cycle. 	
Gowns used by health workers	1) Extended use	<p>The use <u>without removing</u>, when providing care of a cohort of patients with COVID-19.</p> <p><u>Not applicable</u> if the patient has multidrug resistant microorganisms or other type of disease requiring contact precautions. In such case, the gowns should be changed between patients</p>	<p><u>Risks</u></p> <ul style="list-style-type: none"> Extended use of gowns may increase risk of contamination with COVID-19 virus The extended use of gowns may increase the risk of transmission of other pathogens between patients <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> If gown becomes wet, soiled, or damaged If gown is exposed to splash of chemicals, infectious substances, or body fluids When providing care outside designated cohort of COVID-19 patients Follow the safe procedure for removal of gowns to prevent contamination of environment Use of the same gown by a health care worker between a patient with COVID-19 and a patient who does not have COVID-19 is not recommended due to the risk of transmission to another patient who would be susceptible to COVID-19 	<p>Feasible in HIC and LMIC</p> <p>Minimum requirements include definition of standard procedure, training, and follow up to ensure good practices</p>
	2) Reprocessing	<p>Process to decontaminate a cotton gown by washing and disinfection methods.</p> <p>Reprocessing can be done with cotton gowns.</p> <p>Wash and disinfect cotton gowns: washing by machine with warm water (60-90°C) and laundry detergent is recommended for reprocessing of the gown. If machine washing is not possible, linen can be soaked in hot water and soap in a large drum, using a stick to</p>	<p><u>Risk</u></p> <ul style="list-style-type: none"> In hot and humid weather, the cotton gown can lead to discomfort and sweating <p><u>Removal criteria:</u></p> <ul style="list-style-type: none"> If gown becomes wet, soiled, or damaged 	<p>Feasible in HIC and LMIC</p> <p>Requires additional support staff, gown reprocessing inventory; laundry equipped with hot water or manual washing with water and soap, followed by soaking in disinfectant</p>

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
		stir, avoiding splashing. Then soak linen in 0.05% chlorine for approximately 30 minutes. Finally, rinse with clean water and let it dry fully in the sunlight		
	3) Alternatives	<p>i) Disposable laboratory coats</p> <p>Only for brief contact with the patients; should not be used for prolonged contact or when performing aerosol-generating procedures and support treatments</p>	<p><u>Risks:</u></p> <ul style="list-style-type: none"> Disposable laboratory coats are less durable than gowns, so there is a risk of damage during the patient care <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> If disposable alternatives to gowns become wet, soiled, or damaged If alternative to gown is exposed to splash of chemicals, infectious substances, or body fluids Follow the safe procedure for removal of laboratory coat to prevent contamination of environment Use of the same laboratory coat by a health care worker between a patient with COVID-19 and a patient who does not have COVID-19 is not recommended due to the risk of transmission to another patient who would be susceptible to COVID-19 	Feasible in HIC and LMIC
		<p>ii) Disposable impermeable plastic aprons</p> <p>Should be avoided when performing aerosol-generating procedures and support treatments</p>	<p><u>Risks:</u></p> <ul style="list-style-type: none"> Plastic aprons do not protect arms and the back of the torso, which can be exposed to splashes <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> If disposable alternatives to gowns become wet, soiled, or damaged If alternative to gown is exposed to splash of chemicals, infectious substances, or body fluids Follow the safe procedure for removal of apron to prevent contamination of environment 	<p>Potentially feasible in HIC and LMIC</p> <p>Requires procurement of aprons with proper design for health care</p> <p>Potentially feasible in HIC and LMIC</p>
		<p>iii) Reusable (washable) patient gowns, reusable (washable) laboratory coats</p> <p>(see above recommendations for laundry of gowns)</p>	<p><u>Risk</u></p> <ul style="list-style-type: none"> Design and thickness may not be compatible with the full protection of the torso or arms <p><u>Removal criteria:</u></p>	Requires additional support staff, gown reprocessing inventory; laundry equipped with hot water or manual washing with water and soap, followed by soaking in disinfectant

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
			<ul style="list-style-type: none"> If gown or coat becomes wet, soiled, or damaged 	
Goggles or safety glasses used by health workers	1) Extended use	The use without removing during the shift period, when caring for a cohort of COVID-19 patients.	<p><u>Risks:</u></p> <ul style="list-style-type: none"> Extended use of goggles may increase the discomfort and fatigue of health care workers Skin tissue damage may occur to face with prolonged goggle use <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> If goggles are contaminated by splash of chemicals, infectious substances, or body fluids If goggles obstruct health care worker safety or visibility of health care environment or become loose Follow the safe procedure for removal of goggles to prevent contamination of eyes Use of the same goggles by a health care worker between a patient with COVID-19 and a patient who does not have COVID-19 is not recommended due to the risk of transmission to another patient who would be susceptible to COVID-19 	Feasible in both HIC and LMIC
	2) Reprocessing	<p>Clean goggles with soap/detergent and water followed by disinfection using either sodium hypochlorite 0.1% (followed by rinsing with clean water) or 70% alcohol wipes</p> <p>Goggles may be cleaned immediately after removal and hand hygiene is performed OR placed in designated closed container for later cleaning and disinfection.</p>	<p><u>Risks:</u></p> <ul style="list-style-type: none"> Residual toxicity of sodium hypochlorite can occur if not thoroughly rinsed after disinfection. Increases health care worker workload (limitation) <p><u>Removal criteria:</u></p> <ul style="list-style-type: none"> If contaminated by splash of chemicals, infectious substances, or body fluids If goggles obstruct health care worker safety or visibility of health care environment 	<p>Potentially feasible in HIC and LMIC</p> <p>Requires procurement of disinfectants and adequate clean space for the procedure</p>

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
		<p>Ensure cleaning of goggles takes place on a clean surface by disinfecting the surface before cleaning of goggles.</p> <p>Appropriate contact time with disinfectant (e.g. 10 minutes when using sodium hypochlorite 0.1%) should be adhered to before reuse of goggles. After cleaning and disinfection, they must be stored in a clean area to avoid recontamination</p>		
	3) Alternative items	Safety glasses (e.g. trauma glasses) with extensions to cover the side of the eyes.	<p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> • If contaminated by splash of chemicals, infectious substances, or body fluids • If goggles obstruct health care worker safety or visibility of health care environment 	<p>Feasible in HIC and LMIC</p> <p>Minimal requirements include definition of standard procedure, training and follow up to ensure good practices</p>
Face shield * used by health workers	<p>1) Extended use</p> <p>*Face shield must be designed to cover the side of the face and to below the chin</p>	The use without removing during the shift period, when caring for a cohort of COVID-19 patients.	<p><u>Risks:</u></p> <ul style="list-style-type: none"> • Extended use of face shield may increase discomfort and fatigue • Skin tissue damage may occur to face with prolonged google use <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> • If contaminated by splash of chemicals, infectious substances, or body fluids • If face shield obstructs health care worker safety or visibility of healthcare environment • Follow the safe procedure for removal of goggles to prevent contamination of the face and eyes • Use of the same face shield by a health care worker between a patient with COVID-19 and a patient who does not have COVID-19 is not recommended due to the risk of transmission to another patient who would be susceptible to COVID-19 	<p>Feasible in both HIC and LMIC</p> <p>Minimal requirements include definition of standard procedure, training and follow up to ensure good practices</p>

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Type of PPE	Measure	Description	Limitations/risks/removal criteria	Feasibility considerations
	2) Reprocessing	<p>Cleaning with soap/detergent and water and disinfection with 70% alcohol or sodium hypochlorite 0.1%; finally rinsing with clean water if sodium hypochlorite used after contact time of 10 min</p> <p>Face shield may be cleaned immediately after appropriate doffing and hand hygiene is performed OR placed in designated closed container for later cleaning and disinfection</p> <p>Ensure cleaning of face shield takes place on surface without contamination. Disinfection of surface for cleaning of face shield is advised.</p> <p>Appropriate contact time with disinfectant should be adhered to before reuse of face shield. After cleaning and disinfection, they must be stored in a clean area to avoid recontamination</p>	<p><u>Limitations/Risks:</u></p> <ul style="list-style-type: none"> • Damage to plastic, resulting in reduced visibility and integrity • Residual toxicity of the sodium hypochlorite can occur if not thoroughly rinsed after disinfection. <p><u>Removal criteria and precautions:</u></p> <ul style="list-style-type: none"> • If contaminated by splash of chemicals, infectious substances, or body fluids • If face shield obstructs health care worker safety or visibility of healthcare environment • Follow the safe procedure for removal of goggles to prevent contamination of the face and eyes 	<p>Feasible in both HIC and LMIC</p> <p>Minimal requirements include definition of standard procedure, training and follow up to ensure good practices</p> <p>Human resource requirements, equipment installation, procurement of consumables, HCW safety during the chemical manipulation should be considered.</p>
	3) Alternative	Local production of face shield	<p><u>Limitations/Risks:</u></p> <ul style="list-style-type: none"> • Suboptimal quality, including inadequate shape to ensure face protection <p><u>Removal criteria:</u></p> <ul style="list-style-type: none"> • If contaminated by splash of chemicals, infectious substances, or body fluids • If face shield obstructs health care worker safety or visibility of health care environment 	<p>Minimal requirements include definition of standard procedure, availability of material, human resource requirements, training, and follow up to ensure good practices</p>

Options not recommended by WHO: What WHO does and does NOT recommend:

1. Gloves: gloves should be worn when providing direct care for a COVID 19 case and then removed, followed by hand hygiene between COVID-19 patients. Using the same gloves for a cohort of COVID-19 cases (extended use) must not be done. Changing gloves between dirty and clean tasks during care to a patient and when moving from a patient to another, accompanied by hand hygiene, is absolutely necessary. Double gloving is not recommended, except for surgical procedures that carry a high risk of rupture.
2. The reuse of masks, gowns, or eye protection without appropriate decontamination/sterilization is strongly discouraged. The removal, storage, re-donning, and reuse of the same, potentially contaminated PPE items without adequate reprocessing is one of the principal sources of risk to health care workers.
3. The use of cotton cloth masks as an alternative to medical masks or respirators is not considered appropriate for protection of health care workers.¹⁰ Fabric thickness and weaving standards vary widely; hence, the barrier (filtration efficiency) against microorganisms passing through the fabric is unknown. In addition, cotton cloth masks are not fluid-resistant and thus may retain moisture, become contaminated, and act as a potential source of infection.¹⁰ Although some studies have been carried out for cloth masks using synthetic, hydrophobic materials on the outer layer, there is no current evidence to show that these perform adequately as PPE for health settings.¹¹ As for other PPE items, if production of masks for use in health care settings is proposed locally in situations of shortage or stock out, a local authority should assess the proposed PPE according to specific minimum standards and technical specifications. As evidence becomes available WHO will update these considerations accordingly.

Annex 1: Studies on medical masks and respirators reprocessing methods

Table 1 presents a summary of studies on reprocessing options for respirators; only one study testing medical masks was found. This study, from 1978, used ethylene oxide sterilizer (EtO) with a single warm cycle (55°C and 725 mg l-1 100% EtO gas) with exposure for 1 hour followed by 4 hours of aeration time.¹³ The study was however performed with restricted sampling of nonwoven masks, and it therefore not generalizable.

When considering whether to adopt described methods, the handling of masks and respirators for the decontamination procedure is a critical step; excessive manipulation must be avoided. In addition, systems should be in place to carefully inspect the items before every reprocessing cycle to check their integrity and shape maintenance; if damaged or not suitable for reuse, they should be immediately disposed of. The key aspects to be considered for considering a reprocessing method as acceptable are: 1) the efficacy of the method to disinfect/sterilize the equipment; 2) the preservation of the respirator's filtration; 3) the preservation of the respirator's shape and thus, of its fit; and 4) the safety for the person wearing the respirator (e.g. toxic effect after reprocessing).

Some methods should be avoided due to the damage to the mask, toxicity, or loss of filtration efficiency: washing, steam sterilization at 134°C, disinfection with bleach/sodium hypochlorite or alcohol, or microwave oven irradiation.¹⁴ Microwave ovens have shown some biocidal effect when combined with moisture to combine radiation with steam heat; however, problems that require careful consideration include: i) a lack of substantial review of standard microwave oven radiation capacities with respirator disinfection, ii) an inability to ensure controls for uniform distribution of steam, and iii) concern that the metal noseband of respirators may combust.^{15,16} Although gamma irradiation demonstrated experimental efficacy against emerging virus, this method was not evaluated specifically for masks or respirators.¹⁷

Both vapor of hydrogen peroxide^{14,18,19} and ethylene oxide were favorable in some studies but limited by the models of respirators evaluated. The use of UV radiation can be a potential alternative; however, the low penetration power of UV light may not reach inner materials of respirator or penetrate through pleats or folds.²⁰ The parameters of disinfection by using UVC light is not yet fully standardized for the purpose of reprocessing masks and respirators; this requires a validation procedure to ensure that all surfaces inside and outside masks are reached by the UVC light with appropriate irradiation time.^{20,21} Comparison among studies regarding methods is limited owing to different outcomes and evaluation methods. Further, the implications for practical considerations must include the feasibility of the control of all parameters of the methods.

Table 1. Studies on medical mask and respirators reprocessing methods

Method	Equipment Parameters	Medical/ Respirator - Test method/Outcome Evaluated	Author, year	Limitations/Considerations	Pertinent Study Conclusion
Hydrogen Peroxide Vaporized	STERRAD NX100 Express cycle - Vaporized hydrogen peroxide low pressure gas sterilization Chamber temperature <55 °C. Hydrogen Peroxide concentration 26.1mg/L. 6-minute sterilant exposure time. Total dose of 157 (mg/L x exposure time). 24 minutes	<ul style="list-style-type: none"> • FFP2 (3M) - Sodium chloride 'fit test' for total inward leakage used after each reprocessing cycle 	RIVM, 2020 ¹⁹	<ul style="list-style-type: none"> • Not to be used with any material containing celluloses. • Soiled respirators were not used in this study. • Shelf life of reprocessed respirators not determined. 	Filtration efficacy for an unused respirator is retained after 2 sterilization cycles
Hydrogen Peroxide Vaporized	Room Bio-Decontamination Service (RBDS™, BIOQUELL UK Ltd, Andover, UK), Clarus® R hydrogen peroxide vapor generator utilizing 30% H2O2) +	<ul style="list-style-type: none"> • N95 (six models) 	Bergman, et al, 2010 ²⁴	<ul style="list-style-type: none"> • No observable physical changes 	Control and decontamination treatment groups, had mean % penetration (P) <

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

	<p>Clarus R20 aeration unit,</p> <p>The Clarus® R was placed in a room (64 m3).</p> <p>The hydrogen peroxide concentration, temperature, and relative humidity within the room monitored: Room concentration= 8 g/m3, 15-min dwell, 125-min total cycle time.</p> <p>Following exposure, the Clarus R20 aeration unit was run overnight inside the room to catalytically convert the hydrogen peroxide into oxygen and water vapor.</p>	<ul style="list-style-type: none"> • Study evaluated physical appearance, odour, and laboratory filtration performance. • 8130 Automated fit test (NaCl aerosol) • Filter air flow resistance <p>Control group: 4-hour 3x submersion in deionized water</p>			4.01%, which is similar to penetration levels found in untreated
Hydrogen Peroxide Gas plasma	STERRAD 100S Gas Plasma Sterilizer 55 minutes standard cycle	<ul style="list-style-type: none"> • N95 and P100 <p>Automated Filter Tester used to measure initial filter aerosol penetration post-decontamination.</p>	Viscusi et al, 2009 ¹⁴	<ul style="list-style-type: none"> • Not to be used with any material containing celluloses. • Standardized sterilization cycle performed at commercial facility, not by primary researcher • If cotton is present in head straps or mask layers; they may absorb hydrogen peroxide and cause the STERRAD cycle to abort due to low hydrogen peroxide vapor concentration. • Soiled respirators were not used in this study 	Did not significantly affect the aerosol penetration or filter airflow resistance.
Hydrogen Peroxide Vaporized	<p>Bioquell Clarus C hydrogen peroxide vapor generator</p> <p>Generator was used in a closed chamber built for the experiment.</p> <p>Cycle: 10 min conditioning phase, 20 min gassing phase at 2 g/min, 150 min dwell phase at 0.5 g/min, 300 min aeration phase. Total cycle duration of 480 min (8 hr).</p>	<ul style="list-style-type: none"> • N95 (3M) <p>Decontamination efficacy after inoculation of <i>Geobacillus stearothermophilus</i> droplets; 50 repeated aerosol inoculation/decontamination cycles</p>	Batelle, 2016 ¹⁸	<ul style="list-style-type: none"> • Some degradation in elastic respirator straps noted following 30 cycles 	Study showed performance of N95 FFR (respirator) continued to exceed 95% efficiency after 50 repeated inoculation and decontamination cycles. Approach allowed >50 respirators to be decontaminated simultaneously

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Hydrogen Peroxide gas plasma	<p>3 cycles</p> <p>STERRAD® 100S H2O2 Gas Plasma Sterilizer (Advanced Sterilization Products, Irvine, CA)</p> <p>59% Hydrogen Peroxide</p> <p>Cycle time ~55-min (short cycle);</p> <p>45°C–50°C.</p> <p>Samples were packaged in Steris Vis-U-Tyvek®/polypropylene–polyethylene Heat Seal Sterilization pouches</p>	<ul style="list-style-type: none"> • N95 (six models) • Study evaluated physical appearance, odour, and laboratory filtration performance. • 8130 Automated fit test (NaCl aerosol) • Filter air flow resistance <p>Control group: 4-hour 3x submersion in deionized water</p>	Bergman et al, 2010 ²⁴	<ul style="list-style-type: none"> • Physical damage varied by treatment method. • No observable physical changes 	After 3 cycles of treatments resulted in mean penetration levels > 5% for four of the six FFR models, which was bigger than other methods and the control group.
Ethylene Oxide	<p>Steri-Vac 5XL sterilizer</p> <p>55 °C</p> <p>725 mg/L</p> <p>100% ethylene oxide gas</p> <p>1-hour exposure</p> <p>4 hours aeration</p>	<ul style="list-style-type: none"> • N95 and P100 - <p>Automated Filter Tester (AFT) used to measure initial filter aerosol penetration post-decontamination.</p>	Viscusi et al, 2009 ¹⁴	<ul style="list-style-type: none"> • Standardized sterilization cycle performed at commercial facility, not by primary researcher • 5 hours processing cycle 	Decontamination did not affect the filter Aerosol penetration, filter airflow resistance, or physical appearance of masks in this study.
Ethylene Oxide	<p>Gas concentration of 800 mg/L</p> <p>60 ° C</p> <p>Relative humidity 55%</p> <p>4 hours sterilization,</p> <p>1-hour aeration</p>	<ul style="list-style-type: none"> • Medical mask (2 commercial nonwovens; 3 cotton gauze masks (3 layers); 1 gauze mask - <p>% of Bacterial Efficiency Filtration was measured for aerosol of bacteria (Staphylococcus aureus and Serratia marcescens)</p>	Furuhashi, 1978 ¹³	<ul style="list-style-type: none"> • Standardized sterilization cycle performed at commercial facility, not by primary researcher • 5 hours processing cycle • Restricted sampling of nonwoven masks 	Synthetic nonwoven masks had higher bacterial filtration efficiency than cotton or gauze masks There was no difference in the bacterial filtration efficiency after sterilization of nonwoven medical masks
Ethylene oxide	<p>Amsco® Eagle® 3017</p> <p>100% Ethylene oxide sterilizer/Aerator (STERIS Corp., Mentor, OH)</p> <p>55°C; 1-hour exposure (736.4 mg/L) followed by 12-hour aeration.</p> <p>Samples were packaged in Steris Vis-U-Tyvek®/polypropylene-polyethylene</p>	<ul style="list-style-type: none"> • N95 (six models) • Study evaluated physical appearance, odour, and laboratory filtration performance. • 8130 Automated fit test (NaCl aerosol) 	Bergman, et al, 2010 ²⁴	<ul style="list-style-type: none"> • No observable physical changes 	Control and decontamination treatment groups, had mean % of penetration (P) < 4.01%, which is similar to penetration levels found in untreated

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

		<ul style="list-style-type: none"> • Filter air flow resistance <p>Control group: 4-hour 3x submersion in deionized water</p>			
Ultraviolet irradiation	<p>SterilGARD III model SG403A A low-pressure mercury arc lamp (5.5 mg Hg; lamp type, TUV 36TS 4P SE; lamp voltage, 94 Volts; lamp wattage, 40 Watts; wavelength, 253.7 nm) 5-hour irradiation time Final doses:</p> <ul style="list-style-type: none"> • Low 4.32-5.76 J/cm² • High: >7.20 J/cm² 	<ul style="list-style-type: none"> • N95 (Honeywell) - <p>Respirator masks uniformly loaded with nebulized MS2 droplets generated with six-jet Collison nebulizer. Coupons were cut from respirator masks for viral detection.</p>	Vo et al, 2009 ²⁰	<ul style="list-style-type: none"> • Author mentions potential limitation of pleats or folds in the respirator for UV light penetration • Efficacy demonstrated only for decontamination of single virus (MS2) in study 	<p>Low UV irradiation doses resulted in 3.00- to 3.16-log reductions</p> <p>Higher UV irradiation doses resulted in no detectable MS2 virus in this study.</p>
Ultraviolet irradiation (UV)	<p>Sterilgard III laminar flow cabinet (The Baker Company, Sanford, ME, USA) fitted with a 40-W UV-C light (average UV intensity experimentally measured to range from 0.18 to 0.20 mW cm²). Fifteen-minute exposure to each side (outer and inner)</p> <p>Final doses: 176–181 mJ/cm² exposure to each side of FFR.</p>	<ul style="list-style-type: none"> • 9 FFR models Model 8130 <p>Automated Filter Tester used to measure initial filter aerosol penetration post-decontamination, filter airflow resistance or physical appearance</p>	Viscusi et al, 2009 ¹⁴	<ul style="list-style-type: none"> • Limited by the available working surface area of a biosafety cabinet equipped with a UV-C source or other area being irradiated by a UV source. 	the treatment did not affect the filter aerosol penetration, filter airflow resistance, or physical appearance of the FFRs.
Ultraviolet irradiation (UV)	<p>15-W UV-C (254-nm wavelength) lamp Height of 25 cm above the cabinet's working surface Irradiance range: 1.6 to 2.2 mW/cm² (milliWatts per square centimeter) 15 min exposure on external panel of respirator Final dose: 1.8 J/cm²</p>	<ul style="list-style-type: none"> • N95 (3M) <p>Quantitative real-time polymerase chain reaction (qRT-PCR) for decontamination efficiency of H5N1 virus NaCl penetration with 0.3µm particle size</p>	Lore et al, 2012 ¹⁶	<ul style="list-style-type: none"> • Study did not examine decontamination effect on the straps or nose clip of the two respirators 	<p>qRT-PCR indicated decontamination resulted in lower levels of detectable viral RNA compared with other two methods (microwave-generated steam and moist heat) Filtration efficiency was maintained with <5% penetration of NaCl</p>
Ultraviolet irradiation (UV)	<p>A 120-cm, 80-W UV-C (254 nm, (nanometer) lamp was adjusted to a height of 25 cm. The range of UV to which the FFR was exposed varied from 1.6 mW/cm² to 2.2 mW/cm² (Joules per square centimeter) Final dose: 1.8 J/cm²(Joules per square centimeter) 15 Minutes</p>	<ul style="list-style-type: none"> • N95 <p>Laboratory applied H1N1 added to exterior surface of respirator. Circular coupons were cut from respirator and placed in medium to detect viable H1N1 in TCID₅₀ assay.</p>	Heimbuch et al, 2011 ¹⁵	<ul style="list-style-type: none"> • Two instances in which viable virus were recovered in study can possibly be attributed to mask shielding • Authors note that hundreds of FFR models exist but only 6 FFR were tested in study; other FFRs may perform differently • Efficacy demonstrated for decontamination of single virus (H1N1) in study 	Average log reduction of 4.69, virus reduced to values below the detection limit with no obvious signs of deterioration or deformation.

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Ultraviolet irradiation (UV)	FFRs were placed on a laboratory stand inside a Sterilgard III laminar flow cabinet, fitted with a 40 W UV-C bulb. Intensity 1.8 mW/cm ² measured with a UVX Digital Radiometer with model UVX-25 sensor (254 nm filter). 15 min exposure to outer side of FFR Final dose; 1.6-2.0 mW/cm ²	<ul style="list-style-type: none"> Surgical N95 (fluid resistance N95): 3M 1860, 3M 1870, KC PFR95- 270 (46767) Respirator fit AND face seal leakage were measured with 10 participants using PORTACOUNT® Plus Model 8020A Respirator Fit Tester with an N95 Companion™ Model 8095 accessory 	Bergman et al, 2011 ²⁵	<ul style="list-style-type: none"> Study use an abbreviated fit-test protocol, only three FFR models, and a small group (n = 10) of respirator test subjects per FFR model. Subjects wore their FFRs for a shorter total test time of ~5 min (which includes the 3-min acclimatization period) using the modified protocol compared with the standard OSHA-accepted protocol (~12 min) 	Respirator fit was maintained throughout three decontamination cycles alternating with four donning/doffing cycles. Face seal leakage value was maintained at below 1%
Ultraviolet irradiation (UV)	Custom UV device made of polished aluminum measuring 40-in L × 16-in W × 13-in H with a tunnel extension measuring 18-in L × 8-in W × 6-in H. Eight 32-in 254-nm UV-C bulbs with an irradiance of 0.39 W/cm ² at 1 m to deliver a UV dose of 1 J/cm ² in ~1 minute. A sliding wire mesh rack was used to position the FFR during UV treatment. Air circulation system with high-airflow fans. Mean UV dose per FFR 1.1 ± 0.1 J/cm ² , mean temperature 21°C ± 2°C, mean relative humidity 48% ± 6% within the UV device.	<ul style="list-style-type: none"> N95 (3M, Alpha Protech, Gerson Kimberly-Clark Moldex, Precept Prestige Ameritech, Sperian, U.S. Safety) <p>Study artificially contaminated N95 with H1N1 influenza. Artificial saliva (mucin buffer) and artificial skin oil (sebum) were applied directly over influenza contamination. Coupons cut from mask for viral detection.</p>	Mills, et al, 2018 ²²	<ul style="list-style-type: none"> Study conducted at 100x theoretical highest real-world respirator viral contamination levels estimated in other studies. 	Mean log reduction ranged from 1.25-4.64 log TCID ₅₀ for sebum-soiled facepieces and 0.08-4.40 log TCID ₅₀ for sebum-soiled straps.
Ultraviolet irradiation (UV)	Ultraviolet light with a primary wavelength of 254 nm (UV-C) Custom-made chamber of 91 cm × 31 cm × 64 cm high chamber. Two 15-Watt T-150 254 nm UV-C lamps in a reflective housing lined with black felt. UV doses from 120–950 J/cm ² (coupons) and 590-2360 J/cm ² (straps)	<ul style="list-style-type: none"> Four models of N95 (3M, Gerson, Middleboro, Kimberley & Clark) <p>37mm coupons were punched + 2 straps from each respirator Determination of filter penetration and flow resistance before and after exposure to UV</p>	Lindsley, et al, 2015 ²¹	<ul style="list-style-type: none"> Study found dramatic differences in the bursting strength of the layered materials that make up the respirator Study tested exterior of respirators, not interior but estimates this would require a high dose UV to penetrate to inside layers and would require testing the specific respirator used 	UV exposure led to small increase in particle penetration (1.25%) at UV doses from 120–950 J/cm ² with little to no effect on flow resistance. Some degradation of the elastic straps used in different respirator designs when exposed to higher UV levels.

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

Ultraviolet irradiation (UV)	Mineralight® XX-20S 20-W UV bench lamp Average UV output of 4.2 ± 0.0 mW/cm ² Effective UVGI dose of 1×10^6 µJ/cm ² A laboratory-scale UVGI was built for the purpose	<ul style="list-style-type: none"> N95 – 15 models (3M, Kimberley Clark, Moldex, Precept, Gerson, Sperian, US Safety, Alpha Protect, Prestige Ameritech) - Influenza; MERS-CoV, SARS-CoV-1. Presence of either artificial saliva or artificial skin oil 50% tissue culture infectious dose per mL (TCID₅₀/mL) 	Heimbuch, 2019 ²³	<ul style="list-style-type: none"> Decontamination the presence of soiling agents on N95 can be effective but is dependent on the material being treated. The shapes of respirators, their materials, and UV light arrangement can significantly affect decontamination efficacy 	<p>UV dose of 1 J/cm² was found to be the minimum dose providing maximum disinfection</p> <p>Up to 20 cycles of UV treatment (approximately 1 J/cm² per cycle) does not have a meaningfully significant effect on, fit, air flow resistance, or particle</p>
Ultraviolet irradiation (UV)	<p>UV Bench Lamp (UV-C, 254 nm, 40 W), Model XX-40S (UVP, LLC, Upland, CA).</p> <p>The UV intensity; mean of 27 measurements over the rectangular area used at the surface of the hood using a UVX Digital Radiometer with a model UVX-25 Sensor (254 nm filter)</p> <p>45-min exposure at intensity 1.8 mW/cm² (UVP, LLC, Upland, CA).</p>	<ul style="list-style-type: none"> N95 (six models) •Study evaluated physical appearance, odour, and laboratory filtration performance. • 8130 Automated fit test (NaCl aerosol) •Filter air flow resistance 	Bergman et al, 2010 ²⁴	<ul style="list-style-type: none"> No observable physical changes 	Control and decontamination treatment groups, had mean %P < 4.01%, which is similar to penetration levels found in untreated
Ultraviolet irradiation (UV)	<p>Sterigard cabinet flow cabinet (The Baker Company, Sanford, Maine fitte with 40 W UV-C Bulb, intensity 1.8mW/cm², 245nm</p> <p>Total exposure 30min (15 min each FFR side)</p>	<ul style="list-style-type: none"> FFR (6 model, 3M, Moldex, Kimberley Clark) - Phase 1: fit test to identify fit factor Phase 2: Physically examined for degradation and smell 	Viscusi et al, 2011 ²⁶	<ul style="list-style-type: none"> Each FFR model is constructed uniquely, which may affect the impact that decontamination has on that model. No physical damage One subject reported strong odour The MDFF were lower than the control depending on the model 	No significant changes in fit, odour detection, comfort, or donning difficulty with each of the six models.

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

		Multidonning fit-test procedure – metal nose bridge was return to the original position – multidonning fit factor (MDFF) 10 subjects x 6 FFR models x 4 treatment Subjective questionnaires Standard visual analog scale			
Moist heat incubation	Caron model 6010 laboratory incubator (Marietta, OH) 30-min incubation at 60°C, 80% relative humidity Following the first incubation, the samples were removed from the incubator and air-dried overnight. Following the second and third incubations, samples were removed from the incubator and air-dried for 30 min with the aid of a fan.	<ul style="list-style-type: none"> N95 (six models) Study evaluated physical appearance, odour, and laboratory filtration performance. 8130 Automated fit test (NaCl aerosol) Filter air flow resistance <p>Control group: 4-hour 3x submersion in deionized water</p>	Bergman et al, 2010 ²⁴	<ul style="list-style-type: none"> Some samples to experience partial separation of the inner foam nose cushion from the FFR <p>Possible sparking during microwave heating caused by the metallic FFR nose bands.</p>	Control and decontamination treatment groups, had mean %P < 4.01%, which is similar to penetration levels found in untreated
Moist Heat Incubation	15 min incubation at 60 °C (upper temp. limit), 80% relative humidity in a Caron model 6010 laboratory incubator	<ul style="list-style-type: none"> Surgical N95 (fluid resistance N95): 3M 1860, 3M 1870, KC PFR95- 270 (46767) Respirator fit AND face seal leakage were measured with 10 participants using PORTACOUNT® Plus Model 8020A Respirator Fit Tester with an N95 Companion™ Model 8095 accessory 	Bergman et al, 2011 ²⁵	<ul style="list-style-type: none"> Study utilized an abbreviated fit test protocol, only three FFR models and a small group (n = 10) of respirator test subjects per FFR model. Subjects wore their FFRs for a shorter total test time of ~5 min (which includes the 3 min acclimatization period) using the modified protocol compared to the standard OSHA-accepted protocol (~12 min) MHI decontamination cycle was shorter than previous study. 	<p>Slight separation of the inner foam nose cushion was not exacerbated with multiple MHI treatments compared to a single treatment.</p> <p>Respirator fit was maintained throughout three MHI decontamination cycles alternating with four donning/doffing cycles.</p> <p>Face seal leakage value was maintained at below 1%</p>

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages: interim guidance

<p>Moist heat incubation</p>	<p>Caron Model 6010 laboratory incubator (Marietta, Ohio= 60°C, 30 min, 80% relative humidity.</p>	<ul style="list-style-type: none"> • FFR (6 model, 3M, Moldex, Kimberley Clark) - Phase 1: fit test to identify fit factor Phase 2: Physically examined for degradation and smell Multidonning fit test procedure – metal nose bridge was return to the original position – multidonning fit factor (MDFF) 10 subjects x 6 FFR models x 4 treatment Subjective questionnaires Standard visual analog scale 	<p>Viscusi et al, 2011²⁶</p>	<ul style="list-style-type: none"> • Each FFR model is constructed uniquely, which may affect the impact that decontamination has on that model. • Any physical damage or strong odour • The MDFF were lower than the control depending on the mode 	<p>No significant changes in fit, odour detection, comfort, or donning difficulty with each of the six models.</p>
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TCID50 = 50% tissue culture infectious dose

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<https://www.tandfonline.com/doi/abs/10.1080/15459624.2011.585927>

Acknowledgements

This document was developed in consultation with WHO Health Emergencies Program (WHE) Ad-hoc Experts Advisory Panel for Infection Prevention and Control (IPC) Preparedness, Readiness and Response to COVID-19 and other international experts including (alphabetical order):

Elizabeth Bancroft, Centers for Disease Control and Prevention, Atlanta, GA, USA; Gail Carson, ISARIC Global Support Centre, Director of Network Development, Consultant in Infectious Diseases, and Honorary Consultant with Public Health England, United Kingdom; John M Conly, Department of Medicine, Microbiology, Immunology and Infectious Diseases, Calvin, Phoebe and Joan Snyder Institute for Chronic Diseases, Faculty of Medicine, University of Calgary, Calgary, Canada; Barry Cookson, Division of Infection and Immunity, University College London, United Kingdom; May Chu, Clinical Professor Colorado School of Public Health, USA; Nizam Damani, UK; Katherine Defalco, Infection Control Expert, Public Health Agency of Canada; Kathleen Dunn, Manager, Healthcare-Associated Infections and Infection Prevention and Control Section, Centre for Communicable Disease Prevention and Control, Public Health Agency of Canada; Alison Holmes, Head of IPC, Imperial College, London, UK; Joost Hopman, Head of IPC and Quality, Radboud University Medical Center, Nijmegen, The Netherlands; Paul Hunter, University of East Anglia, Norwich, UK; Fernanda Lessa, Epidemiologist, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, Atlanta, GA, USA; Dale Fisher, National university of Singapore, Singapore; Anna Sara Levin, Hospital das Clinicas, Faculdade de Medicina, University of Sao Paulo, Brazil; Moi Lin Ling, Director, Infection Control Department, Singapore General Hospital, Singapore, and President of Asia Pacific Society of Infection Control; Mary-Louise McLaws, University of New South Wales, Australia; Shaheen Mehtar, Infection Control Africa Network, South Africa; Mauro Orsini, National IPC Program, Ministry of Health, Santiago, Chile; Didier Pittet, Director, Infection Control Program and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals, and Faculty of Medicine, Geneva, Switzerland; Mathias Pletz, Professor for Infectious Diseases, Jena University Hospital, Jena, Germany; Fernando Otaiza O’Ryan, Head, National IPC Program, Ministry of Health, Santiago, Chile, Ben Park, Centers for Disease Control and Prevention, Atlanta, GA, USA.; Molly Patrick, Centers for Disease Control and Prevention, Atlanta, GA, USA.; Diamantis Plachouras, Unit of Surveillance and Response Support, European Centre for Disease Prevention and Control, Solna, Sweden; Wing Hong Seto, Department of Community Medicine, School of Public Health, University of Hong Kong, China, Hong Kong Special Administrative Region; Mitchell J. Schwaber, Director, National Center for Infection Control Israel Ministry of Health; Nandini Shetty, Consultant Microbiologist, Reference Microbiology Services, Health Protection Agency, Colindale, United Kingdom; Nalini Singh, Professor of Pediatrics, Global Health, Epidemiology, The George Washington University, Washington, DC, USA; Rachel M. Smith, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, Atlanta, GA, USA; Mark Sobsey, University of North Carolina, Chapel Hill, USA; Paul Tambyah, Singapore; Sara Tomczyk, Robert Koch Institute;

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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WHO reference number: [WHO/2019-nCov/IPC_PPE_use/2020.3](https://www.who.int/publications/iitem/9789241502033)

Coronavirus (COVID-19)

Healthcare worker personal protective equipment (PPE) guidance

Last updated: 3 April 2020

Information about protecting yourself against COVID-19

During the COVID-19 pandemic, the Victorian Department of Health and Human Services (the Department) will regularly update its PPE guidance as new evidence becomes available. This information is also available in the Department's [Coronavirus disease 2019 \(COVID-19\) Guideline for health services and general practitioners](#). To find out general information about coronavirus (COVID-19), visit the Department's website at coronavirus.vic.gov.au

Who is this guidance for?

For the purposes of this document, healthcare workers are people in close contact with patients or the patient space. This includes clinical staff (for example, doctors and nurses) and non-clinical staff who enter the patient's room or cubicle, or transfer patients within the hospital (for example, cleaners, patient services assistants or meal services staff).

Staff who work in administrative areas who do not enter patient rooms are not included as healthcare workers for this purpose.

What should you do if you feel unwell?

Only go to work if you are well. Prior to going to work each day, you should consider whether or not you feel unwell and take your own temperature. If you work in a Victorian public health service, you are required to report to your manager if you have the following symptoms prior to starting work or at any time while at work:

- Fever (temperature of ≥ 37.5 degrees or higher)
- symptoms of acute respiratory infection (for example, shortness of breath, cough, sore throat, nasal congestion).

Some health services may require you to be screened (temperature and/or symptom check) onsite prior to starting work.

What PPE should be worn in Victorian public health services during routine patient care during the COVID-19 emergency?

Surgical masks should be worn in **high-risk areas** by all healthcare workers for **all patient interactions**. This is in addition to hand hygiene. High-risk areas are:

- intensive care units
- emergency departments and urgent care centres
- COVID-19 wards
- acute respiratory assessment clinics
- birth suite rooms

- thoroughfares frequently accessed by patients with suspected or confirmed cases of COVID-19 (for example, a lift service or external path dedicated for such patients).

For all other areas within Victorian public health services, standard precautions apply.

Unless damp or soiled, a surgical mask may be worn for the duration of a clinic or shift of up to four hours. Masks must be removed and disposed of for breaks and then replaced.

What PPE is recommended for routine care of a suspected or confirmed COVID-19 case?

Droplet and contact precautions need to be in place while you are caring for a suspected or confirmed COVID-19 case, including during initial triaging. This means:

- single-use face mask (surgical mask)
- eye protection (for example, safety glasses/goggles or face shield. Note: prescription glasses are not sufficient protection)
- long-sleeved gown
- gloves (non-sterile).

If the gown is disposable and soiled, take it off and dispose of it. If the gown is reusable (non-disposable), take it off and get it reprocessed.

Masks, gloves and gowns are not to be worn outside of patient rooms (for example, between wards, break room, reception area) and are to be removed before proceeding to care for patients that are not isolated for COVID-19.

When are airborne and contact precautions required?

Take airborne and contact precautions when you are:

- undertaking an **aerosol generating procedure (AGP)* on a suspected or confirmed case** of COVID-19
- undertaking an AGP and it is not possible to determine if a patient is a suspected case of COVID-19 (for example, where a person is found unconscious and a history cannot be obtained)
- undertaking a high-risk procedure on a patient (regardless of COVID-19 status) involving:
 - head and neck, including ear, nose, throat (ENT) surgery/endoscopy
 - other invasive procedures involving sinuses, including neurosurgery and maxillofacial surgery
 - dacryocystorhinostomy and other ophthalmological procedures that breach the nasal mucosa
 - gastroscopy
 - bronchoscopy
 - emergency dental procedures that use tools generating aerosols (for example, high speed handpiece, ultrasonic scaler).

**Examples of AGPs include:*

- *bronchoscopy*
- *tracheal intubation*
- *non-invasive ventilation (for example, BiPAP or CPAP)*
- *high-flow nasal oxygen therapy*
- *manual ventilation before intubation*
- *intubation*
- *cardiopulmonary resuscitation (other than only chest compressions)*
- *sputum induction*
- *suctioning*
- *nebuliser use (nebulisers are strongly discouraged and alternative administration devices such as a spacer should be used).*

Airborne and contact precautions are:

- P2/N95 respirator (mask) – fit-checked with each use
- eye protection (for example, safety glasses/goggles or face shield)
- long-sleeved gown
- gloves (non-sterile).

Total head covering is not required as part of airborne and contact precautions.

When should P2 respirators (N95 masks) be discarded after use?

P2/N95 masks should be:

- **discarded** and **replaced** if contaminated with blood or bodily fluids
- **discarded** following the AGP
- **replaced** if it becomes hard to breathe through or if the mask no longer conforms to the face or loses its shape
- **removed** outside of patient care areas (for example, between wards, break room, reception area) and **removed** before proceeding to care for patients that are not isolated for COVID-19.

What physical distancing measures do you need to adhere to?

Practice physical distancing in clinics and wards, between staff and patients, and between staff and staff. This includes:

- separating waiting room chairs by at least 1.5 metres
- conducting interactions between staff at a distance
- ensuring staff and patients remain at least 1.5 metres apart, except during clinical examinations and procedures
- hospital cafeterias only providing takeaway.

Using your mobile phone at work

We touch our phones as much as we touch our faces. Your mobile phone may be dirty, so please:

- ensure mobile phones are cleaned regularly with disinfectant wipes
- ensure hands are cleaned before and after using mobile phones
- do not answer mobile phones when you are wearing PPE
- consider placing your mobile phone in a clear, sealed bag at the start of each shift and discarding the bag prior to going home.

Looking after yourself when wearing PPE

It is important that you look after yourself during this time of increased use of PPE.

When you remove your PPE, please remember to hydrate, practice hand hygiene and avoid touching your face. Also consider regularly applying hand cream and wearing non-latex gloves if you need them.

How should high-risk patients be triaged and managed on arrival to hospital?

A patient is considered high-risk for COVID-19 if they:

- present with acute respiratory tract infection
- present with fever (≥ 38 degrees) without another immediately apparent cause (for example, UTI or cellulitis)
- have travelled overseas and have onset of symptoms within 14 days of return
- have been in close contact with a confirmed COVID-19 case with onset of symptoms within 14 days
- are a confirmed COVID-19 case.

Arrival to hospital and triage

Upon arrival to the emergency department, patients assessed as high-risk should be triaged to a separate, isolated section of the waiting area away from the general public and provided with a surgical mask. Screening clinics can support the management of high-risk patients if they are in place at the health service.

All staff at triage points and screening clinics should wear PPE for suspected or confirmed cases of COVID-19.

Ambulance triage

Patients assessed as high-risk and arriving by ambulance should be triaged to an isolated section of the waiting area away from the general public and be provided with a surgical mask as appropriate. Patients who cannot go to the waiting area (for example, stretcher, ongoing clinical care) should remain in the ambulance vehicle until their triage and cubicle allocation is completed. Once allocated, the patient should move directly from the ambulance to the cubicle and not stop in the corridors.

Emergency department admissions

Establish a dedicated floor plan that clearly designates areas assigned for high-risk patients within the emergency department. If able, rostering of staff to these areas to support the separation and resourceful use of PPE should be considered. Staff working directly in the area of suspected or confirmed cases of COVID-19 should wear PPE accordingly. Designated areas for donning and removing PPE should be in place.

Patient transfers

If high-risk patients need to be moved outside of the initial isolation section, they should be transferred using a route that minimises contact with the general hospital population including clinicians (for example, dedicated lift service, external path). Staff involved in patient transfer should wear PPE required for suspected or confirmed cases of COVID-19. Physical distancing rules apply during all stages of the transfer.

Prioritising PPE for healthcare workers

To ensure single-use face masks (surgical masks) are available to protect healthcare workers and for patients presenting with suspected COVID-19, the following strategies are recommended:

Single-use face masks (surgical masks)

- Prioritise use to frontline staff (intensive care units, emergency departments, COVID-19 wards, acute respiratory assessment clinics, theatre and birthing suites)
- Store surgical mask supplies in secure areas or under supervision of a staff member and not accessible to patients

Unless damp or soiled, a surgical mask may be worn for the duration of a clinic or shift of up to four hours.

General PPE

- Consider substitutions, for example:
 - plastic apron instead of a long-sleeved disposable gown where appropriate
 - full-face shield instead of a surgical mask for situations that are appropriate.
- Use expired stock only (if available) for PPE training.

Where can I find out more information?

For Victorian updates: coronavirus.vic.gov.au

For national updates: health.gov.au/news/latest-information-about-novel-coronavirus

For international updates: who.int/westernpacific/emergencies/novel-coronavirus

WHO resources: who.int/health-topics/coronavirus

OPERATION SOTERIA

PPE for Quarantine Hotels

Approved

Date: 6 May 2020 By: M Bamert – Dir EM Consulted: TBA

Purpose

The following guidance outlines how Quarantine Hotels can order Personal Protective Equipment (PPE) and their responsibilities for managing stocks of PPE.

Personal Protective Equipment

Storage of Personal Protective Equipment

- Designate a secure room for storage of PPE and designate staff to be responsible for it
- Only take out as much PPE as you need for each shift or day

Stocktake of Personal Protective Equipment

- Designated staff must check your PPE stock levels **daily** and record them
- You should aim to have a five (5) day supply of PPE
- If you do not have a five (5) day supply of PPE you should make an order

Ordering Personal Protective Equipment

- If you have less than five (5) days supply of PPE you should submit an order
- Order enough PPE so that you have a five (5) day supply
- When ordering PPE make sure you consider all the daily activities of your hotel, e.g. the number of clients requiring time outside their rooms, the number of clients exiting daily
- Orders should be submitted by your hotel manager/team leader
- To make the request, complete the table below and email:

DHHSOpSoteriaEOC@dhhs.vic.gov.au

	Quantity on Hand	Quantity Required
Masks		
Gloves		
Eye Protection		
Gowns		
Sanitiser		
Swabs		

- Staff managing this inbox will liaise with Crown Promenade hotel to arrange delivery of PPE.
- Be sure to let your team know that you have ordered PPE so they do not make multiple orders.

PPE for Quarantine Hotels

- If, for unforeseen reasons, you have run out of PPE and require it urgently *after hours or on weekends*, complete the table above and email:

CSPPE@dhhs.vic.gov.au.

- This inbox is staffed from 8am to 8pm daily.
- For more information on when and how to use PPE see [Coronavirus disease 2019 \(COVID-19\) Guide to the conventional use of personal protective equipment \(PPE\) 20 April 2020 \(Word\)](#)

RE: Provision of PPE in hotels

From: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>
To: "DJPR COVID Accom-Lead (DJPR)" <djprcovidaccom-lead@ecodev.vic.gov.au>, "Pam Williams (DHHS)" <[REDACTED]>, "Merrin Bamert (DHHS)" <[REDACTED]>, "[REDACTED] (DHHS)" [REDACTED@dhhs.vic.gov.au]
Cc: "DJPR COVID Accom-Support (DJPR)" <djprcovidaccom-support@ecodev.vic.gov.au>
Date: Thu, 25 Jun 2020 13:56:50 +1000

Hi Pam,

Just putting this on your radar that this is still outstanding, and while the project is transferring wholly to DHHS from 1 July, the only PPE guidance that has been provided is for AOs and security. Recommend similar guidance be developed for all hotel roles.

The question of PPE supply is also outstanding.

Regards
 Rachaele

Rachaele May
 Operations Soteria (COVID-19)
 DJPR Hotel Quarantine Agency Commander
djprcovidaccom-lead@ecodev.vic.gov.au

A / Executive Director Emergency Coordination and Resilience
 Department of Jobs, Precincts and Regions
 402 Mair Street Ballarat, Victoria Australia 3350
 M: [REDACTED]
 [REDACTED]

djpr.vic.gov.au

From: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Sent: Friday, 29 May 2020 6:26 AM
To: Pam Williams (DHHS) <[REDACTED]>; Rachaele E May (DJPR) <[REDACTED]>; Merrin C Bamert (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>
Cc: DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>
Subject: Re: Provision of PPE in hotels

Thanks Pam.

Get [Outlook for iOS](#)

From: Pam Williams (DHHS) <[REDACTED]>
Sent: Friday, May 29, 2020 6:14:57 AM
To: Rachaele E May (DJPR) <[REDACTED]>; DJPR COVID Accom-Lead (DJPR) <[DJPRcovidaccom-lead@ecodev.vic.gov.au](mailto:djprcovidaccom-lead@ecodev.vic.gov.au)>; Merrin C Bamert (DHHS) <[REDACTED]>; [REDACTED] (DHHS) [REDACTED]
Cc: DJPR COVID Accom-Support (DJPR) <[DJPRcovidaccom-support@ecodev.vic.gov.au](mailto:djprcovidaccom-support@ecodev.vic.gov.au)>
Subject: Re: Provision of PPE in hotels

We will be receiving comprehensive advice from the Outbreak Team re PPE usage that I

would like to consider before we finalise this. I understand that substandard PPE may have been used at Rydges and we continue to see poor understanding by security and hotel staff of recommended infection control procedures.

Let's talk later today as the situation unfolds.

Pam

Get [Outlook for iOS](#)

From: Rachaele E May (DJPR) <[REDACTED]>
Sent: Thursday, May 28, 2020 10:29:52 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Pam Williams (DHHS) <[REDACTED]>; Merrin Bamert (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>
Cc: DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>
Subject: RE: Provision of PPE in hotels

Hi Pam,

Would be good to resolve this matter soon. At this stage all security and DJPR staff are expecting to be supplied with PPE by DHHS, as we have not communicated otherwise.

In addition, it would be good to see the outcomes of the infection control audit so that we can ensure the PPE provision to our staff and contractors meets the risk.

Regards
 Rachaele

Rachaele May
 Operations Soteria (COVID-19)
 DJPR Hotel Quarantine Agency Commander
djprcovidaccom-lead@ecodev.vic.gov.au

A / Executive Director Emergency Coordination and Resilience

Department of Jobs, Precincts and Regions

402 Mair Street Ballarat, Victoria Australia 3350

M: [REDACTED]
 [REDACTED]

djpr.vic.gov.au

From: Rachaele E May (DJPR)
Sent: Friday, 22 May 2020 1:28 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Pam Williams (DHHS) <[REDACTED]>; Merrin C Bamert (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]>
Cc: DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>
Subject: RE: Provision of PPE in hotels

Hi Pam and Merrin,

Just wondering if you've had a chance to review this? We are still having issues with PPE provision to guests for their fresh air breaks, and it would be good to agree to a date for contractors to transition to their own suppliers.

Regards
 Rachaele

Rachaele May
Operations Soteria (COVID-19)
DJPR Hotel Quarantine Agency Commander
djprcovidacom-lead@ecodev.vic.gov.au

A / Executive Director Emergency Coordination and Resilience
Department of Jobs, Precincts and Regions
 402 Mair Street Ballarat, Victoria Australia 3350
 M: **REDACTED**

REDACTED

djpr.vic.gov.au

From: DJPR COVID Accom-Lead (DJPR)
Sent: Tuesday, 19 May 2020 8:02 PM
To: Pam Williams (DHHS) <**REDACTED**>; Merrin C Bamert (DHHS)
 <**REDACTED**>; **REDACTED** (DHHS) <**REDACTED**>
Cc: DJPR COVID Accom-Support (DJPR) <DJPRcovidacom-support@ecodev.vic.gov.au>
Subject: Provision of PPE in hotels

Hi Pam,

Thanks for sending this through. We've looked through many emails and all our contracts.

In summary

- DJPR supports DHHS proposal to audit PPE needs on a role specific (risk-based) basis, and that this will be implemented to manage the PPE demand for ongoing Hotels Quarantine response.
 - DJPR would like to request an the opportunity to assist in the development of the implementation. DJPR must be comfortable that our staff and contractors have appropriate PPE to operate safely.
- DHHS is the lead responsible party for arranging a central supply of PPE for agreed purposes, including provision to DJPR staff, contractors when they are unable to source their own PPE, and to hotel guests for exercise / fresh air breaks.
 - DJPR understood DHHS to be the central supplier based on email exchanges between DJPR and DHHS in early April, as well as SCC Operation Soteria discussions. (emails attached)
 - It is understood DHHS were the central PPE supplier at the beginning of Operation Soteria because nation-wide shortages of PPE meant many agencies and private companies could not source PPE. This practice has continued even though some contracted companies are now able to source their own PPE
- Dnata (contracted logistics personnel) are required to provide their own PPE. This is not currently the practise. DJPR proposes a 2 week time frame for Dnata to arrange their own supply.
- Security contractors (three different companies) have slightly different contracts. In summary they provide their own PPE, although 2 companies then invoice DJPR for this cost and so they have been using DHHS supplies. For simplicity DJPR proposes a 2 week time frame for the two remaining companies to arrange their own supply (noting Government will still pay for this separately)
 - All security companies have advised they often use their own PPE for hotel guests when they take guests out for fresh air breaks.
 - DJPR request a system be implemented for guests to be provided with DHHS-supplied

PPE.

- The only known supply arrangement made with a hotel is with the Crown complex hotels, which to our shared understanding, is in lieu of room charges for space occupied by nursing/medical staff, and DJPR have no oversight on this arrangement.

Some further detail on the points above is provided at the end of this email.

To move forward, I suggest DHHS continue to supply all hotel parties, noting we will ask Dnata and the security contractors to begin supplying their own PPE in a 2 week timeframe, with a date DHHS and DJPR agree upon.

Please let me know your thoughts.

Regards
Rachaele

Rachaele May
Operations Soteria (COVID-19)
DJPR Hotel Quarantine Agency Commander
djprCOVIDaccom-lead@ecodev.vic.gov.au

A / Executive Director Emergency Coordination and Resilience
Department of Jobs, Precincts and Regions
402 Mair Street Ballarat, Victoria Australia 3350
M: **REDACTED**

REDACTED

djpr.vic.gov.au

DJPR staff supply:

It is DJPR's understanding, as reflected in emails dating from 1- 2 April that DHHS was taking the lead as responsible party for arranging a central supply of PPE for agreed purposes in the Hotels Quarantine response (Emails as Outlook attachments).

Key emails:

1 April. Email between **REDACTED** (DJPR) and DHHS staff (**REDACTED** and **REDACTED**) and copied to DJPR staff **REDACTED** and **REDACTED**.)

From **REDACTED** (DHHS) to **REDACTED** (DHHS); **REDACTED** (DHHS); **REDACTED** (DHHS); **REDACTED** (DHHS) cc: **REDACTED** (DJPR)

Hi,

REDACTED from DEDJTR contacted me tonight regarding PPE. Currently they are using PPE from Vic Pol or security at the hotels. **RE** was wondering how best to access PPE for their staff? I'm wondering if we just bulk order and they can use our supplies?

Could you please reach out to discuss with **RE** tomorrow.

RE can be contacted on;

M: **REDACTED**

Regards

RED

2 April. Email from Claire Febey (DJPR) to DJPR Hotels Quarantine leadership staff (**REDACTED** and **REDACTED**) discussing "Security Contractors at Quarantine Hotels - Access to PPE"

Hi **RE**,

As noted by Claire, we are in the process of landing a process regarding the monitoring and replenishment of PPE for all DJPR and DJPR-contracted staff.

REDACTED (cc'd) is leading this and will be able to provide an update across the board once the process

and indicative timelines for more PPE arriving are finalised. I understand that this is being organised/negotiated with DHHS (who have primary responsibility for PPE provision) at the moment.

DJPR discussion on a State Control Centre decision to be made on 1 April to confirm arrangements is mentioned as being imminent. DJPR does not have access to a record of the SCC outcome, but response staff (with continuity throughout the response, such as REDACTED – Ground Support Logistics Lead) confirm the common and shared understanding that DHHS were to supply both departmental staff contingents and other appropriate staff with PPE at Hotel sites.

Supply of PPE for Guests undertaking exercise breaks:

At present security contractors are providing PPE to Guests while being supervised for exercise breaks – using their company’s supply. DJPR propose that DHHS include this demand within the broader supply arrangements for Hotels Quarantine response. Additionally, this application of PPE should be included the ‘Audit of safety requirements for PPE’ proposed below.

Dnata – hotel services contract staff:

At present Dnata are being supplied PPE via Vic Gov supply. The ‘Equipment clause’ excerpt from the Dnata contract identifies this supply as being Dnata’s responsibility (Excerpt 3). We propose transitioning Dnata to a self-supply status – allowing adequate notice to ensure their own supply logistics can meet this need.

Security contractor supply:

Initial contracts with Wilson and MSS security contractors do not specify COVID-related or task-specific safety relating to Hotels Quarantine (Excerpt 1), whereas the contract with Unified define COVID relevant equipment as required equipment to be supplied by the company (Excerpt 2). Given prevailing supply limitations at the time, some initial workarounds were made at the time to ensure safe ‘stand-up ready’ operations. Both MSS and Unified negotiated the right to claim actual costs in the supply of their own PPE, and this arrangement is current. Wilson currently supply their own PPE at their own cost.

Extract 1. ‘Equipment clause’ from Wilson and MSS contract:

3.12 Service Provider to provide equipment

- (a) The Service Provider must provide any and all equipment (including computer hardware, software and any ancillary support) necessary for the performance and maintenance (where appropriate) of the Security Services. The Service Provider must ensure that:
- (i) such equipment is suitable for deployment in the delivery of Security Services, and conforms to all applicable Laws, Policies, codes of conduct and industry standards;
 - (ii) it holds, at all times, all necessary licences, certification, permits or other authorities to possess and use such equipment; and
- all Personnel that use or operate such equipment are suitably trained and experienced in the use and operation of such equipment, and hold all licences, certifications, permits or other authorities that are required by Law in order that such Personnel may use or operate such equipment lawfully.

Extract 2. ‘Equipment clause’ from Unified contract:

6. Equipment

- 6.1 The Service Provider must provide any and all equipment necessary for the performance and maintenance (where appropriate) of the Services and its obligations under this Agreement, including all necessary personal protective equipment to be worn by Service Provider Personnel in accordance with the relevant public health standards including but not limited to in relation to COVID-19.
- 6.2 The Service Provider must ensure that:
- (a) such equipment is suitable for deployment in the delivery of the Services, and conforms to all applicable Laws, Policies, codes of conduct and industry standards;
 - (b) it holds, at all times, all necessary licences, certifications, permits or other authorities to possess and use such equipment; and
 - (c) all Service Provider Personnel that use or operate such equipment are suitably trained and experienced in the use and operation of such equipment, and hold all licences, certifications, permits or other authorities that are required by Law in order that the Service Provider Personnel may use or operate such equipment lawfully.
 - (d) the Service Provider Personnel must wear all necessary personal protective equipment (that complies with the relevant public health standards including but not limited to in relation to COVID-19) at all times while performing of the Services.

Excerpt 3. 'Equipment clause' from Dnata Contract

6. Equipment

- 6.1 The Service Provider must provide any and all equipment necessary for the performance and maintenance (where appropriate) of the Services and its obligations under this Agreement, including all necessary personal protective equipment to be worn by Service Provider Personnel in accordance with the relevant public health standards including but not limited to in relation to COVID-19.

From: Pam Williams (DHHS) <[REDACTED]>
Sent: Monday, 18 May 2020 1:29 PM
To: Rachaele E May (DJPR) <[REDACTED]>; DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Cc: Merrin C Bamert (DHHS) <[REDACTED]>; [REDACTED] (DHHS) <[REDACTED]@dhhs.vic.gov.au>
Subject: Provision of PPE in hotels

Hello Rachaele

You raised the issue or responsibility for the provision of PPE with me yesterday. Decisions were made regarding this before either of us were involved but I have spoken to some people who were involved from the beginning.

Our understanding is the opposite of what you described to me. The initial intent was for individual departments to ensure their supporting agencies (including contractors) were provided with suitable PPE. Agencies outside DHHS were advised to approach CAOG to source supplies but, in the interim, DHHS supported them and provided PPE due to the time critical commencement of the hotel programme.

It would be helpful if you could go back to the contractual arrangements with your security contractors to identify if there is any specific information included regarding their responsibility to provide PPE for their staff. I would appreciate a copy for my records also so we don't have to re-negotiate this again and to check my understanding is correct.

It is likely that the supply of PPE by DHHS has inadvertently continued despite the original agreements. I do note that Crown hotels are an exception. In lieu of daily incurred costs for hire of a room (approx. \$4k day) the department agreed to supply the Crown complex hotels with PPE for security & hotel staff. This is not the case for any other of the hotels.

Given the confusion, I propose that DHHS communicates to all Departments, and through them, to all contractors that as of an agreed date (which we can discuss) we will no longer provide PPE and all departments will be responsible for supplying appropriate PPE for their allocated workforce,

including contractors. Please advise your views on the appropriate timing.
For your information, I am currently re-engaging an infection control consultancy to audit the policies, procedures and implementation of infection control in quarantine hotels, including use of PPE. This occurred originally but as the program has grown, and the understanding of use of PPE has been clarified, it is timely to repeat this work and be assured on appropriate policies and usage. I am keen to ensure that the supporting agencies are aware of and adhere to the PPE policy as per current recommendations from the office of the Chief Health Officer.

Pam Williams
COVID19 Accommodation Commander
Department of Health and Human Services
m: REDACTED | e: REDACTED
www.dhhs.vic.gov.au

Soteria (Ancient Greek : Σωτηρία) was the goddess or spirit (daimon) of safety and salvation, deliverance, and preservation from harm.

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OPERATION SOTERIA

PPE Advice for Hotel-based Healthcare Workers

Contact with COVID-19 Quarantined Clients

Approved

Date: 1 May 20 By: M Bamert – Dir EM

Purpose

This document provides advice on the PPE requirements for hotel-based healthcare workers (HCW) for dealing with COVID-19 quarantined clients.

Note: P2 or N95 masks are only recommended for use when aerosol generating procedures are being undertaken or will occur. In all other instances don a surgical face mask for direct client contact.

Recommended HCW PPE

For use according to type of activity and client COVID-19 symptomology

Setting	Activity	HCW PPE required	Client PPE required
Hotel quarantine floor Not entering the client/s room or having direct contact with client/s.	Telephone or online triage to check for recent change in condition or development of symptoms. No direct client contact e.g. walking room hallways.	<ul style="list-style-type: none"> No PPE 	<ul style="list-style-type: none"> No PPE
Doorway indirect contact by HCW Clients without symptoms suggestive of COVID-19 (e.g. cough, fever, shortness of breath) Perform hand hygiene before and after every client contact	Any doorway visit: <ul style="list-style-type: none"> Able to maintain physical distance of at least 1.5 metres (e.g. second HCW accompanying primary HCW)	<ul style="list-style-type: none"> Surgical mask Hand hygiene 	<ul style="list-style-type: none"> No PPE
	Any doorway visit: <ul style="list-style-type: none"> 1.5 metre physical distance is not feasible 	<ul style="list-style-type: none"> Surgical mask Hand hygiene 	<ul style="list-style-type: none"> Client to wear surgical face mask if tolerated Hand hygiene
Doorway indirect contact by HCW Clients with symptoms suggestive of COVID-19 (e.g. cough, fever, shortness of breath) Perform hand hygiene before and after every client contact	Any doorway indirect contact by HCW	<ul style="list-style-type: none"> Surgical mask Gown Gloves Protective eyewear 	<ul style="list-style-type: none"> Client to wear surgical face mask if tolerated Hand hygiene

Process and Procedure Preparation

Setting	Activity	HCW PPE required	Client PPE required
Entering the client/s room Clients with or without symptoms suggestive of COVID-19 (e.g. cough, fever, shortness of breath) Perform hand hygiene before and after every client contact	Providing direct care or any close contact in the absence of aerosol generating procedures (AGP) NOTE Naso pharyngeal swab is not classified as an AGP.	<ul style="list-style-type: none"> • Surgical mask • Gown • Gloves • Protective eyewear 	<ul style="list-style-type: none"> • Client to wear surgical face mask if tolerated and appropriate to procedure (e.g. not for naso-pharyngeal swab) • Hand hygiene
	Providing direct care or any close contact in the presence of aerosol generating procedures <i>Examples of aerosol generating procedures include:</i> <ul style="list-style-type: none"> • <i>Cardiopulmonary resuscitation</i> • <i>Nebulisation of medication</i> • <i>Intubation</i> • <i>Suctioning airways</i> 	<ul style="list-style-type: none"> • Respirator N95/P2 standard • Gown • Gloves • Protective eyewear 	<ul style="list-style-type: none"> • Surgical mask not appropriate for clients undergoing these procedures

Isolation is used to separate ill persons who have an infectious disease from those who are healthy (e.g. tuberculosis and confirmed COVID-19 cases).

Quarantine is used to separate and restrict the movement of well persons who may have been exposed to an infectious disease to see if they become ill (e.g. returned travelers, cruise line crew and passengers).

RE: DHHS PPE Stocks - who has access

From: DHHSOpSoteriaEOC </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=967dd8e50d524a449ab29453208cf13e-dhhsopsoter">
To: "Four Points (DHHS)" <fourpoints@dhhs.vic.gov.au>
Date: Fri, 29 May 2020 12:53:26 +1000

Hi **REDACTED**

That is correct.

We remain committed at this stage to providing PPE to the Security Personnel at each of the Hotels.

Thanks

REDACTED

SEOC Logistics

REDACTED

From: Four Points (DHHS) <fourpoints@dhhs.vic.gov.au>
Sent: Friday, 29 May 2020 12:46 PM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Subject: Fw: DHHS PPE Stocks - who has access

Hi
Is the advice below current, that we supply PPE to security staff? I thought we were told recently that the security staff supply their own PPE.

Regards

REDACTED

Four Points

From: **REDACTED** >
Sent: 29 May 2020 11:52
To: Four Points (DHHS) <fourpoints@dhhs.vic.gov.au>
Cc: **REDACTED**
Subject: FW: DHHS PPE Stocks - who has access

Dear DHHS Team,

Can we please kindly provide the PPE to the security guards.

Please see the below email for references.

If there is any changes in the policy please share with me so I can advise that to the security company.

Kind Regards

REDACTED

COVID-19 Response
Department of Jobs, Precincts and Regions
REDACTED



From: REDACTED <REDACTED@global.vic.gov.au>
Sent: Thursday, 21 May 2020 6:14 PM
To: REDACTED <REDACTED@global.vic.gov.au>; REDACTED
REDACTED <REDACTED@artscentremelbourne.com.au>; REDACTED
REDACTED <REDACTED@artscentremelbourne.com.au>; REDACTED
REDACTED <REDACTED@global.vic.gov.au>; REDACTED <REDACTED@global.vic.gov.au>; REDA
REDACTED <REDACTED@global.vic.gov.au>; REDACTED
REDACTED <REDACTED@global.vic.gov.au>; REDACTED <REDACTED@agriculture.vic.gov.au>; REDA
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REDACTED <REDACTED@artscentremelbourne.com.au>;
REDACTED <REDACTED@global.vic.gov.au>; REDACTED
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REDACTED <REDACTED@artscentremelbourne.com.au>; REDACTED @artscentremelbourne.com.au > REDACTE
REDACTED <REDACTED@global.vic.gov.au>
Subject: FW: DHHS PPE Stocks - who has access
Importance: High

Hi team,
As discussed this evening, email below should this confusion come up again in any of your onsite operations.

Kind regards,
REDACTED

From: DHHSOpSoteriaEOC
Sent: Saturday, 16 May 2020 8:37 AM
To: Parkroyal <Parkroyal@dhhs.vic.gov.au>; Holiday Inn Airport (DHHS) <HolidayInnAirport@dhhs.vic.gov.au>; HolidayInnMelbourne <HolidayInnMelbourne@dhhs.vic.gov.au>; StamfordPlaza (DHHS) <StamfordPlaza@dhhs.vic.gov.au>; Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>; Melbourne Marriott (DHHS) <melbournemarriott@dhhs.vic.gov.au>; Four Points (DHHS) <fourpoints@dhhs.vic.gov.au>; Travelodge Southbank (DHHS) <Travelodgesouthbank@dhhs.vic.gov.au>; Panpacific <Panpacific@dhhs.vic.gov.au>; Crowneplaza <crowneplaza@dhhs.vic.gov.au>; Mercure (DHHS) <Mercure@dhhs.vic.gov.au>
Subject: DHHS PPE Stocks - who has access

Greetings All,

Please be advised that there has been some confusion lately in regards to who is entitled to request access to stocks of the PPE being provided to the Hotels from DHHS.

As of today, you should provide PPE to those that request it who are working at your Hotel. This includes Security Staff for now.

A review is happening and a final outcome has yet to be determined, and it is hoped that a further update will be provided early next week.

We want you at this stage to maintain strong relationships/networks within your Hotels with those working there.

Hopefully this clears up any confusion for now, and as soon a final decision is determined, we will share with Hotels ASAP.

Have a great day, and stay safe and healthy!

Regards

REDACTED

SEOC Logistics
REDACTED

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FW: DDHS PPE use at Hotels

From: REDACTED
To: "Andrea Spiteri (DHHS) REDACTED"
Date: Fri, 19 Jun 2020 17:22:56 +1000

Hi Andrea,

Please see correspondence regarding PPE use for all staff at Hotel Sites.

Kind Regards

REDACTED

Operations Officer | Emergency Management
 Regulation, Health Protection and Emergency Management
 Department of Health and Human Services

REDACTED

www.dhs.vic.gov.au | www.twitter.com/VicGovDHS

From: REDACTED (DHHS)
Sent: Saturday, 30 May 2020 12:19 PM
To: Merrin Bamert (DHHS) REDACTED
Cc: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Subject: DDHS PPE use at Hotels

Hi Merrin,

Please see below regarding staff using DHHS PPE. Through process it was apparent that there is not a clear understanding on who is provided DHHS PPE and training on PPE use has not been provided to all DHHS staff and Non DHHS staff due to shift times and days.

I have advised Team Leaders that I spoke to today that we are providing DHHS PPE to all staff onsite which includes security and Hotel so we have a consistent use of PPE. This will remain until communication advises otherwise. However from experience not all Team Leaders provide clear handovers, my suggestion is that the Operations team through the daily briefings have consistent messaging about PPE use.

Hotel	Non DHHS staff using DHHS PPE	Comments
Crown Hotels	YES	Not all staff have received training due to different shift times when training was conducted
Pan Pacific	NO	Security use their own, not all non DHHS staff have done training
Mercure	NO	Security use their own, not all non DHHS staff have done training
Park Royal	YES	Not all staff have received training due to different shift times when training was conducted
Four Points	NO	Advised Hotel site using own PPE, Not all staff have received training due to different shift times when training was conducted
Rydges	NO	Security use their own, not all non DHHS

Marriott	YES	staff have done training Not all staff have received training due to different shift times when training was conducted
Stanford	YES	Not all staff have received training due to different shift times when training was conducted
Grand Chancellor	YES	Not all staff have received training due to different shift times when training was conducted
Pullman	NO	Security use their own, not all non DHHS staff have done training
Holiday Inn airport	YES	Not all staff have received training due to different shift times when training was conducted
Holiday Inn Flinders Lane	NO	Not all staff have received training due to different shift times when training was conducted
Novotel Melbourne	YES	Not all staff have received training due to different shift times when training was conducted
Marriott	YES	Not all staff have received training due to different shift times when training was conducted

Kind Regards

REDACTED

Operations Officer | Emergency Management
Regulation, Health Protection and Emergency Management
Department of Health and Human Services

REDACTED

[@dhhs.vic.gov.au](mailto:dhhs.vic.gov.au)

www.dhhs.vic.gov.au | www.twitter.com/VicGovDHS



PPE advice for hotel based healthcare worker (HCW) for contact with COVID-19 quarantine clients

Note: P2 or N95 masks are only recommended for use when aerosol generating procedures are being undertaken or will occur. In all other instances don a surgical face mask for direct client contact.

Recommended HCW PPE use according to type of activity and client COVID-19 symptomology

Setting	Target personnel or patients or clients	Activity	Type of PPE or procedure
Hotel quarantine floor Not entering the client/s room or having direct contact with client/s. Perform hand hygiene before and after every client contact	Health care worker	Telephone or online triage to check for recent change in condition or development of symptoms. No direct client contact.	No PPE
	Health care worker	Any visit	<ul style="list-style-type: none"> Maintain physical distance of at least 1.5 meters. When physical distance is not feasible and yet no patient contact, use <u>surgical face mask</u> and eye protection.
	Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath)	Doorway indirect contact by HCW	<ul style="list-style-type: none"> <u>Surgical face mask</u> Eye protection Gown Gloves Request client/s to wear surgical face mask if tolerated and remind client to perform hand and respiratory hygiene
	Patients/clients <u>without</u> symptoms suggestive of COVID-19	Doorway indirect contact by HCW (e.g. taking electronic temperature)	<ul style="list-style-type: none"> <u>Surgical face mask</u> Eye protection Perform hand hygiene and have the patient/client perform hand hygiene and wear a <u>surgical face mask</u>
Client/s room Entering the client/s room <i>Examples of aerosol generating procedures include:</i> <ul style="list-style-type: none"> Collecting nasopharyngeal swabs Cardiopulmonary resuscitation Nebulisation of medication Intubation Suctioning airways Perform hand hygiene before and after every client contact	Patients <u>with symptoms</u> suggestive of COVID-19 (e.g. cough, fever, shortness of breath)	Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures	<ul style="list-style-type: none"> Ask client/s to wear a surgical face mask if tolerated <u>Surgical face mask</u> Gown Gloves Eye protection (goggles or face shield)
	Patients/clients <u>without</u> symptoms suggestive of COVID-19	Providing direct care or any close contact in the <u>absence</u> of aerosol generating procedures	<ul style="list-style-type: none"> Ask client/s to wear a surgical face mask if tolerated <u>Surgical face mask</u> Gown Gloves Eye protection (goggles or face shield)
	Any client - confirmed or unconfirmed COVID-19 case	Providing direct care to in the <u>presence</u> of aerosol generating procedures	<ul style="list-style-type: none"> <u>Respirator N95/P2</u> standard Gown Gloves Eye protection Maintain physical distance of at least 1.5 meters. Ask client/s to wear a <u>surgical face mask</u> if tolerated Immediately move the client to a separate room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1.5 meters from other household/room members. Perform hand hygiene and have the patient perform hand hygiene

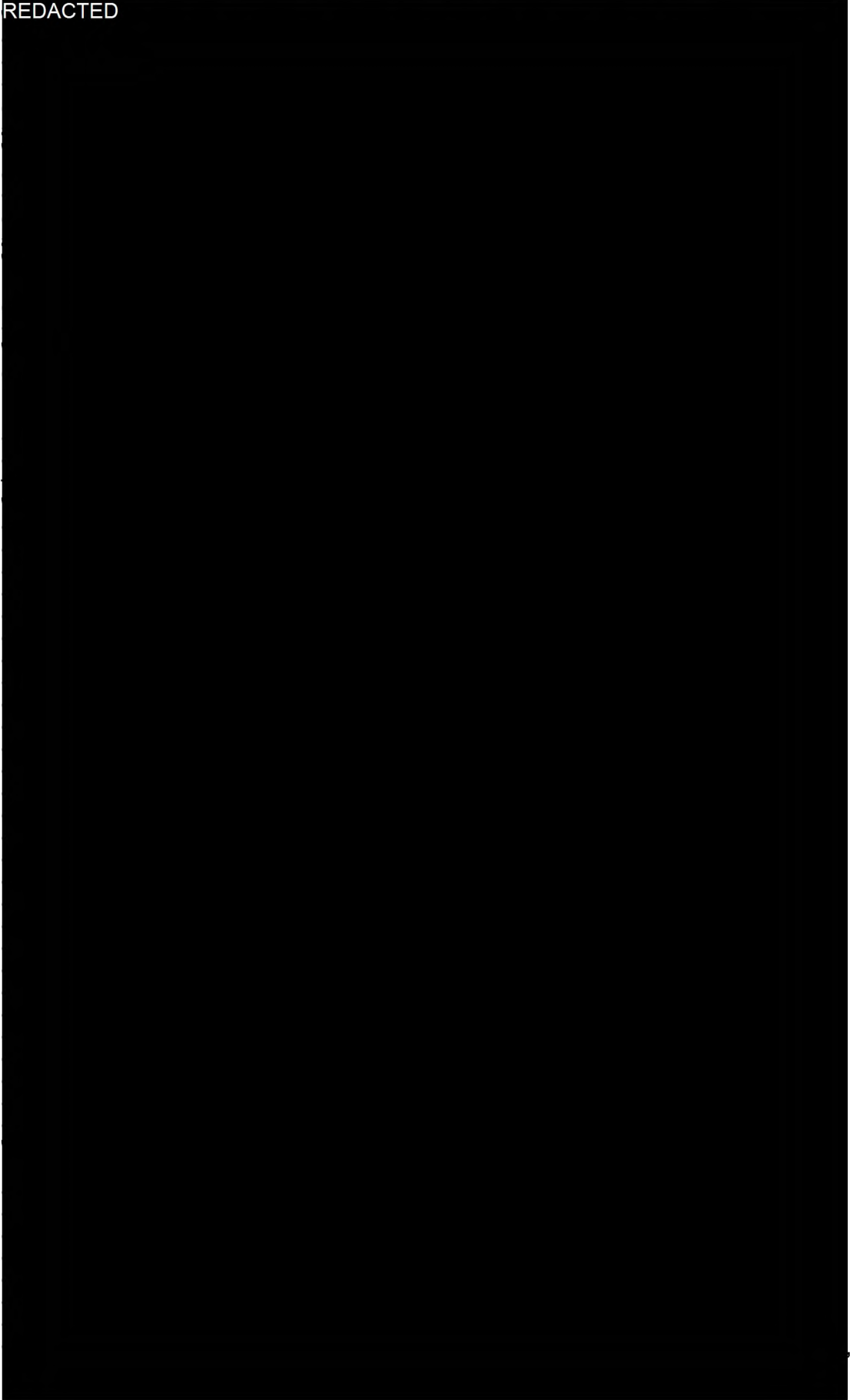
Isolation is used to separate ill persons who have an infectious disease from those who are healthy (e.g. tuberculosis and confirmed COVID-19 cases).

Quarantine is used to separate and restrict the movement of well persons who may have been exposed to an infectious disease to see if they become ill (e.g. returned travelers, cruise line crew and passengers).

PPE Advice

From: DHHSOpSoteriaEOC <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=967dd8e50d524a449ab29453208cf13e-dhhsopsoter">

To: REDACTED



REDACTED

<crownpromenade@dhhs.vic.gov.au>, Crown Promenade
 <crownpromenade@dhhs.vic.gov.au>, Crowne Plaza
 <crowneplaza@dhhs.vic.gov.au>, DHHSOpSoteriaEOC
 <dhhsopsoteriaeoc@dhhs.vic.gov.au>, Four Points <fourpoints@dhhs.vic.gov.au>,
 Grand Hyatt <grandhyatt@dhhs.vic.gov.au>, "Holiday Inn Airport (DHHS)"
 <holidayinnairport@dhhs.vic.gov.au>, Melbourne Marriott
 <melbournemarriott@dhhs.vic.gov.au>, Novotel Melbourne
 <novotelmelbourne@dhhs.vic.gov.au>, Pan Pacific <panpacific@dhhs.vic.gov.au>,
 Park Royal <parkroyal@dhhs.vic.gov.au>, Rydges
 <rydgesswanston@dhhs.vic.gov.au>, SM-HolidayInnMelbourne
 <"/o=exchangelabs/ou=exchange administrative group
 (fydibohf23spdlt)/cn=recipients/cn=0959451decd54b109d0a0667fce10a05-sm-
 holidayi">, SM-Mercure <"/o=exchangelabs/ou=exchange administrative group
 (fydibohf23spdlt)/cn=recipients/cn=975714679dc1459bad4fa323019973b0-sm-
 mercure">, Travelodge Docklands <travelodgedocklands@dhhs.vic.gov.au>,
 Travelodge Southbank <travelodgesouthbank@dhhs.vic.gov.au>

Date: Wed, 22 Apr 2020 09:58:51 +1000

Attachments: PPE Advice for hotel HCWs.docx (56.34 kB)

Good morning Team Leaders,

Please find attached an information sheet giving advice on what PPE health care workers should use in the various settings they can be expected to counters whilst working at the quarantine hotels.

This has been developed with support from the department's infection control experts.

Kind regards,

Operation Soteria EOC

PPE advice for hotel-based healthcare worker (HCW) for contact with COVID-19 quarantine clients

Note: P2 or N95 masks are only recommended for use when aerosol generating procedures are being undertaken or will occur. In all other instances don a surgical face mask for direct client contact.

Recommended HCW PPE use according to type of activity and client COVID-19 symptomology

Setting	Activity	Health care worker PPE required	Client PPE required
<p>Hotel quarantine floor</p> <p>Not entering the client/s room or having direct contact with client/s.</p>	<p>Telephone or online triage to check for recent change in condition or development of symptoms.</p> <p>No direct client contact e.g. walking room hallways.</p>	<ul style="list-style-type: none"> No PPE 	<ul style="list-style-type: none"> No PPE
<p>Doorway indirect contact by HCW</p> <p>Clients without symptoms suggestive of COVID-19 (e.g. cough, fever, shortness of breath)</p>	<p>Any doorway visit:</p> <ul style="list-style-type: none"> Able to maintain physical distance of at least 1.5 metres <p>(e.g. second HCW accompanying primary HCW)</p>	<ul style="list-style-type: none"> Surgical mask Hand hygiene 	<ul style="list-style-type: none"> No PPE
<p>Perform hand hygiene before and after every client contact</p>	<p>Any doorway visit:</p> <ul style="list-style-type: none"> 1.5 metre physical distance is not feasible 	<ul style="list-style-type: none"> Surgical mask Hand hygiene 	<ul style="list-style-type: none"> Client to wear surgical face mask if tolerated Hand hygiene
<p>Doorway indirect contact by HCW</p> <p>Clients with symptoms suggestive of COVID-19 (e.g. cough, fever, shortness of breath)</p> <p>Perform hand hygiene before and after every client contact</p>	<p>Any doorway indirect contact by HCW</p>	<ul style="list-style-type: none"> Surgical mask Gown Gloves Protective eyewear 	<ul style="list-style-type: none"> Client to wear surgical face mask if tolerated Hand hygiene

Setting	Activity	Health care worker PPE required	Client PPE required
<p>Entering the client/s room</p> <p>Clients with or without symptoms suggestive of COVID-19 (e.g. cough, fever, shortness of breath)</p> <p>Perform hand hygiene before and after every client contact</p>	<p>Providing direct care or any close contact in the absence of aerosol generating procedures (AGP)</p> <p>NOTE Naso pharyngeal swab is not classified as an AGP.</p>	<ul style="list-style-type: none"> • Surgical mask • Gown • Gloves • Protective eyewear 	<ul style="list-style-type: none"> • Client to wear surgical face mask if tolerated and appropriate to procedure (e.g. not for naso-pharyngeal swab) • Hand hygiene
	<p>Providing direct care or any close contact in the presence of aerosol generating procedures</p> <p><i>Examples of aerosol generating procedures include:</i></p> <ul style="list-style-type: none"> • <i>Cardiopulmonary resuscitation</i> • <i>Nebulisation of medication</i> • <i>Intubation</i> • <i>Suctioning airways</i> 	<ul style="list-style-type: none"> • Respirator N95/P2 standard • Gown • Gloves • Protective eyewear 	<ul style="list-style-type: none"> • Surgical mask not appropriate for clients undergoing these procedures

Isolation is used to separate ill persons who have an infectious disease from those who are healthy (e.g. tuberculosis and confirmed COVID-19 cases).

Quarantine is used to separate and restrict the movement of well persons who may have been exposed to an infectious disease to see if they become ill (e.g. returned travelers, cruise line crew and passengers).

OPERATION SOTERIA

PPE Advice for Hotel-Based Security Staff & AOs in Contact with Quarantined Clients

Approved

Date: 5 May 2020 By: M Bamert (Dir EM)

Recommended PPE

Recommended PPE use according to type of activity

Setting	Activity	Security Staff	Client PPE required
Hotel Lobby (accepting deliveries and checking/greeting people) Perform hand hygiene before and after every client contact	<ul style="list-style-type: none"> Able to maintain physical distance of at least 1.5 metres 	<ul style="list-style-type: none"> No PPE Hand hygiene 	<ul style="list-style-type: none"> Not applicable
Hotel Lobby When new guests are arriving for the commencement of their quarantine Perform hand hygiene before and after every client contact	<ul style="list-style-type: none"> Able to maintain physical distance of at least 1.5 metres 	<ul style="list-style-type: none"> No PPE Hand hygiene 	<ul style="list-style-type: none"> Client to wear surgical face mask if tolerated Hand hygiene
	<ul style="list-style-type: none"> 1.5 metre physical distance is not feasible 	<ul style="list-style-type: none"> Surgical mask Hand hygiene 	<ul style="list-style-type: none"> Advised not to touch anything on the way in/up
Hotel quarantine floor Not entering the client/s room or having direct contact with client/s. Perform hand hygiene before and after every client contact	No direct client contacts e.g. walking room hallways or stationed in room corridors	<ul style="list-style-type: none"> No PPE Hand hygiene 	<ul style="list-style-type: none"> No PPE / Not applicable
Doorway indirect contact by security Perform hand hygiene before and after every client contact	Any doorway visit: <ul style="list-style-type: none"> Able to maintain physical distance of at least 1.5 metres 	<ul style="list-style-type: none"> No PPE Hand hygiene 	<ul style="list-style-type: none"> No PPE
	Any doorway visit: <ul style="list-style-type: none"> 1.5 metre physical distance is not feasible 	<ul style="list-style-type: none"> Surgical mask Hand hygiene 	<ul style="list-style-type: none"> Client to wear surgical face mask if tolerated Hand hygiene

PPE Advice for Hotel Based Security Staff & AOs in Contact with Quarantined Clients

Setting	Activity	Security Staff	Client PPE required
Accompanying clients for fresh air/exercise breaks from room to outside Perform hand hygiene before and after every client contact	<ul style="list-style-type: none"> Able to maintain 1.5 metres physical distance 	<ul style="list-style-type: none"> No PPE Hand hygiene 	<ul style="list-style-type: none"> Client to wear surgical face mask if tolerated Hand hygiene Advised not to touch anything on the way out/down
	<ul style="list-style-type: none"> 1.5 metre physical distance is not feasible 	<ul style="list-style-type: none"> Surgical mask Hand hygiene 	

Hand Hygiene

Effective hand hygiene is the single most important strategy in preventing infection.

Gloves are NOT a substitute for hand hygiene and hands should be washed with soap and water if they are visibly soiled, otherwise hand sanitiser can be used continuously.

Gloves are NOT recommended for any security staff or AO staff member at any time.

Respiratory hygiene and cough etiquette must be applied as a standard infection control precaution at all times. You must also perform hand hygiene each time you use a tissue or cough or sneeze into your elbow.

ALWAYS AVOID TOUCHING YOUR FACE.

Hand sanitiser is NEVER applied to gloved hands.

Mask usage

PROCEDURE FOR PUTTING ON MASK

1. Perform hand hygiene using the hand sanitizer
2. Put on the mask handling the side tapes only
 - a. If your mask has the ear loops, place them over both ears together
 - b. If your mask has to be tied, tie the bottom first and then the top tie to secure on your face
 - c. Ensure the mask is secured across the bridge of your nose (mold metal clip over bridge of nose) and ensure it sits snugly under the chin
3. Perform hand hygiene
4. After mask is in place never touch the front of your mask

PROCEDURE FOR TAKING OFF MASK

1. Perform hand hygiene using the hand sanitizer
2. Do not touch the front of the mask
3. Undo the bottom tie of your mask and then the top tie, handling the mask only by the top ties, drop mask straight into the yellow bin
4. If your mask has the ear loops, remove the loops and place into bin
5. Perform hand hygiene using the hand sanitizer

Note: Hand hygiene should be performed when you feel that you may have contaminated your hands from touching the mask (if wearing one), or your face.

PPE Advice for Hotel-Based Security Staff and AOs

From: REDACTED
To: Nigel Coppick REDACTED
Cc: "Rachaele May (DEDJTR)" REDACTED "Pam Williams"
 REDACTED DHHSOpSoteriaEOC
 <dhhopsoteriaeoc@dhhs.vic.gov.au>, "Melody Bush (DHHS)"
 REDACTED REDACTED
Date: Tue, 12 May 2020 22:49:48 +1000
Attachments: 90. PPE Advice for hotel Security & AOs (1).pdf (111.43 kB)

Hi Nigel,

As promised at our meeting this afternoon, please see attached the PPE Advice for hotel security & AOs which provides recommendations for PPE use according to type of activity being undertaken.

As mentioned today please don't hesitate to contact the DHHSOpSoteriaEOC generic inbox if you have any queries or would like to escalate any issues through to us.

The inbox is DHHSOpSoteriaEOC@dhhs.vic.gov.au

Thanks once again for your support today.

Kind regards

REDACTED

Operations Team Leader, Operation Soteria, Covid-19
 Manager, Emergency Management and Health Protection Branch
 South Division (Gippsland and Southern Metropolitan Regions)
 Department of Health & Human Services
 165-169 Thomas Street, Dandenong Victoria 3175
 p. REDACTED | m. REDACTED | e. REDACTED

www.dhhs.vic.gov.au | [@VicGovRecovery](https://twitter.com/VicGovRecovery) <http://www.dhhs.vic.gov.au/>

OPERATION SOTERIA

PPE Advice for Hotel Security Staff and AO's in Contact with Quarantined Clients

Approved

Date: 08 Jun 20 By: REDAC DEP CMDR HLTH

Version 2.1

Recommended PPE use According to Type of Activity

Setting	Activity	Security Staff	Client PPE required
Hotel Lobby Perform hand hygiene before and after every client contact	Able to maintain physical distance of at least 1.5 metres	No PPE Hand hygiene	No PPE
	When accompanying clients for fresh air/exercise breaks from room to outside and able to maintain 1.5 metres	No PPE Hand hygiene	Client to wear surgical face mask if tolerated Hand hygiene Advised not to touch anything on the way out/down
	1.5 metre physical distance is not feasible	Surgical mask Hand hygiene	
Hotel Lobby When new guests are arriving for the commencement of their quarantine Perform hand hygiene before and after every client contact	Able to maintain physical distance of at least 1.5 metres	No PPE Hand hygiene	Client to wear surgical face mask if tolerated Hand hygiene Advised not to touch anything on the way in/up
	1.5 metre physical distance is not feasible	Surgical mask Hand hygiene	
Hotel quarantine floor Not entering the client/s room or having direct contact with client/s. Perform hand hygiene before and after every client contact	No direct client contact e.g. walking room hallways or stationed in room corridors	No PPE Hand hygiene	No PPE
Doorway indirect contact by security Perform hand hygiene before and after every client contact	Any doorway visit: Able to maintain physical distance of at least 1.5 metres	No PPE Hand hygiene	No PPE
	Any doorway visit: 1.5 metre physical distance is not feasible	Surgical mask Hand hygiene	Client to wear surgical face mask if tolerated Hand hygiene

Hand Hygiene

Effective hand hygiene is the single most important strategy in preventing infection.

Hands should be washed with soap and water if they are visibly soiled, otherwise alcohol-based hand rub can be used continuously.

PPE Advice for Hotel Security Staff and AO's in Contact with Quarantined Clients

Hand hygiene should be frequently performed, including

- Before and after contact with client
- After touching *if required* a client's items or surroundings
- Before putting on and after taking off personal protective equipment (e.g. surgical mask).
- Before and after eating
- After going to the toilet

Gloves are NOT a substitute for hand hygiene and gloves are NOT recommended for **any security staff or AO staff member at any time**

(Separate advice is available for those involved with care of clients or cleaning practices)

Respiratory hygiene and cough etiquette must be applied as a standard infection control precaution at all times and perform hand hygiene each time you use a tissue or cough or sneeze into your inner elbow. Discard use tissues immediately.

ALWAYS AVOID TOUCHING YOUR FACE

Alcohol-based hand rub is NEVER applied to gloved hands.

Correct use of PPE (Mask only)

PROCEDURE FOR PUTTING ON MASK

1. Perform hand hygiene using the alcohol-based hand rub
2. Put on the mask handling the side tapes only
 - a. If your mask has the ear loops, place them over both ears together
 - b. If your mask has to be tied, tie the bottom first and then the top tie to secure on your face
 - c. Ensure the mask is secured across the bridge of your nose (mold metal clip over bridge of nose) and ensure it sits snugly under the chin
3. Perform hand hygiene
4. After mask is in place never touch the front of your mask

PROCEDURE FOR TAKING OFF MASK

1. Perform hand hygiene using the alcohol-based hand rub
2. Do not touch the front of the mask
3. Undo the bottom tie of your mask and then the top tie, handling the mask only by the top ties, drop mask straight into the yellow bin
4. If your mask has the ear loops, remove the loops and place into bin
5. Perform hand hygiene using the alcohol-based hand rub

NOTES

- Hand hygiene should be performed when you feel that you may have contaminated your hands from touching the mask if wearing one or your face
- Single-use masks should not be reused, but discarded immediately after use
- Masks must not be pulled down or removed to consume food or drink
- Masks will be less effective if they become damp or damaged



PPE advice for hotel security personnel for COVID-19 quarantine clients

Do I need to wear a face mask whilst at work on the hotel quarantine floor? No, we do not recommend the routine use of facemasks for security staff. Facemasks play an important role in clinical settings, such as hospitals, but there's very little evidence of benefit from their use outside of these settings. Face masks are recommended to be worn by suspected or known COVID-19 persons, not by well people with no symptoms of illness. On the hotel quarantine floor it is not recommended that people need to wear masks unless they are close contact with someone suspected of having COVID-19 or known COVID-19 person. So standing in a passageway with doors closed is not considered to be in close contact. In this situation you should practice social distancing, just like you should in your everyday life. However, if you prefer to wear a mask and gloves whilst on the quarantine hotel floor, this option will be made available to you. Always perform hand hygiene before and after glove use by washing with soap and water for 20 seconds or using an alcohol based hand sanitiser/rub.

What are the best ways to protect myself from COVID-19? Remember that there are other effective ways besides using face masks to prevent becoming ill with COVID-19. These include:

- Cleaning your hands frequently. Use soap and water or an alcohol-based hand sanitizer.
- Practicing social distancing and stay at home if there are many COVID-19 cases in your community/home.
- Being conscious of your face. Avoid touching your face and only touch your face or mouth with clean hands. Even keeping your hands in your pockets will keep your hands away from your face.

When should I wear a mask during my hotel quarantine assignment?

- If you are must enter the quarantined persons room then you should wear a surgical face mask.
- If there is an emergency and you must enter the quarantined persons room, first put on a surgical face mask
- If you have close direct contact with a quarantined person, first put on a face mask and request that they put on a mask before they must exit the room.

What about my laundry and shoes when I get home? If you have direct contact with a quarantined person use your normal household products and hottest washing machine cycles. Wash items as appropriate, in accordance with the manufacturer's instructions. Even in hospital settings looking after ill patients boots/shoe covers are not required as standard PPE and picking something up on your shoes is extremely unlikely in any setting.

Recommended security personnel personal protective equipment (PPE) use according to type of activity and client contact

Setting	Activity / contact	Type of PPE or procedure
Hotel quarantine floor Not entering the client/s room or having direct contact with client/s.	Telephone contact.	<ul style="list-style-type: none"> • No PPE required (Note: optional masks and gloves will be made available for staff who request it if working with confirmed positive cases)
	No direct client contact.	<ul style="list-style-type: none"> • Maintain physical distance of at least 1.5 meters from all persons entering floor as per normal social distancing requirements
	Door closed to quarantine rooms	<ul style="list-style-type: none"> • Practice hand hygiene • Practice cough and respiratory etiquette
	Doorway or hall way indirect contact with person (e.g. person puts their head out of the doorway)	<ul style="list-style-type: none"> • No PPE required (Note: optional masks and gloves will be made available for staff who request it) • Maintain physical distance of at least 1.5 meters from all persons entering floor as per normal social distancing requirements • Request client/s to wear surgical face mask if tolerated
Entering the client/s room	Direct or any close contact with the clients room but not the client	<ul style="list-style-type: none"> • Ask client/s to wear a surgical face mask if tolerated • Put on a surgical face mask and gloves
	Direct contact with client e.g. medical emergency response, hotel fire evacuation	<ul style="list-style-type: none"> • Ask client/s to wear a surgical face mask if tolerated • Put on the following PPE before entering the room: <ul style="list-style-type: none"> • Surgical face mask • Gown • Gloves • Eye protection (goggles or face shield)

Isolation is used to separate ill persons who have an infectious disease from those who are healthy (e.g. tuberculosis and confirmed COVID-19 cases).

Quarantine is used to separate and restrict the movement of well persons who may have been exposed to an infectious disease to see if they become ill (e.g. returned travelers, cruise line crew and passengers).

FW: Approved - PPE Advice for Hotel Security Staff and AO's

From: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>

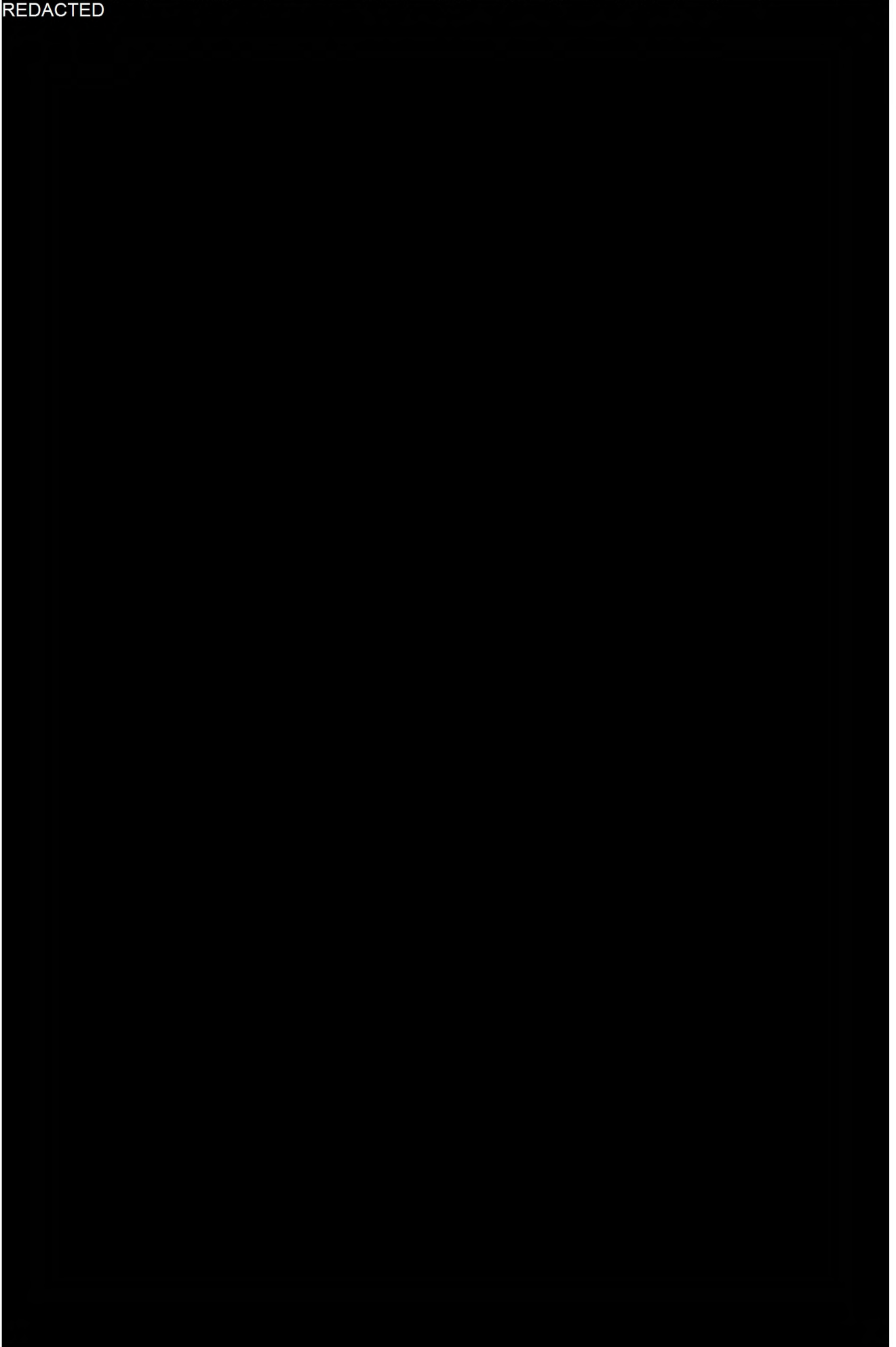
To: REDACTED



<crowmetropol@dhhs.vic.gov.au>, Crownpromenade <crownpromenade@dhhs.vic.gov.au>, Crowneplaza <crowneplaza@dhhs.vic.gov.au>, "Four Points (DHHS)" <fourpoints@dhhs.vic.gov.au>, Grand Chancellor <grandchancellor@dhhs.vic.gov.au>, "Grand Hyatt (DHHS)" <grandhyatt@dhhs.vic.gov.au>, "Holiday Inn Airport (DHHS)" <holidayinnairport@dhhs.vic.gov.au>, HolidayInnMelbourne <holidayinnmelbourne@dhhs.vic.gov.au>, "Melbourne Marriott (DHHS)" <melbournemarriott@dhhs.vic.gov.au>, "Mercure (DHHS)" <mercure@dhhs.vic.gov.au>, "Novotel Melbourne (DHHS)" <novotelmelbourne@dhhs.vic.gov.au>, Panpacific <panpacific@dhhs.vic.gov.au>, Parkroyal <parkroyal@dhhs.vic.gov.au>, Pullman Swanston <pullmanswanston@dhhs.vic.gov.au>, "Rydges Swanston (DHHS)" <rydgesswanston@dhhs.vic.gov.au>, "Stamford Plaza (DHHS)" <stamfordplaza@dhhs.vic.gov.au>, "Travelodge Docklands (DHHS)" <travelogedocklands@dhhs.vic.gov.au>, "Travelodge Southbank (DHHS)"

<travelodgesouthbank@dhhs.vic.gov.au> REDACTED

REDACTED



REDACTED

Cc: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>
Date: Wed, 10 Jun 2020 16:20:13 +1000

Team,
Please read and apply this approved policy;

Regards
REDACTED (DHHS) Operations
OP SOTERIA EOC

From: DHHSOpSoteriaADFLO (DHHS) <DHHSOpSoteriaADFLO@dhhs.vic.gov.au>
Sent: Wednesday, 10 June 2020 3:28 PM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: DHHSOpSoteriaADFLO (DHHS) <DHHSOpSoteriaADFLO@dhhs.vic.gov.au>
Subject: Approved - PPE Advice for Hotel Security Staff and AO's

Good afternoon,

Please see link for [PPE Advice for Hotel Staff and AO's in Contact with Quarantined Individuals](#) for dissemination.

Any questions please let us know,

Kind regards,

REDACTED

OP SOTERIA
Emergency Operations Centre

Department of Health and Human Services
145 Smith Street, Fitzroy VIC 3066

E. REDACTED
<https://www.dhhs.vic.gov.au>

EOC Manager REDACTED

OPERATION SOTERIA APPROVED DOCUMENTS FOLDER: [Location of Operation Soteria Approved Documents](#)

Deployment Order - Operation Soteria

Date: Sun, 26 Apr 2020 15:40:58 +1000

Attachments: COVID-19_How to put on and take off your PPE.pdf (2.29 MB); EXAMPLE COVID-19 Jane Doe EXAMPLE - Standby and Overtime form WE Sun 26 April 2020.xls (77.31 kB)

Dear **INSERT NAME**,

This email confirms details for your deployment as part of the DHHS Operations Soteria Emergency Management surge workforce. Should you have any issues with any of the information below, please email DHHSOpSoteriaEOC@dhhs.vic.gov.au or call 9412 2613.

Deployment details

Deployment location and role

Work location – **INSERT NAME OF HOTEL & ADDRESS**

Role: Hotel Team Leader

An information pack and role statements have been put together to assist Team Leaders, this document is constantly being updated as new information becomes available. To access, please use the link below:

REDACTED

Deployment length:

4 days

Work dates: **INSERT DATES**

Travel dates: **IF REQUIRED**

Accommodation (if required):

Name: **of provider**

Address: **of provider**

Ph: **INSERT PHONE**

Check in: **INSERT DATE**

Check out: **INSERT DATE**

PPE & Equipment:

Please remember to bring following items (if you have):

- Your DHHS Photo ID
- your name badge
- ultrabook
- Departmental EM uniform (if you have one) – if not, comfortable casual dress is fine.

Safety:

Reminder for staff to monitor personal fatigue levels throughout your deployment and should you have any health and safety issues please escalate these to the Emergency Operation Centre (as per details above).

Staff are reminded to ensure that they adhere to social distancing requirements as directed by the Chief Health Officer and observe a minimum 1.5 metres .

- Practice good personal hygiene etiquette and infection prevention by:
 - washing your hands regularly with soap and water for a minimum of 20 seconds or using an alcohol-based hand rub. If your hands are visibly dirty wash them with soap and water.
 - always washing your hands with soap and water before eating and after visiting the toilet.
 - covering your nose and mouth with a tissue when coughing and sneezing and disposing of used tissues immediately. If you don't have a tissue, cough or sneeze into your elbow or upper sleeve.

- avoiding touching your eyes, nose and mouth.
- avoiding close contact with anyone with cold or flu-like symptoms.
- Practice good cleaning hygiene and infection prevention by:
 - cleaning high contact surfaces such as workstations, keyboards, mobile phones, lift buttons, printer buttons, bathroom taps, door handles, car steering wheels, brake handles, gear sticks, interiors etc. with a cleaning agent such as soap and water or disinfectant wipes
 - using of hand sanitiser or disinfectant wipes in your car upon completion of your shift
 - minimising, where possible, touching high contact surfaces, for example, using your knuckle, pen or identification card to activate lift buttons
 - regularly disinfecting work equipment including workstations, laptops and Ultrabooks, and particularly telephone handsets
 - minimising use of hot desking and shared work equipment such as headsets and desk phones
 - Stay at home and away from the workplace and other public places if you are unwell and phone your doctor or the COVID-19 hotline on 1800 675 398

Timesheets:

Please keep track of all hours that you work.

Time sheets (coded to COVID) for internal staff can be found on the COVID-19 Hub:

<https://dhhsvicgovau.sharepoint.com/sites/DIMT/SitePages/Training,-Tools,-and%20Templates.aspx>

There are different timesheets for casuals and for VPS employees. There is also a range of other tools and a load of information on the hub that you might like to review. If you are a casual, please fill this in as per your usual process.

Once timesheets have been completed and signed off, please submit this directly to Our Service <https://ourservice.dhhs.vic.gov.au/ourservice>.

A sample VPS timesheet has been attached for reference. **PLEASE NOTE** – this is only designed to help you fill in your timesheet to the best of our knowledge.

Kind regards,

Planning Officer

OPERATION SOTERIA

Department of Health & Human Services

p: 9412 2613

e: DHHSOpSoteriaEOC@dhhs.vic.gov.au



Health
and Human
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.



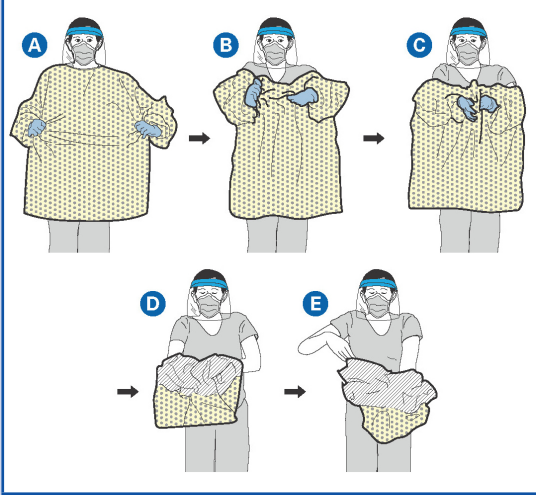
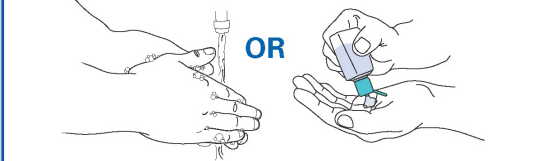
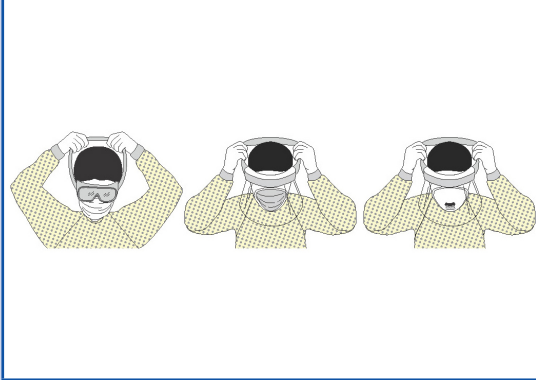
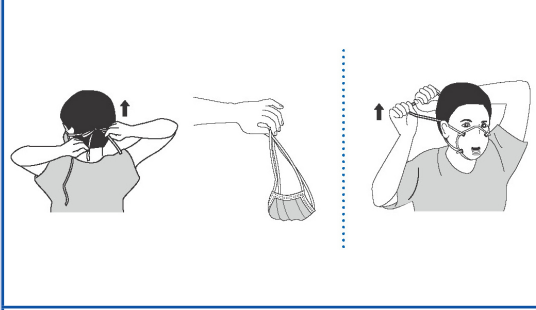
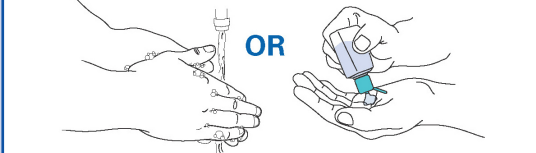
How to put on (don) and take off (doff) your personal protective equipment (PPE)

How to put on (don) your personal protective equipment (PPE)

	<p>1. Perform hand hygiene</p> <p>Wash hands with soap and water or use an alcohol-based hand rub</p>
	<p>2. Put on gown</p> <p>Close gown using ties or Velcro closures at the back of the neck and waist</p>
	<p>3. Put on mask/respirator</p> <ul style="list-style-type: none"> • Secure ties or elastic bands at the middle of the head and neck • If loops at side of mask/respirator, secure over your ears • Ensure mask/respirator is fitted snug to face and below chin • If using a P2/N95 respirator, conduct a fit check. Always refer to the manufacturers' instructions for fit checking of individual brands and types of respirators.
	<p>4. Put on protective eyewear / face shield</p> <p>Place protective eyewear / face shield over eyes/face and adjust to fit</p>
	<p>5. Put on gloves</p> <p>Extend to cover cuff of long-sleeved gown</p>

How to take off (doff) your personal protective equipment (PPE)

Important: Remove all PPE before exiting the patient room except your mask/respirator

	<p>1. Remove gown and gloves</p> <ul style="list-style-type: none"> Gown front and sleeves and the outside of the gloves are contaminated – DO NOT TOUCH Grasp gown in the front and pull away from your body so that the ties break, touching the outside of the gown only with gloved hands While removing the gown, fold or roll the gown inside-out into a bundle As you are removing the gown, peel your gloves off at the same time, only touching the inside of the gloves and gown with your bare hands Place gown and gloves into a waste bin or receptacle
	<p>2. Perform hand hygiene</p> <ul style="list-style-type: none"> Wash hands with soap and water or use an alcohol-based hand rub
	<p>3. Remove protective eye wear</p> <ul style="list-style-type: none"> Outside of protective eye wear or face shield is contaminated – DO NOT TOUCH Remove protective eye wear or face shield from the back (if has elastic band) or by the side arms without touching the front of the eye wear / shield. If disposable – place into a waste bin or receptacle If non-disposable – place into receptacle designed for reprocessing
	<p>4. Remove mask/respirator</p> <ul style="list-style-type: none"> Front of mask/respirator is contaminated – DO NOT TOUCH Grasp bottom ties or elastic band of the mask/respirator, then the ones at the top Remove without touching the face Dispose of mask/respirator into waste bin or receptacle
	<p>5. Perform hand hygiene</p> <ul style="list-style-type: none"> Wash hands with soap and water or use an alcohol-based hand rub.

Adapted from CDC Guideline for isolation precautions <www.cdc.gov/infectioncontrol/guidelines/isolation>

Find out more www.dhhs.vic.gov.au/coronavirus

If you are concerned, call the

Coronavirus hotline 1800 675 398 (24 hours)

Please keep Triple Zero (000) for emergencies only

To receive this publication in an accessible format email COVID-19@dhhs.vic.gov.au

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Hotel Team Leader Onboarding Process

1. Recruitment Process:

- Staff to express interest to the Career Mobility Team via <https://dhhsvicgovau.sharepoint.com/sites/vacancymgmt/SitePages/Taskforce-Inform.aspx>
- Career Mobility Team to collate expressions of interest and determine:
 - Staff availability (e.g. times and preference of days over a 7-day period etc.)
 - Staff skill set & substantive classification
 - Staff members contact details (include personal mobile if they don't have a DHHS mobile phone).
 - Any health or safety risks that the staff members needs to disclose that might impact their ability to perform the role.
 - Substantive managers name and email address
 - Management Approval sought
 - If staff member has access to a department Ultrabook and mobile phone
- Career Mobility Team to provide Operation Soteria (Planning Section) filtered list of available staff for consideration.

2. Rostering Process

- Operations Soteria Planning Cell to access information provided by Career Mobility team and to assess availability against desired rostering needs.
- Planning team to contact staff member and determine availability and suitability.
- Planning to roster staff where required.

3. Pre-deployment Process

- Operations Soteria Planning Cell to send a deployment order to staff member. A template has been developed, this can be located **XXX INSERT LINK XXX**
- Deployment order covers:
 - Confirmed shift dates, times and locations.
 - Accommodation arrangements (if required)
 - Required equipment needed (Ultrabook/phone etc.)
 - PPE requirements and dress code.
 - Health and Safety Information (including hygiene, fatigue management, information around not working in a normal office environment and EAP supports).
 - Contact details for the EOC (phone/email) for escalation and issues with deployment.
 - A copy of the Team Leader Kit and link to MS Teams
- Planning will ensure that staff member is given access to MS Teams Site and generic email boxes.

4. Shift 1 Induction

- All a new Team Leaders will spend their first shift shadowing an experienced Team Leader (this will be rostered by Planning).
- The Deputy Team Leader Operations (Floater) from the EOC will meet with each new team leader on their first shift and provide a SMEACQS briefing **XXX INSERT LINK XXX**.

- Hotel Team leader to use the escalation number or email address for any questions.
- The Deputy Team Leader Operations (Floater) from the EOC will periodically visit hotels to provide support all team leaders and provide assistance where required.

Handover notes to assist over the next couple days

From: "Merrin Bamert (DHHS)" REDACTED
To: REDACTED
Cc: "StateEmergencyManagementCentre SFMC (DHHS)" <semc@health.vic.gov.au>, "Michael Mefflin (DHHS)" REDACTED, "Pam Williams (DHHS)" REDACTED
Date: Sat, 04 Apr 2020 20:56:17 +1100

Hi all

I just want to say and enormous thank you for all your hard work, it is a surreal experience knowing the hotels are full of people yet the foyers and streets are silent.

This is a complex environment and I think you are all doing an excellent job under difficult circumstances.

It was great for Michael and I to be on the ground today and see how the hotels operate having spent the last week dealing with the really complex issues from afar.

It is really important that we lead by example with our physical distancing and other infection control and OHS activities.

For this reason, handovers and team huddles should occur in an appropriate location within each hotel. We should try and limit our movement of teams between hotels.

The briefing should include the team leader, DHHS staff including the AO, nursing staff and the Dnata team leader if possible.

The briefing should include

Handover should include

- Clarity of roles and responsibilities for the day (team leader)
- PPE instructions OHS Considerations and physical distancing reminders (team leader)
- New changes to directions or policies (AO)
- Any known exemptions or altered directions (AO)
- Key issues for individual guests that required immediate attention (RNs or staff from previous shift)
- Themes that are arising or risks for the day
- Questions time of team leaders
- Debrief and wellbeing check for leaving staff

Nursing staff are available 24 hours per day

Crown Metropol REDACTED

Crown Plaza REDACTED

Crown Promenade REDACTED

Pan pacific REDACTED

Mercure TBA

The Doctors are available from 0800-1800 on site (Redacted doctors between our 5 sites) they will present at 8am at Promenade for a briefing from local team leader (and exec if available). I suggest one based at Promenade and the REDACTED Dr to the new intake hotel at Mecure, Staff should provide information about leaders at all five sites and a description of entry and floor level for staff at each hotel, A handover with local nurses should occur.

Promenade – level 2

Metropol – level 20 rooms 55, 56

Plaza – lower ground

Pan pacific – level 4

The RED Drs tomorrow are

REDACTED

REDACTED

The after-hours DrDr number for Telehealth is DrDr priority call number on: 03 REDACTED from 6 pm onwards and identify themselves to the call centre staff.

Pathology equipment is available at Pan pacific with some minimal equipment provided by Melbourne pathology to contact the courier call 9287 7788

Escalation numbers

Michael Mefflin (EO) REDACTED

Numbers for Helplines (please provide as required)

Lifeline – 13 11 14

Beyond Blue 1800RESPECT

Headspace 1800 650 890

Kids Helpline 1800 55 1800.

Referral

The following referrals should occur after a nurse / medical review

NorthWestern Mental Health Triage: -

- 1300 874 243 (1300 TRIAGE) – this is a 24/7 service and calls are answered by a senior mental health clinician

- <https://www.nwmh.org.au/what-expect-when-calling-triage> for general information

Maternal and Child Health Nurse services contact - REDACTED | Co-ordinator Family Health | Community Services REDACTED | –

during office hours

Complex Client Social work / FVF representative on site

Refer all call 000 as required, ensure AO is notified and handovers any information about the detention direction.

We are following up policy and operation direction for fresh air/smoking, planning for exits in 14 days.

As agreed today, no Uber at any site.

For stock, rosters or any concerns that required escalation please make sure you engage with our state leaders at SEMC

I hope tomorrow goes well for everyone

Don't hesitate to contact Michael if you need to trouble shoot.

Kind regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection

South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

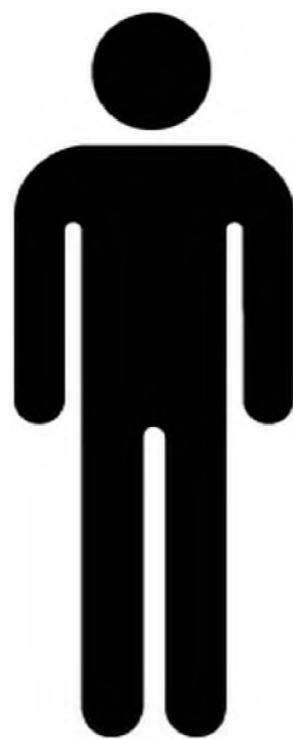
NOTICE

SOCIAL DISTANCING IN PRACTICE

Prior to entry please familiarise yourself with Social Distancing



1.5m



**Observe a minimum
1.5m distance
from person-person
at all times**

IF YOU ARE SICK DO NOT ENTER

COVID-19 Safety Advice

Social Distancing in Office and Common Areas

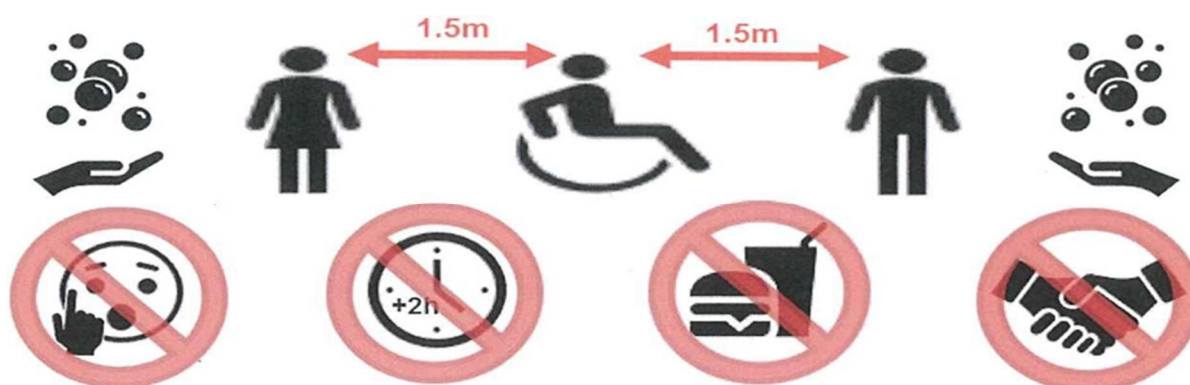
Effective immediately, until further notice, the following infection control measures will be in place:

Due to the COVID-19 pandemic, social distancing requirements of one person per 4sqms have been implemented by the government.

The maximum capacity for this area is _____ persons at a time
(Furniture is considered)

Please also be mindful of the following:

- Where possible and practical, move your meetings to an online forum like Teams or Skype for Business
- If you are displaying cold or flu symptoms, please do not attend the meeting
- Wash your hands before and after (or use Hand Sanitiser) the meeting
- Limit meeting times to 2 hours or less
- NO food or drink is permitted, except a personal bottle of water
- Don't touch your face
- Avoid close contact with your colleagues
- Cover your nose and mouth with a tissue or inner elbow when you cough or sneeze



For more information on protecting yourselves and your colleagues, please visit: intranet.dhhs.vic.gov.au/about-us/news-events/news/covid-19-guidance-vps-employees

Handover notes to assist over the next couple days

From: "Merrin Bamert (DHHS)" [REDACTED]
To: [REDACTED]
Cc: "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>, "Michael Mefflin (DHHS)" [REDACTED], "Pam Williams (DHHS)" [REDACTED]
Date: Sat, 04 Apr 2020 20:56:17 +1100

Hi all

I just want to say and enormous thank you for all your hard work, it is a surreal experience knowing the hotels are full of people yet the foyers and streets are silent.

This is a complex environment and I think you are all doing an excellent job under difficult circumstances.

It was great for Michael and I to be on the ground today and see how the hotels operate having spent the last week dealing with the really complex issues from afar.

It is really important that we lead by example with our physical distancing and other infection control and OHS activities.

For this reason, handovers and team huddles should occur in an appropriate location within each hotel. We should try and limit our movement of teams between hotels.

The briefing should include the team leader, DHHS staff including the AO, nursing staff and the Dnata team leader if possible.

The briefing should include

Handover should include

- Clarity of roles and responsibilities for the day (team leader)
- PPE instructions OHS Considerations and physical distancing reminders (team leader)
- New changes to directions or policies (AO)
- Any known exemptions or altered directions (AO)
- Key issues for individual guests that required immediate attention (RNs or staff from previous shift)
- Themes that are arising or risks for the day
- Questions time of team leaders
- Debrief and wellbeing check for leaving staff

Nursing staff are available 24 hours per day

Crown Metropol [REDACTED]

Crown Plaza [REDACTED]

Crown Promenade [REDACTED]

Pan pacific [REDACTED]

Mercure TBA

The Doctors are available from 0800-1800 on site (2 doctors between our 5 sites) they will present at 8am at Promenade for a briefing from local team leader (and exec if available). I suggest one based at Promenade and the second Dr to the new intake hotel at Mecure, Staff should provide information about leaders at all five sites and a description of entry and floor level for staff at each hotel, A handover with local nurses should occur.

Promenade – level 2

Metropol – level 20 rooms 55, 56

Plaza – lower ground

Pan pacific – level 4

The two Drs tomorrow are

[REDACTED]

[REDACTED]

The after-hours DrDr number for Telehealth is DrDr priority call number on: 03 [REDACTED] from 6 pm onwards and identify themselves to the call centre staff.

Pathology equipment is available at Pan pacific with some minimal equipment provided by Melbourne pathology to contact the courier call 9287 7788

Escalation numbers

Michael Mefflin (EO) REDACTED

Numbers for Helplines (please provide as required)

Lifeline – 13 11 14

Beyond Blue 1800RESPECT

Headspace 1800 650 890

Kids Helpline 1800 55 1800.

Referral

The following referrals should occur after a nurse / medical review

NorthWestern Mental Health Triage: -

- 1300 874 243 (1300 TRIAGE) – this is a 24/7 service and calls are answered by a senior mental health clinician

- <https://www.nwmh.org.au/what-expect-when-calling-triage> for general information

Maternal and Child Health Nurse services contact REDACTED | Co-ordinator Family Health | Community Services REDACTED | –

during office hours

Complex Client Social work / FVF representative on site

Refer all call 000 as required, ensure AO is notified and handovers any information about the detention direction.

We are following up policy and operation direction for fresh air/smoking, planning for exits in 14 days.

As agreed today, no Uber at any site.

For stock, rosters or any concerns that required escalation please make sure you engage with our state leaders at SEMC

I hope tomorrow goes well for everyone

Don't hesitate to contact Michael if you need to trouble shoot.

Kind regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection

South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

FW: Daily rosters for Saturday 04.04.2020 COVID-19

From: "Merrin Bamert (DHHS)" REDACTED
 To: "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>
 Cc: "Michael Mefflin (DHHS)" REDACTED, "Jason Helps (DHHS)" REDACTED, "Pam Williams (DHHS)" REDACTED, REDACTED, REDACTED, REDACTED, REDACTED, "Finn Romanes (DHHS)" REDACTED
 Date: Sat, 04 Apr 2020 14:54:41 +1100

Hi all

Michael and I are at the hotels today and just putting forward some thoughts and raising issues from the day.

Just wondering how we would like to move forward on addressing this information

Rosters

We understand the double shifts are being addressed 7 am - 10 pm this is beyond a normal hours for an event, (is the fatigue policy up to 12 hours?) we all agree staff will not do double shifts, clarity around the number of shifts in a row also coming from Sara. Suggest

0700 – 1600

1500 – 2300

We think we need an On call person overnight for escalation

We need clarity on Roles and Responsibilities - this may be forthcoming with NickChiam's work Team leader DHHS role – what are their roles are they viewed as a local incident lead

The role for Michael and I as coordinator across all hotels and airport

DJPR leads roles and responsibilities -can we find out this from DJPR

At each hotel

We have established 3 handovers a day at each hotel

At these handovers are the DHHS team leader, the nurses, the AO, other DHHS/ and DNata team leader to be included.

These are at 0700, 1430, 2130

Handover should include

- Clarity of responsibilities for the day
- New changes to directions or policies
- PPE instruction OHS Considerations and physical distancing reminders
- Key issues for individual guests that required immediate attention
- Themes for clarity
- Questions time of team leaders
- Debrief for leaving staff

Medical officers are on from 0800-1800

DAILY HUDDLES

Great initiative, the leads at each of the hotels have established across all hotels a Daily Huddle This includes , Lead DHHS, Lead DJPR, the leads discuss key issues and should include a coordinator from both DHHS (Michael or I at this time) and DJPR

RN handover must included

Current Escalation points (merrin to write up tonight)

Medical GPs on site and after hours in place now – phone numbers

Mental health – north east mental health – in place – phone numbers

Maternal and child health – in place – phone numbers

Complex clients – in place – phone numbers

AOD – to be confirmed

Transfer to hospital – policy underway – working with PMO

Others???

Exit process- guest and staff asking For this To be developed - once 14 days are up – needs to be developed who is doing this?

Flow chart would be great

Logistics

Practicalities

Compliance – AO roles

Are we paying for transfers to home/airport/ flights

We need holding lines and comms now

General Comms - request for

The request for daily bulletins for team leaders with changes the night before

Are the DJPR and DHHS comms working together in SCC regarding issues and messages.

Some other issues that have come up today include:

The new woollies \$80 cards, logistics and policy's

A blanket rule please for no uber eats!!

Cleaning of rooms – consistent approach

Thanks

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection

South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: Merrin Bamert (DHHS) REDACTED

Sent: Saturday, 4 April 2020 10:31 AM

To: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>

Cc: REDACTED

REDACTED

Subject: Re: Daily rosters for Saturday 04.04.2020 COVID-19

Hi

Can we please make sure that all Mobile phone numbers are on this for staff rostered on.

Thanks

Merrin

Get [Outlook for iOS](#)

From: SEMC <semc@dhhs.vic.gov.au>

Sent: Friday, April 3, 2020 8:28:04 PM

To: Merrin Bamert (DHHS) <REDACTED>

Subject: Daily rosters for Saturday 04.04.2020 COVID-19

Evening Everyone,

Please find attached the daily rosters for Saturday 4 April 2020, including:

- State and Divisional Operations roster
- Airport roster
- Hotel Roster.

At this stage we do not have visibility on the following rosters and would appreciate advice on how to connect:

- Authorised Officers.

We can confirm the following medical staff will be on site at each hotel:

7:00 – 14:30 *1 ED nurse; *2 Gen nurse

14:00 – 21:30 *1 ED nurse; *2 Gen nurse

21:00 – 7:30 *1 ED nurse OR Gen (based on availability).

8:00 – 18:00 *1 GP; (additional GP TBC).

If anyone has been missed on this distribution or if you have any daily amendments, please email SEMCM@dhhs.vic.gov.au ATTN: ROSTERING.

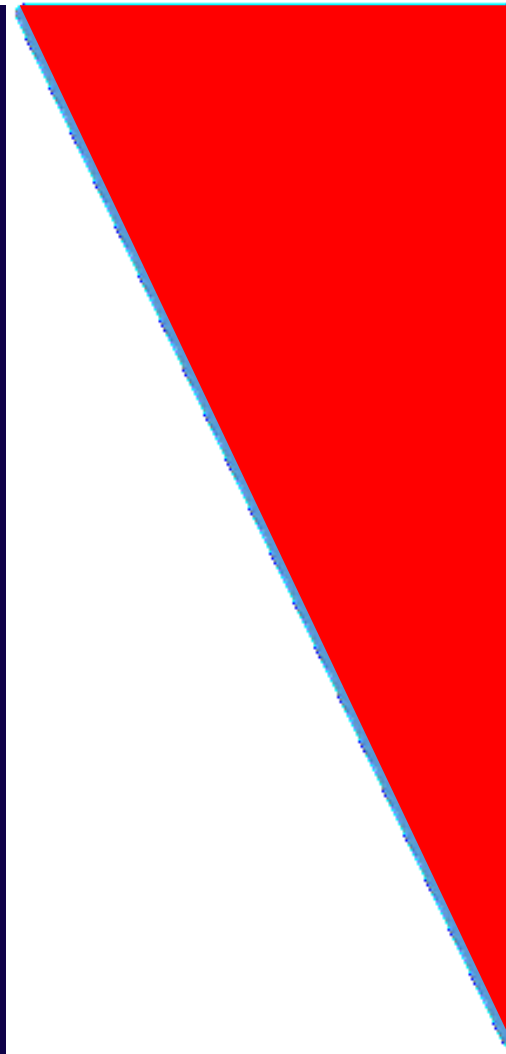
Thanks, Rostering and Planning Officer

Kind regards

State Emergency Management Centre
Department of Health and Human Services | 50 Lonsdale Street Melbourne 3000
p. 1300 304 309 | f. 9096 0003 | e. semc@dhhs.vic.gov.au | www.recovery.vic.gov.au
State Duty Operations Officer (24 hours): 1300 790 733

OPERATION SOTERIA Standard Operating Procedures (a guide for Team Leaders)

Date: 30 May 2020
Approved by: Merrin Bamert



OPERATION SOTERIA
 Mandatory Quarantine Hotel
 Standard Operating Procedures

Document Control

Document Title	COVID-19 Mandatory Quarantine Hotel Standard Operating Procedures				
Document Number	TBA				
Revision Details					
Prepared	Reviewed	Reason	Date	Approved by	Signature
REDACTED		Draft	23 Apr 20	M Bamert Dir EM PPHP	
		Review	24 May 20	M Bamert Dir EM PPHP	

Hyperlinks

In order to use the hyperlinks in this PDF, hover your cursor over the highlighted text, hold the CTRL button + left click the mouse.

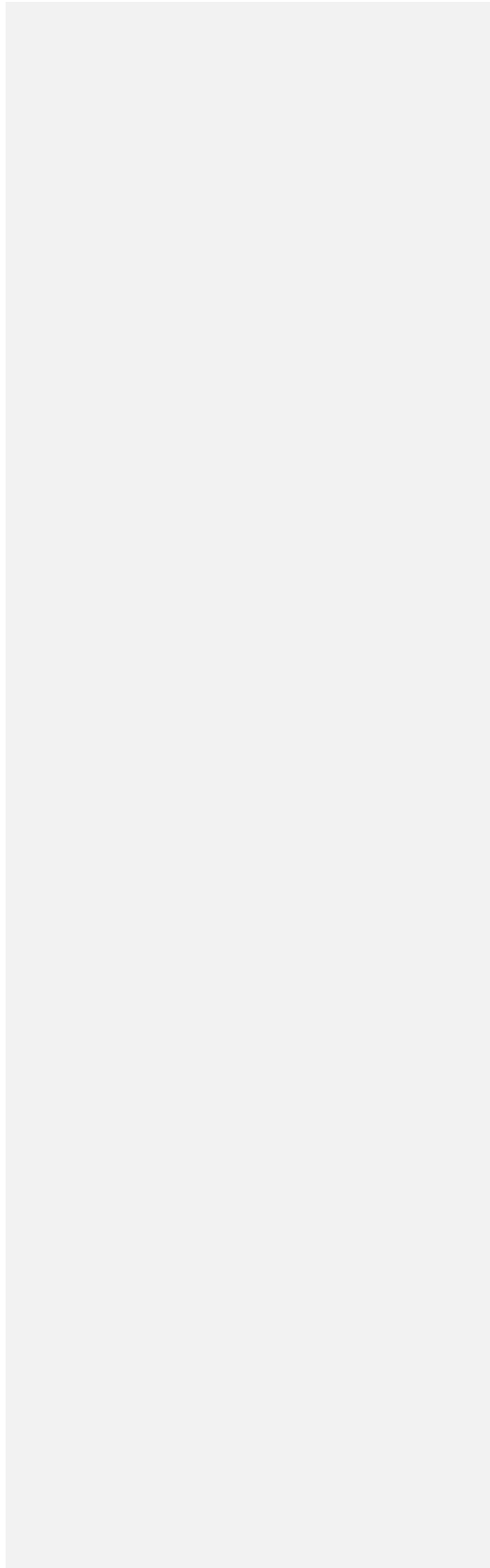
OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

Contents

Document Control	2
1 Introduction.....	5
1.1 Purpose	5
1.2 Scope	5
1.3 Audience.....	5
1.4 Background	5
2 Structure.....	5
2.1 Contact details	5
3 Hotel coordination and control arrangements	6
3.1 Health contacts	6
3.2 Authorised Officer	7
3.3 Department Jobs Precincts and Regions (DJPR) Site Contact.....	7
3.4 Welfare Check Team and CART	7
3.4.1 Welfare Check Team.....	7
3.4.2 CART.....	8
3.5 Security	8
4 Team Leader role	8
4.1 Job cards	8
4.2 Daily schedule	8
4.3 Daily start of shift briefings	8
4.3.1 Daily Team Leader briefings with EOC	9
4.4 14-day schedule.....	9
4.5 Airport Arrival and hotel documentation	9
4.6 During the stay at the hotel.....	9
4.6.1 Food allergies – people staying in hotels	9
4.6.2 Interpreter booking process	9
4.6.3 Fresh Air Policy	10
4.6.4 Nurse Health Record.....	10
4.7 Reporting.....	10
4.7.1 Team Leaders need to be aware of reporting processes for:.....	10
4.7.2 Complaints process.....	10
4.7.3 Incident reporting process	11
4.7.4 Day 3 and Day 11 Swab testing.....	11
4.7.5 Escalations.....	11
5 Handover.....	12
6 Logistics	12
6.1 General.....	12
6.2 Pharmaceutical	12
6.3 Personal protective equipment (PPE).....	13
6.4 Clinical waste bins and sharps containers	13
6.5 Stationery	13
6.6 Cab charge	13
6.7 Transport of COVID, close contact and other guests	14
6.8 Deliveries to hotel guests	14
6.9 Miscellaneous requests for items	14
7 Shared mailboxes for hotels.....	15

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

8 Exit of accommodation arrangements 16
9 Rostering 16



OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

1 Introduction

1.1 Purpose

The purpose of this document is to provide a guide for Hotel Team Leaders during Operation Soteria. It outlines activities and actions required to provide safe, efficient and effective hotel operations for the management of guests¹ requiring mandatory quarantine on return to Australia within the state of Victoria.

1.2 Scope

This document outlines the roles and responsibilities of Team Leaders, their tasks whilst managing quarantined guests, and the operational health and welfare arrangements for guests in mandatory quarantine as part of Operation Soteria.

1.3 Audience

This document is primarily intended for use of Team Leaders. More generally, it can be used by DHHS staff, all departments and organisations involved in Operation Soteria.

1.4 Background

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. This process is supported by an overarching operational plan.

This document is to be considered a live guide and will be reviewed and amended regularly during Operation Soteria. Amendments and updates to the guide will be communicated to Team Leaders via generic email hotel email addresses and noted as appropriate at daily Team Leader briefings.

2 Structure

The coordination of Operation Soteria activity is managed out of the Operation Soteria Emergency Operations Centre (EOC), currently located in the Fitzroy DHHS office. The governance arrangements for the EOC are outlined in the diagram on page 6.

2.1 Contact details

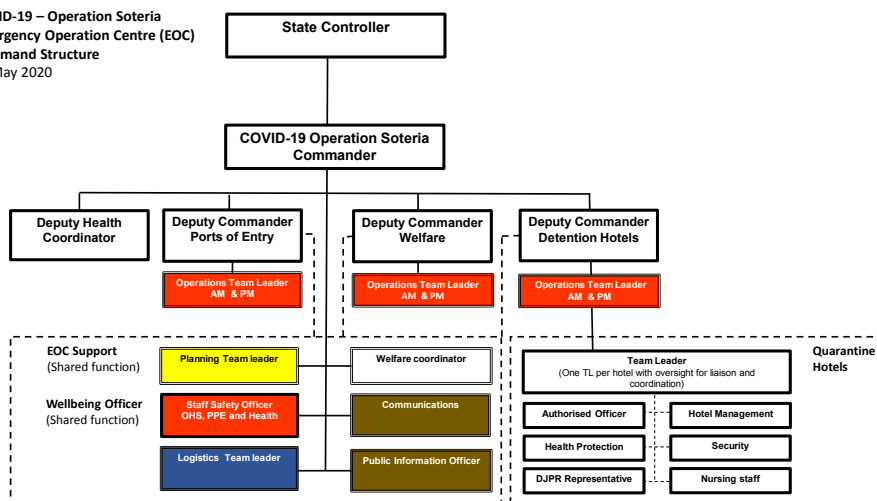
Each hotel is provided with a generic phone for use by the Team Leader. A full list of hotel phone contacts is provided on the roster distributed by email each day. The roster also contains other important contact

¹ The term guest is used throughout this document to refer to individuals required to conduct mandatory quarantine.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

numbers, including how to reach the Operation Soteria Emergency Operations Centre (EOC).

COVID-19 – Operation Soteria
Emergency Operation Centre (EOC)
Command Structure
06 May 2020



3 Hotel coordination and control arrangements

3.1 Health contacts

Health contacts include one general practitioner, one ED nurse, two general nurses and one mental health nurse. Nurses undertake the following roles:

- Provide 24 hour on-call medical support subject to demand.
- Provide checks to guests through a daily health and welfare check.
- Escalation to
 - On-site GP or telehealth GP
 - Off-site GP
 - NorthWestern Mental Health
 - Maternal and child health services
 - Hospital

The daily health and welfare checks include:

- Checking in with guests to broadly identify how they are coping in hotel quarantine and identify if they have COVID-19 symptoms.
- Escalate any issues arising, including conveying dietary requirements to hotel staff, recommendation to provide ongoing mental health assessments or escalating to 000. Where a nurse identifies complex needs, they will refer the case to the **Complex Assessment and Response Team (CART)**.

At the conclusion of the quarantine period, all guests are offered a voluntary temperature and symptom check by a nurse around 24 hours before release.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

3.2 Authorised Officer

An Authorised Officer (AO) is rostered for each hotel in three shifts 7:00 am-3:00 pm, 3:00 pm-11:00 pm and 11:00 pm-7:00 am. An AO has delegated powers under the *Public Health and Wellbeing Act 2008* and therefore broadly speaking provides advice and directives, in relation to the Victorian Chief Health Officer's (CHO) Directions under the State of Emergency.

This includes:

- Where required, check completed Direction and Detention Notice to confirm mandatory details have been completed by the guest. These details are to be recorded by the AO in the compliance app.
- Where required, explain the quarantine order to guests quarantined.
- If a person is refusing to comply with the 'Direction and Detention Notice' authorise Victoria Police to detain or arrest the person. The AO does not detain or arrest the individual.
- Where required, answer questions from hotel staff, security contractors and Victoria Police as to what guests are permitted to do, in line with the current CHO directions.
- Provide a handover to an AO rostered on the following shift.
- In consultation with their AO Team Leader or Deputy Commander AO Operations, AOs can make certain straightforward permissions for temporary leave (e.g. for medical treatments). All permissions must be recorded in the permissions register and COVID Compliance App. Please note, permissions are not exemption. AOs do not have authority to consider exemptions, these must be sent to COVIDquarantine@dhhs.vic.gov.au.

3.3 Department Jobs Precincts and Regions (DJPR) Site Contact

The Department of Jobs Precincts and Regions (DJPR) Site Contact represents DJPR as the accommodation, transport and security contract manager. DJPR are responsible for signing contracts with new hotels, engaging security firms to work at the hotels, coordination of the Government Support Service (GSS), coordinating the exit of people leaving quarantine, including their transport arrangements.

3.4 Welfare Check Team and CART

3.4.1 Welfare Check Team

The Welfare Check Team is located offsite from the hotel and their primary role is to conduct two phone surveys with guests on day 3 and 9 of their hotel quarantine period.

On day 3 the Welfare Check Team will undertake a comprehensive health, wellbeing and safety assessment. This will include verifying health information provided by guests upon hotel arrival to ensure essential information about medications, allergies or health issues have been identified and are being managed appropriately.

The team will seek to understand if there is anything that makes the guest feel unsafe, such as family violence and drug and alcohol dependencies and refer for escalation of risks as required. Identify what wellbeing strategies they can utilise to help them cope with hotel quarantine such as exercise, keeping in contact with loved ones etc. In addition, guests will also be asked to think about their exit strategy, in preparation for their exit from hotel quarantine.

On day 9, a shorter assessment is undertaken with guests to identify whether their needs are being met and to capture any feedback about their experience.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

3.4.2 CART

CART is located offsite from the hotel and take referrals from all services supporting the hotel detention including nurses, the hotel team leader, the Welfare Check Team, DJPR and AOs. CART are responsible for undertaking assessments where an individual and/or family is identified as having complex needs and requires support. CART can develop safety plans and risk management plans, which are informed by specialist, and work with professionals to ensure these plans are implemented at the hotel. In addition, they can assist an individual and/or family with an application for financial hardship assistance relating to accommodation stays. Please refer to the Returned Traveller Hardship Policy for further information.

For more information on the Welfare Cell and CART Welfare Cell at a glance.

3.5 Security

Provide security services, including all ancillary services associated with the provision of security at the hotel location. This includes, but is not limited to:

- Accompanying guests in the lift to their floor and to their room (not for COVID positive guests).
- Assisting with arriving busses (such as getting luggage off bus if people need help).
- Being present to manage any on site security concerns.
- Maintaining presence on-floors, lobby and front door of each hotel.
- Receiving and checking parcels and logging details from courier services.
- Delivering parcels and food to rooms.
- Supporting outdoor breaks for guests in accordance with arrangements agreed at each hotel.
- Maintaining security.
- Assist with the checking out of guests.

4 Team Leader role

4.1 Job cards

The Team Leader Job Card outline roles and responsibilities for Hotel Team Leaders and Hotel Team Leader support staff in the hotels.

4.2 Incident management logbooks

Incident management logbooks are provided at each hotel; these must be used by Team Leaders to record all critical conversations including the details of all 000 calls.

Logbooks must remain onsite and are not to be disposed of. These documents are a corporate record. Additional logbooks can be ordered via dhhsopsoteriaec@dhhs.vic.gov.au. Please include 'Attention Logistics' in the header.

4.3 Daily schedule

Each day at a hotel is different and will depend on factors such as the number of entries and exits occurring and swab testing being conducted. While days can vary, there are some functions that occur daily; an example of a typical daily schedule at a hotel can be found [here](#).

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

4.4 Daily start of shift briefings

At the beginning of each shift, the Team Leader should provide a briefing to all personnel on the floor. This is a useful way of getting to know each other; and sharing information and priorities. This briefing should involve everyone present including the DHHS, DJPR, nurses, concierge staff, Authorised Officer, security representative, hotel representative and any other relevant parties. Physical distancing must be practiced during this time. A guide to providing a start of shift briefing is available here [start of shift briefing](#).

4.4.1 Daily Team Leader briefings with EOC

Team Leaders are asked to attend two daily briefings with the EOC. Briefings are chaired by the EOC and run for about 30 minutes. The purpose of the briefing is to provide a situational update, share information and provide Team Leaders with an opportunity to raise any urgent or significant issues.

Invitations for the briefings have been sent to each hotel's Outlook mail account and should appear in the calendar. Team Leaders should dial in at 11:00 am and 4:00 pm daily by phoning **1800 153 721** and using PIN: **REDACTED**

4.5 14-day schedule

People arriving from overseas are required to undertake 14 days of quarantine in a hotel. As a general guide, the 14 days that a person stays in quarantine generally follows this schedule:

- Day 0 - arrival & check in
- Day 3 – testing, Welfare Cell welfare call
- Day 9 – Welfare Cell welfare call
- Day 11 - testing
- Day 13 - last full day
- Day 14 - exit

4.6 Airport Arrival and hotel documentation

Guests receive information when they arrive at the airport. They are required to complete a Welfare questionnaire and a food safety questionnaire to provide at arrival at the hotel.

Team Leaders should liaise with the hotel and request **four copies** of each of these questionnaires for distribution to the nurses, hotel, DJPR (to reconcile reimbursements) and Authorised Officer.

Upon arrival at the hotel, and throughout their stay, guests will also receive various factsheets and newsletters to provide information that supports them during their stay. All current information being provided to guests is available at current information for hotel guests.

4.7 During the stay at the hotel

4.7.1 Food allergies – people staying in hotels

Upon arrival at Melbourne Airport, passengers will be provided with a food safety questionnaire that must be completed and handed to DHHS staff on arrival at the hotel.

IMPORTANT: Team Leaders should check all food safety questionnaires and identify those where a passenger has answered 'yes' to Questions 1 or 4. Where this is the case, refer to the Process for people with food allergies for further information about alternative arrangements for people with food allergies.

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

4.7.2 Interpreter booking process

LanguageLoop is the language provider that should be used for all interpreter requirements. The contact number for LanguageLoop is 9280 1955 (for calls greater than 90 minutes, phone 9280 1900 to make a booking).

This number will take you to an automated system. Enter the LanguageLoop code **9280**. Press # for the next two options and when requested enter the number for the hotel (including the area code). LanguageLoop will then call the hotel and make a conference call with you.

When you have LanguageLoop on the line, press the conference button, then dial the room number. When the guest answers, select the conference button again. All three parties should then be on the line.

4.7.3 Fresh Air Policy

Team Leaders should endeavour to provide quarantined guests with access to fresh air in line with the Exercise and Fresh Air Implementation Plan. Team leaders are to ensure that PPE is available, and procedures are followed in accordance with the PPE guidelines for healthcare workers, and for hotel security and AOs.

4.7.4 Nurse Health Record

All hotels now have access to the Nurse Health Record app, for nurses to use in documenting all guest care encounters. All nurses are expected to use this app wherever possible, and to digitise any handwritten records as soon as possible after creation.

The role of the Team Leader in the Nurse Health Record is:

- Champion the uptake and usage of the Nurse Health Record.
- Ensure all nurses have access to DHHS login to the Nurse Health Record.
- Request accounts be created for nurses without access and distribute login.
- Maintain visibility and a record of hardware provided to nurses for the purposes of accessing the Nurse Health Record.
- Encourage nurses to attend training sessions

Team Leaders are emailed frequently with information about how to request and access credentials for staff members.

For operational advice, you may contact the Operation Soteria inbox, attention to Health Coordination.

For technical advice, you or the user can email ComplianceAndWelfareApplicationSupport@dhhs.vic.gov.au or phone 1300 799 470 (option 5), from 8:00 am to 8:00 pm each day.

The user guide for the Nurse Health Record app is available at <https://dhhs.vic.gov.au/sharepoint.com/sites/Covid19/SitePages/Quarantine-and-Welfare-System.aspx>.

4.8 Reporting

4.8.1 Team Leaders need to be aware of reporting processes for:

- complaints
- incidents
- Day 3 and Day 11 swab testing

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

4.8.2 Complaints process

Wherever possible, the principle of local resolution should be applied. Team Leaders should utilise resources at their disposal (the hotel, Authorised Officer, nurses and other medical staff) to try and resolve issues directly.

If the hotel team is unable to resolve the complaint, escalate to the EOC Operations Lead via email to dhsopsoteriaEOC@dhhs.vic.gov.au. direct the guest to the DHHS complaints process at <https://www.dhhs.vic.gov.au/making-complaint>. Available on this website is a fact sheet on how to make a complaint (available in easy-English format and multiple other languages), along with the current DHHS Feedback management policy.

Complaints can be registered online (eform), via email or over the phone. The DHHS Feedback team will register the complaint and refer to the appropriate team for resolution.

HR / staff complaints are to be emailed to the EOC via dhsopsoteriaEOC@dhhs.vic.gov.au and will be managed by the Deputy Commander Hotels.

4.8.3 Incident reporting process

Major incidents, or alleged major incidents that involve or significantly impact upon quarantined individuals during airport reception, hotel quarantine guests or staff during the provision of accommodation services must be reported using the incident reporting process outlined in the Operation Soteria Plan. Examples of incidents that need to be reported include injury, death, sustaining/diagnosis of a life threatening or serious illness, and assault/crime. If 000 is called, record the reference number in the Incident Report.

Commented [R(1): Insert Reference Number

When an incident occurs, an incident report must be completed by the most senior departmental staff member immediately involved in the management of the incident onsite, with support of the relevant Deputy Commander. **A major incident also requires verbal escalation to the Deputy Commander Hotels, 24 hours a day, 7 days a week.** Click here to see the full Incident Reporting process COVID 19 Incident Reporting Process and here to access the incident report template Incident Report Template.

Internal

All occupational health and safety hazards, incidents and near misses involving any DHHS employed staff must be registered in the eDINMAR system as per normal DHHS procedures
<https://intranet.dhhs.vic.gov.au/edinmar-system>

4.8.3.1 Privacy concerns

All privacy breaches and near misses must be registered using the DHHS privacy incident reporting form <https://feedback.dhhs.vic.gov.au/layout.html#/privacy>. For advice and assistance, please email privacy@dhhs.vic.gov.au

4.8.4 Day 3 and Day 11 Swab testing

COVID-19 has been diagnosed in people who have completed 14 days of mandatory quarantine after they have been released from detention. Some of these cases were asymptomatic and some have subsequently travelled interstate to return home whilst infectious. There are also concerns that people who are due to finish their 14 days mandatory quarantine may downplay or conceal symptoms in order to travel interstate without delay. For these reasons it has been requested by the Public Health Commander that all individuals (regardless of age or other risk factors) are offered COVID-19 testing on day 3 and day 11 of the mandatory quarantine period. This process is voluntary and informed consent should be sought. Team Leaders and support staff have a responsibility to report information about testing activities into the EOC by 5pm or before on the day of testing.

More information about this process is detailed here: [Day 3 and Day 11 swab testing](#)

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

4.8.5 Escalations

Every day, a number of challenges are likely to arise that you need to resolve. These may be related to the needs of guests or to some other part of the operation. The challenges will be many and varied and you should always utilise the colleagues around you, as well as staff from the hotel, to try and find a solution at the hotel level. There will however be circumstances that arise that cannot be easily resolved at the hotel and need to be escalated (including HR/ staff matters). You are provided with a single escalation point through the EOC which can be reached via phone on 9412 2613 (24 hours a day, 7 days a week) or email at dhsopsoteraieoc@dhhs.vic.gov.au.

5 Handover

Team Leaders must fill out the handover notes form prior to completion of their shift. Handovers are an important way of passing on information from one shift to the next, whether that is from morning to afternoon shift, or overnight to the next day. Well documented handover notes are the best way you can support your colleagues to understand the current issues in your hotel. Your handover notes should include at a minimum any pertinent information about guests by room number and other information of a general operational nature. A general summary of the shift is also useful to include under the 'General Notes' section.

Handover notes should be maintained in the following location in Teams, based on the hotel you are working at: *General > Hotel Sites Specific Folders > [Your hotel name] > Handover.*

6 Logistics

6.1 General

For each hotel location, Team Leaders are to ensure all stores for the general operations, nurses and concierge are fully stocked and in location. Minimum requirements are outlined in the Quarantine hotel bump-in checklist.

6.2 Pharmaceutical

The doctor/general practitioner on duty will determine what pharmaceuticals need to be ordered. The concierge team is responsible for assisting to make the order, if requested by the doctor.

Pharmaceuticals can include:

- Prescription and over the counter (OTC) medications
- Cleaning wipes
- Hand sanitiser
- Batteries for medical equipment
- Covers for medical equipment
- Garbage bags

All hotels can access the following Supercare pharmacies (24 hours a day, 7 days a week) to support guests in quarantine:

- HealthSmart Pharmacy
- Victorian Comprehensive Cancer Centre
- 311 Gratten Street, Melbourne
- Phone: 9045 9777

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

- Email: vccc.dispensary@livehealthsmart.com.au
- Carnovale Pharmacy
- 149 Somerville Road, Yarraville
- Phone: 9314 7557
- Email: carnovalepharmacy@live.com

Please see the Medicines and Poisons Storage Policy for information of how to safely store medication.

6.3 Personal protective equipment (PPE)

Team Leaders must ensure there is enough PPE to last a minimum of **three business days**. PPE is to be worn in accordance with the PPE guidelines for healthcare workers, and for hotel security and AOs. To order PPE follow the directions in the PPE ordering for hotels guidelines and email your request with subject line **PPE Order <hotel name>** to: dhsopssteriaeoc@dhhs.vic.gov.au. PPE includes:

- Face masks
- Gloves
- Gowns
- Eye protection
- Hand sanitiser

6.4 Clinical waste bins and sharps containers

The collection of clinical waste bins and sharps containers will be undertaken by contractors 'Cleanaway Daniels' on a weekly basis; every Monday, Wednesday and Friday between the hours of 8:00 am and 12:00 pm.

Clinical waste bins and sharps containers must be placed by staff at the loading dock / bin collection point for contractors.

If uncertain of how to dispose of left-over pharmaceuticals; these items should be returned to the pharmacy for the correct disposal.

Team leaders can advise of additional requirements by emailing dhsopsoteraeoc@dhhs.vic.gov.au. The SOP for waste management can be found at Waste Management SOP

6.5 Stationery

To order stationery, email your stationery request with subject line **Stationery Order <hotel name>** to dhsopsoteraeoc@dhhs.vic.gov.au. Include the product details and quantities to your request. Stationery can include:

- Binder folders
- Plastic notebooks
- Highlighters
- Blue tack
- Permanent markers/pens
- Staplers

OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

6.6 Cab charge

To obtain cab charge vouchers, please email your request to the EOC with the subject line **Cab charge <hotel name>** to dhhsopsoteriaeoc@dhhs.vic.gov.au. Hotels should always keep 10 cab charges on hand. Team Leaders are to keep a record of cab charge use. These are used for one-off transports, i.e. guest medical appointments. DJPR (through GSS) will provide a Cabcharge voucher and arrange a taxi for guests exiting quarantine.

6.7 Transport of COVID, close contact and other guests

The Transport of guests guide has been developed to give guidance on transporting confirmed COVID-19 cases and their close contacts in a way that minimises the risk of further spread of the disease. It also sets out transport arrangements for presenting to hospital for medical care, and transport arrangements at the end of quarantine. This guide applies to hospitals, health services, mandatory quarantine sites, transport providers, and others needing to coordinate the movement of individuals.

For all medical emergencies call Ambulance Victoria '000'. Ensure you record the provided Reference Number in the Incident Management Logbook.

For all non-emergency patient transport (NEPT).

The Ambulance Emergency Operations Centre (AEOC) will coordinate all non-urgent transfers, including St John Ambulance. This service is available seven days a week. As much as possible, these arrangements should be utilised between 08:00 am and 4:00 pm.

- Complete the Operation Soteria Patient Transport Request Form
- Contact the AEOC on 1300 851 121 between 8:00 am – 8:00 pm.

Commercial taxis

Bookings can be made through 13cabs (03) 9277 3877. Wheelchair accessible commercial passenger vehicles (WAVs) may be used to transport COVI-19 positive passengers where non-emergency patient transport services are not available.

6.8 Deliveries to hotel guests

Deliveries will be accepted between 9:00 am and 8:00 pm daily. Deliveries will be processed by the security. All deliveries except food delivery companies are to be searched by security. The full process is located in the [Food Management Process SOP](#). Please note, cigarettes are now permitted to be ordered by guests.

To maintain safe quarantine conditions only authorised drivers are permitted to deliver items to the hotel. Those without authorisation will be turned away.

6.9 Miscellaneous requests for items

If you receive grocery orders or other requests for items, that are not health equipment, PPE or stationery, please email your request with the subject line **<type of order> and <hotel name>** to DJPR via email: DPJRCovidaccom-lead@ecodev.vic.gov.au

Commented [R(2): Changed to Food Mgt SOP and addition of note that cigarettes are now permitted.

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7 Shared mailboxes for hotels

A generic email mailbox has been setup for each of the quarantine hotels to support communication from and to the Team Leaders. Team Leaders have been provided access to all the hotel mailboxes to accommodate changes to rosters. Please contact the EOC if you are unable to access the generic mailbox.

Please use these generic email accounts for all communications regarding the hotel. Note: These mailboxes can only be accessed by DHHS staff.

A list of the generic hotel mailboxes is available below:

- Crowneplaza@dhhs.vic.gov.au
- Crownmetropol@dhhs.vic.gov.au
- Crownpromenade@dhhs.vic.gov.au
- Rydgeswanston@dhhs.vic.gov.au
- Novotelsouthwharf@dhhs.vic.gov.au
- Novotelmelbourne@dhhs.vic.gov.au
- Panpacific@dhhs.vic.gov.au
- Parkroyal@dhhs.vic.gov.au
- Pullmanswanston@dhhs.vic.gov.au
- Travelodgedocklands@dhhs.vic.gov.au
- Travelodgesouthbank@dhhs.vic.gov.au
- Mercure@dhhs.vic.gov.au
- Melbournemarriott@dhhs.vic.gov.au
- HolidayInnAirport@dhhs.vic.gov.au
- Holidayinnmelbourne@dhhs.vic.gov.au
- Fourpoints@dhhs.vic.gov.au
- Grandhyatt@dhhs.vic.gov.au
- Stamfordplaza@dhhs.vic.gov.au
- Grandchancellor@dhhs.vic.gov.au

If you are unsure how to set up or access a mailbox from your login, please consult this [Adding the generic email](#).

Commented [R(3)]: New Email address added for Pullman and Novotel updated.

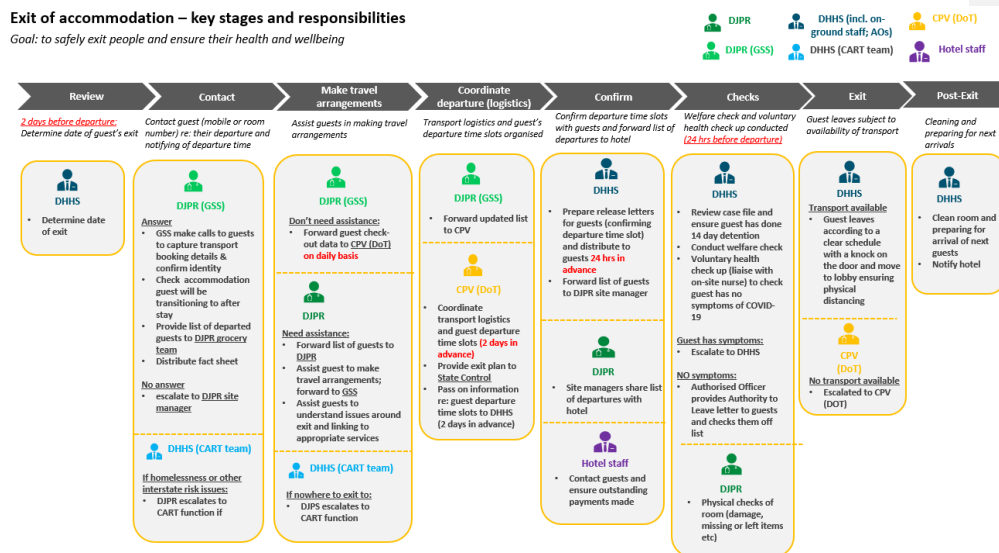
OPERATION SOTERIA
Mandatory Quarantine Hotel
Standard Operating Procedures

8 Exit of accommodation arrangements

Team leaders should be aware of the exit procedure for guests completing their mandatory quarantine to support Authorised Officers with any operational requirements. The below table outlines key stages and responsibilities for the exit process. The policy for exiting processes can be found here [Exit of accommodation arrangements](#).

Exit of accommodation – key stages and responsibilities

Goal: to safely exit people and ensure their health and wellbeing



9 Rostering

Rosters are confirmed, updated and circulated daily. If you have any queries or unable to perform your shift at short notice, please email the EOC. Email any shift changes with the subject line **For action: Team Leader shift change <hotel name>** to: dhsopsoteriaeoc@dhhs.vic.gov.au

On completion of shifts, Team Leaders are to ensure that time sheets are submitted to substantive Line Managers for approval and then uploaded to Our Service for processing. If Line Managers are hesitant to sign time sheets, they can call the EOC on 9412 2731. Additionally, a copy of the roster can be provided to Line Managers to validate hours worked.

Re: IPC advice for security staff at hotels

From: REDACTED
 To: "Katherine Ong (DHHS)" REDACTED, "Merrin Bamert (DHHS)" REDACTED
 Cc: REDACTED
 REDACTED
 REDACTED
 REDACTED DHHSOpSoteriaEOC
 <dhhsopsoteriaeoc@dhhs.vic.gov.au>
 Date: Sat, 30 May 2020 20:14:33 +1000

Absolutely possible at this point in time. i will liaise with the hotel tomorrow am as to best times to attend.

Have a good night all. Stay safe

Sent from [Outlook Mobile](#)

From: Merrin Bamert (DHHS) REDACTED >
 Sent: Saturday, May 30, 2020 7:58:39 PM
 To: REDACTED Katherine Ong (DHHS)
 REDACTED
 Cc: REDACTED
 REDACTED
 REDACTED DHHSOpSoteriaEOC
 <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
 Subject: RE: IPC advice for security staff at hotels

Hi REDACTED

thank you for going in and working with them today. I think given the issues we have had it would be really great to do tomorrow and Monday as a show of focus and that we are taking there safety very seriously.

Maybe cover different shifts like an early tomorrow and a late on Monday

Would that be possible?

Thanks

Merrin

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: REDACTED
 Sent: Saturday, 30 May 2020 7:20 PM
 To: Merrin Bamert (DHHS) REDACTED >; Katherine Ong (DHHS)
 REDACTED
 Cc: REDACTED

REDACTED

Subject: RE: IPC advice for security staff at hotels

Hi Merrin,

The security staff on site between 3 and 5 pm were checked as to their practice and observed for use of ppe in context. Only one nurse was available who also demonstrated DHHS standard PPE use.

I walked the floor and had most demonstrate hand sanitisation to me directly, they all did this to text book standard, it was re-enforced to them that this is an essential practice to continue when we are not present. The security lead also demonstrated a good knowledge of these directions.

I did remind him that it is essential for him to lead his staff, and that this was further vital as there are obvious language barriers present.

I am happy to return tomorrow but I suggest that we might get a larger group to educate on Monday which would include new hotel staff and nursing?

REDACTED

From: Merrin Bamert (DHHS) <REDACTED>
Sent: Saturday, 30 May 2020 7:08 PM
To: REDACTED >; Katherine Ong (DHHS)
 REDACTED
Cc: REDACTED
 REDACTED
Subject: RE: IPC advice for security staff at hotels

The new security staff are on site now is there any chance of going through this with them tonight at tomorrow?

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: REDACTED
Sent: Saturday, 30 May 2020 7:06 PM
To: Katherine Ong (DHHS) REDACTED
Cc: REDACTED
 REDACTED Merrin Bamert (DHHS) REDACTED
 REDACTED
Subject: RE: IPC advice for security staff at hotels

Thanks Katherine.

The staff this afternoon demonstrated what is outlined in this document, I will therefore assume the good work done by the ICP nurses, who have previously attended, has gone across well.

As there is a new cohort of staff moving in to replace those who have attended the site between the 18th and 28th, I propose another education visit Monday to ensure these new staff are aware of these processes and are given some practical knowledge of the requirements/directions.

Cheers,

REDACTED

From: Katherine Ong (DHHS) REDACTED
Sent: Saturday, 30 May 2020 5:44 PM
To: REDACTED
Cc: REDACTED
 REDACTED Merrin Bamert (DHHS) REDACTED
 REDACTED

Subject: IPC advice for security staff at hotels

Hi REDACTED

As discussed, please find attached updated IPC advice for the security guards at hotels for your review.

Thanks,
 Katherine

Dr Katherine Ong

Deputy Public Health Commander, Pathology and Infection Prevention & Control
 COVID-19 Public Health Incident Management Team
 Department of Health & Human Services | 50 Lonsdale Street, Melbourne, Victoria, 3000
 REDACTED w. www.dhhs.vic.gov.au



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From: REDACTED >
Sent: Saturday, 30 May 2020 1:50 PM
To: Katherine Ong (DHHS) REDACTED; Merrin Bamert (DHHS)
 REDACTED
Cc: REDACTED (DHHS); communications@dhhs.vic.gov.au
Subject: RE: Rydges hotel - Two new COVID-19 cases

Thanks Katherine,

I don't think further approval via PHC is necessary, however I know Finn was keen that REDA's team also had an opportunity to review prior to the update being finalised.

Cheers

RED

REDACTED r
Deputy Public Health Commander COVID-19 (Case, Contact and Outbreak Management)
 Senior Medical Advisor
 Health Protection Branch | Regulation, Health Protection and Emergency Management Division
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
 REDACTED
 w. www.dhhs.vic.gov.au

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From: Katherine Ong (DHHS) [REDACTED]
Sent: Saturday, 30 May 2020 11:40 AM
To: Merrin Bamert (DHHS) [REDACTED]
 [REDACTED]
Cc: [REDACTED]
Subject: RE: Rydges hotel - Two new COVID-19 cases

Hi All,

Please see attached version of the advice that has been updated following review by myself and [REDACTED], one of the IPC consultants (tracked and clean versions attached).

There are no substantive changes to the advice, however the following amendments have been made:

- Changed 'hand sanitizer' to 'alcohol based hand rub' (term used by Hand Hygiene Australia), preferable in this setting. Hand sanitizer suggests that alcohol free hand rubs can be used – there is no evidence that alcohol free hand-rubs are effective against viruses like COVID-19 .
- Emphasised that gloves are not recommended for security staff
- Respiratory hygiene and cough etiquette must be applied as a standard infection control precaution at all times and perform hand hygiene each time you use a tissue or cough or sneeze into your **inner** elbow. **Tissues should be immediately discarded.**
 - Advice on when and how to perform hand hygiene has been included:
 - Before and after contact with client
 - After touching *if required* a client's items or surroundings
 - Before putting on and after taking off personal protective equipment (eg: surgical mask).
 - Before and after eating
 - After going to the toilet
 - Additional information about the use of masks has been included:
 - Single-use masks should not be reused, but discarded immediately after use.
 - Masks must not be pulled down or removed to consume food or drink.
 - Masks will be less effective if they become damp or damaged.
 - Have reformatted so the table fits on one page, and also the advice section for clarity.

In addition, Hand Hygiene Australia has some posters that demonstrate how to correctly perform hand hygiene that may be useful to provide <https://www.hha.org.au/hand-hygiene/what-is-hand-hygiene>

Other thoughts:

- Agree education would be beneficial, to emphasise that good hand hygiene is the best method rather than gloves
- Clarity that different advice is required for cleaning purposes

This is approved by me – not sure what other approvals are required before reissuing.

Thanks,
 Katherine

Dr Katherine Ong

Deputy Public Health Commander, Pathology and Infection Prevention & Control
 COVID-19 Public Health Incident Management Team
 Department of Health & Human Services | 50 Lonsdale Street, Melbourne, Victoria, 3000
 [REDACTED] | katherine.ong@dhhs.vic.gov.au | w. www.dhhs.vic.gov.au



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From: Merrin Bamert (DHHS) <[REDACTED]>
Sent: Saturday, 30 May 2020 8:51 AM
To: [REDACTED]
Subject: RE: Rydges hotel - Two new COVID-19 cases

Hi

I think we need to be doing the training with the three security companies, they do not interact with many of the nurses and the nurses are usually well trained in PPE, but are not responsible to training the security guards

it's the security guards that are not often well trained or use the equipment well, also do we translate any of the material into languages other than English. There are a proportion of the security I have interacted with over the past 2 months where english is a second language.

Kind regards

Merrin

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

[REDACTED]

From: [REDACTED]
Sent: Saturday, 30 May 2020 8:27 AM
To: [REDACTED]; Katherine Ong (DHHS)
Cc: Merrin Bamert (DHHS) <Merrin.Bamert@dhhs.vic.gov.au>
Subject: Re: Rydges hotel - Two new COVID-19 cases

Hi [REDACTED], agree... we have sent some materials to Pam Williams to forward to appropriate groups- security and Rydges...have also reviewed don/ doff technique with nurses

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From: [REDACTED]
Sent: Friday, May 29, 2020 11:07:13 PM
To: Katherine Ong (DHHS) <[REDACTED]>
Cc: Merrin Bamert (DHHS) <[REDACTED]> (S)
Subject: FW: Rydges hotel - Two new COVID-19 cases

Hi Katherine,

Please find below the summary of the cases from earlier this evening. A subsequent two cases

have been identified late this evening. Interviews still happening.

With these two new cases we are working on a basis that there is potentially wider risk, and although point source is still possible there could be a persistent – likely environmental – source.

REDACTED's team have visited a couple of times and have lots of concerns. My sense is it is probably still appropriate to focus on good hand hygiene and IPC practices for security guards, rather than self-instigated PPE without adequate training and potentially leading to a false sense of security. However obviously would be keen to hear your teams and REDACTED's thoughts.

Cheers

REDACTED

REDACTED

Deputy Public Health Commander COVID-19 (Case, Contact and Outbreak Management)

Senior Medical Advisor

Health Protection Branch | Regulation, Health Protection and Emergency Management Division

Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

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From: REDACTED

Sent: Friday, 29 May 2020 6:24 PM

To: Kym Peake (DHHS) REDACTED; Annalise Bamford (DHHS)

REDACTED; Brett Sutton (DHHS) REDACTED; Finn

Romanes (DHHS) REDACTED

REDACTED

Cc: Jacinda de Witts (DHHS) REDACTED; Nick Chiam (DHHS)

REDACTED; Sarah McGuinness (DHHS) REDACTED

press (DHHS) <press@dhhs.vic.gov.au>

Subject: Rydges hotel - Two new COVID-19 cases

Dear colleagues,

Today we have been notified of a further **two** COVID-19 cases in security staff at the Rydges hotel. In total, **four** staff have now been identified as part of this cluster.

	Case 1	Case 2	Case 3	Case 4
Age/gender	REDACTED			
Symptoms?	Yes	Yes	No	No
Symptom onset date	25/05/2020	25/05/2020	Asymptomatic	Asymptomatic
Current location	Isolating at REDACTED hotel	Isolating at home	Hotel accommodation arrangements in process	Isolating at home
Work role	REDACTED			
Last worked at Rydges	Night shift starting REDACTED May	Night shift starting REDACTED May	Night shift starting REDACTED May	Night shift starting REDACTED May
Swab date	25 th May	26 th May	27 th May	27 th May

Testing location	Monash Dandenong / Southern Cross Pathology	Box Hill Hospital / Eastern Health Pathology	GP / ACL	Epping Drive Through
Notification date	26 th May	27 th May	29 th May	29 th May

We are in contact with the security company to get full rosters for the above workers, however currently we know that

- Case 1 works at REDACTED in lobby
- Case 2 works on the floors of the hotel
- Case 3 works on both the floors and in the lobby
- Case 4 works on the floors of the hotel

All deny close contact with other workers during their shifts.

We are concerned that there is potential environmental transmission based on:

- REDACTED's involvement in cleaning duties, including the lift used to transport positive patients
- Use of masks and gloves in security staff who have self-instigated PPE use with non-standard (e.g. porous gloves) and without adequate training in hand hygiene and PPE use. PPE use had not been recommended by DHHS for security staff who did not have direct contact with cases.
- Lack of routine cleaning & disinfection with agents that have antiviral activity in areas of hotel where staff work (cleaning products used in common areas & lifts are household variety products)
- No reported contact with confirmed cases.

Actions already undertaken

- Cases and household
 - All cases isolated
 - Further social and household contacts isolated
- Other hotel staff (security, hotel staff, medical and nursing staff, DHHS staff)
 - Liaison with security agency, hotel, nursing and medical services including Alfred hospital
 - All staff who have been on-site for 30 minutes or more since 11th May have been asked to undergo testing for COVID
 - 133 (82%) staff have tested -ve
 - 4 positive
 - (further clarity being sought of exact number of pending results – some staff have been tested elsewhere)
 - Total staff number 162 (including 41 security staff)
- Outbreak response squad
 - Assessment visit, provision of infection control education particularly to security staff, cleaning advice, review of infection control processes
- Full commercial bioclean of common and high touch areas

Following discussion with the Public Health Commander and Chief Health Officer,

Additional next steps

- Cohorting of staff - all staff who have worked at the hotel from 11th May will be asked not to work at other sites
- Any security and lobby staff member who has had an overlapping shift with any of the cases during their infectious period will be considered close contacts (quarantined). (Noting one case interview is still underway.)
- Commercial cleaning to be urgently implemented at the hotel to ensure regular appropriate cleaning of common areas (eg. lifts) and high touch surfaces
- Ongoing support and education of security staff regarding appropriate hand hygiene, infection control measures and PPE use (if necessary)
- Ongoing support to hotel from outbreak response squad
- Reactive media lines to be updated

Kind regards

REDA

REDACTED

Deputy Public Health Commander COVID-19 (Case, Contact and Outbreak Management)

Senior Medical Advisor

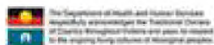
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Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

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RE: Rydges hotel - Two new COVID-19 cases

From: "Merrin Bamert (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=638a479568194a798229202add0cc910-mbam1802">
To: REDACTED
 REDACTED "Katherine Ong (DHHS)" REDACTED
Date: Sat, 30 May 2020 08:50:52 +1000

Hi

I think we need to be doing the training with the three security companies, they do not interact with many of the nurses and the nurses are usually well trained in PPE, but are not responsible to training the security guards

it's the security guards that are not often well trained or use the equipment well, also do we translate any of the material into languages other than English. There are a proportion of the security I have interacted with over the past 2 months where english is a second language.

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Merrin

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175
 REDACTED
 e. merrin.bamert@dhhs.vic.gov.au

From: REDACTED >
Sent: Saturday, 30 May 2020 8:27 AM
To: REDACTED Katherine Ong (DHHS)
 REDACTED
Cc: Merrin Bamert (DHHS) REDACTED
Subject: Re: Rydges hotel - Two new COVID-19 cases

Hi REDA agree... we have sent some materials to Pam Williams to forward to appropriate groups- security and Rydges...have also reviewed don/ doff technique with nurses

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From: REDACTED
Sent: Friday, May 29, 2020 11:07:13 PM
To: Katherine Ong (DHHS) REDACTED
Cc: Merrin Bamert (DHHS) REDACTED
 REDACTED
Subject: FW: Rydges hotel - Two new COVID-19 cases

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Cheers

REDACTED

Deputy Public Health Commander COVID-19 (Case, Contact and Outbreak Management)

Senior Medical Advisor

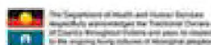
Health Protection Branch | Regulation, Health Protection and Emergency Management Division

Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

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From: REDACTED

Sent: Friday, 29 May 2020 6:24 PM

To: Kym Peake (DHHS) <kym.peake@dhhs.vic.gov.au>; Annalise Bamford (DHHS)

<annalise.bamford@dhhs.vic.gov.au>; Brett Sutton (DHHS) <brett.sutton@dhhs.vic.gov.au>; Finn Romanes (DHHS) <finn.romanes@dhhs.vic.gov.au>

<finn.romanes@dhhs.vic.gov.au>

REDACTED

Cc: Jacinda de Witts (DHHS) <jacinda.dewitts@dhhs.vic.gov.au>; Nick Chiam (DHHS)

<nick.chiam@dhhs.vic.gov.au>; Sarah McGuinness (DHHS) <sarah.mcguinness@dhhs.vic.gov.au>; press (DHHS) <press@dhhs.vic.gov.au>

Subject: Rydges hotel - Two new COVID-19 cases

Dear colleagues,

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Work role	REDACTED			
Last worked at Rydges	Night shift starting REDACTED May	Night shift starting REDACTED May	Night shift starting REDACTED May	Night shift starting REDACTED May
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- Case 3 works on both the floors and in the lobby
- Case 4 works on the floors of the hotel

All deny close contact with other workers during their shifts.

We are concerned that there is potential environmental transmission based on:

- REDACTED's involvement in cleaning duties, including the lift used to transport positive patients
- Use of masks and gloves in security staff who have self-instigated PPE use with non-standard (e.g. porous gloves) and without adequate training in hand hygiene and PPE use. PPE use had not been recommended by DHHS for security staff who did not have direct contact with cases.
- Lack of routine cleaning & disinfection with agents that have antiviral activity in areas of hotel where staff work (cleaning products used in common areas & lifts are household variety products)
- No reported contact with confirmed cases.

Actions already undertaken

- Cases and household
 - All cases isolated
 - Further social and household contacts isolated
- Other hotel staff (security, hotel staff, medical and nursing staff, DHHS staff)
 - Liaison with security agency, hotel, nursing and medical services including Alfred hospital
 - All staff who have been on-site for 30 minutes or more since 11th May have been asked to undergo testing for COVID
 - 133 (82%) staff have tested -ve
 - 4 positive
 - (further clarity being sought of exact number of pending results – some staff have been tested elsewhere)
 - Total staff number 162 (including 41 security staff)
- Outbreak response squad
 - Assessment visit, provision of infection control education particularly to security staff, cleaning advice, review of infection control processes
- Full commercial bioclean of common and high touch areas

Following discussion with the Public Health Commander and Chief Health Officer,

Additional next steps

- Cohorting of staff - all staff who have worked at the hotel from 11th May will be asked not to work at other sites
- Any security and lobby staff member who has had an overlapping shift with any of the cases during their infectious period will be considered close contacts (quarantined). (Noting one case interview is still underway.)
- Commercial cleaning to be urgently implemented at the hotel to ensure regular appropriate cleaning of common areas (eg. lifts) and high touch surfaces
- Ongoing support and education of security staff regarding appropriate hand hygiene, infection control measures and PPE use (if necessary)
- Ongoing support to hotel from outbreak response squad
- Reactive media lines to be updated

Kind regards

REDACTED

Deputy Public Health Commander COVID-19 (Case, Contact and Outbreak Management)

Senior Medical Advisor

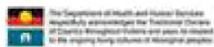
Health Protection Branch | Regulation, Health Protection and Emergency Management Division

Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

w. www.dhhs.vic.gov.au

Follow the Chief Health Officer on Twitter [@VictorianCHO](https://twitter.com/VictorianCHO)



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If you have received this fax / this email in error, please contact the author whose details appear above.

Fwd: Compulsory Quarantine process issues that need to be sorted

From: "Merrin Bamert (DHHS)" REDACTED
To: "Meena Naidu (DHHS)" REDACTED
Date: Mon, 30 Mar 2020 08:44:46 +1100

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From: Merrin Bamert (DHHS)
Sent: Sunday, March 29, 2020 9:12:08 PM
To: Jason Helps (DHHS) REDACTED; Andrea Spiteri (DHHS)
 REDACTED; Michael Mefflin (DHHS) REDACTED
 REDACTED

Cc: REDACTED
 REDACTED; Melody Bush (DHHS) REDACTED
 REDACTED; Meena Naidu (DHHS)
 REDACTED
 Anna Love (DHHS) REDACTED

Subject: Compulsory Quarantine process issues that need to be sorted

Hi all

As promised here is my thoughts about the how we better manage the compulsory quarantine.

Current Airport Process – from Michael

1. Every passenger is temperature checked by an RN
2. Every passenger is handed a copy of the direction and detention Notice by the Authorised officer
3. Every passenger is provided a survey to fill out on the bus two pages attached by DHHS
4. Every passenger is provided a fact sheet by DHHS.

Issues with this process today at Airport

- people not filling in the survey and therefore not completed by the hotel
- all forms in English and not translated

Some of the issue outlined by a range of people at the two hotels today as advised by differing groups AOs, EM and Medical staff

- Social distancing was not adhered
- Minimal PPE and no clear understanding from staff on the ground of what had happened at the airport no knowledge people had been temperature checked so high anxiety around safety for some staff
- Coordination was not clear between medical staff, nursing staff and DHHS
- Briefing about OHS was not done, how to Don and Doff PPE
- Passengers spent a long time in the foyer.
- Nurse and Drs started doing assessments on as many people they could – their was one nurse at each site
- Our staff and crown staff and others are at risk of exposure

Noting we do not want a medical model, this needs to be a clearance model and a welfare duty of care approach. A clear plan needs to be better implemented to reduce risk to passengers and to staff

My suggestion for the plan going forward include
At the hotel on arrival

1. Passengers are swiftly allocated a room and any forms completed handed to AOs at the hotel and scanned and provided to staff at the call centre to enter data.
2. Those passengers that have immediate needs for relief or medication etc and triaged quickly via a simple question from the local DHHS staff or AO or both – do you have any immediate health needs including medication, relief needs including a quick script
3. Passengers are sent to their rooms with the understanding a person will call them either that afternoon or the next day to complete a more formal assessment for their longer terms needs and inform them that a welfare check will occur every day.

Throughout their compulsory quarantine

Meena and I have spoken and we have two activities that we must complete every day

1. the legal obligation for being in detaining – this can be via an AO looking over the data base / spread sheet to ensure they are meeting the legal obligations of detention – this is not a call or face to face unless there is an issue that arises
2. Meeting our duty of care for detainment and completed regular (TBD) welfare check as per the script designed by REDACTED (still to come)

The welfare check

The welfare checks allow issues to be assessed for passengers they include

- health – fever, cough etc, escalation - the nurse onsite will be notified and patient called and or assessed face to face with appropriate PPE
- if issues about safety are raised – ie Mental health the nurse will review and escalate to either ? ARC for psychosocial support or MH triage,
- if issues about safety women and children FV then there too will be process.
- The Nurse will assess for symptoms and testing for COVID, if patient essentially well then they stay where they awaiting results , if results positive and well then remain in quarantine but may need PPE or a separate room if in a family group. The nurse can do daily visits or twice daily calls and be contacted if conditions changes
- Only if the person is unwell SOB or respiratory symptoms or comorbidities are they transferred to hospital for review,

We do not need every positive person going to hospital only those that are compromised.

As you know we have been working with Anna love to have a back up MH triage service, an AOD response and FSV response should we have any issues and we will have issues, we are putting people in a room with no fresh air and unknown personal and anxiety issues and now allowing exercise and boredom will kick in. so we need to have processes ready.

I need to go home but essentially tomorrow :

- We have a team of 7 coming tomorrow morning to start the calls and welfare checks as we had planned before everything changed tonight at 7.30 pm we will keep them and get every person called tomorrow based on the script that arrives.
- I am also meeting with Meena and working the REDACTED from first thing to get this process right at the first hotel tomorrow. We have 700 people arriving tomorrow.
- The airport is well set up Michael has done a brilliant job however the translation issue for documents in multiple languages needs to be resolved as a matter of urgency.
- I am very happy and comfortable to work with the SEMC team tomorrow to get this done however acknowledging I am the EO on tomorrow for the calls centres, I think we will manage. I will ask REDACTED to come in early and assist in the call centre to ensure our processes are in place.
- REDACTED is working with REDACTED from EMV to write a data base to cover our welfare checks and allow for escalation and clear accountability of the process that also highlights our meeting of our duty of care.

Happy to chat

Regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

RE: Guidelines for PPE use for staff at quarantine hotels

From: "REDACTED"
 To: "Merrin Bamert (DHHS)" REDACTED
 Cc: REDACTED
 State Emergency Management Centre SEMC (DHHS) <semc@health.vic.gov.au>, REDACTED
 REDACTED
 Date: Wed, 15 Apr 2020 11:02:29 +1000

Hello Merrin,

Following up on the below, REDACTED will be writing some clear guidelines and FAQ's regarding P2/surgical mask use, PPE use, and a specific information sheet for Security staff that we can provide to every hotel.

Warm regards,

REDACTED
 ED

State Control Centre

REDACTED

Department of Health and Human Services | 50 Lonsdale Street, Melbourne VIC 3000
www.dhhs.vic.gov.au/emergency | www.emergency.vic.gov.au |  @VicGovRecovery

From: Merrin Bamert (DHHS) REDACTED
 Sent: Tuesday, 14 April 2020 10:09 PM
 To: REDACTED
 Subject: RE: Guidelines for PPE use for staff at quarantine hotels

Sounds good

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: REDACTED
 Sent: Tuesday, 14 April 2020 10:08 PM
 To: Merrin Bamert (DHHS) REDACTED
 REDACTED
 Cc: REDACTED
 Subject: RE: Guidelines for PPE use for staff at quarantine hotels

Thanks Merrin. We will look to provide some specific training/guidelines to address those particular issues.

Many thanks and warm regards,

REDACTED
 ED

From: Merrin Bamert (DHHS) REDACTED
 Sent: Tuesday, 14 April 2020 10:06 PM
 To: REDACTED
 REDACTED

Cc: REDACTED
 Subject: RE: Guidelines for PPE use for staff at quarantine hotels

The PPE guidance has been provided, the issue remains around nurses concerns regarding doing a covid swab in the surgical mask and the client coughing.

Plus it has been noted that security guards are wearing p2 mask

In addition the excessive use of gloves and masks in foyers when walking in and no passengers are there.

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: REDACTED
 Sent: Tuesday, 14 April 2020 3:12 PM
 To: REDACTED
 Cc: REDACTED; Merrin Bamert (DHHS)
 REDACTED
 Subject: Guidelines for PPE use for staff at quarantine hotels

Hello REDACTED

It's come up that there has been some significant difference in PPE use across the hotel sites. Do you know if we have provided guidelines on appropriate PPE use for staff at hotel sites? If so, we could have confidence that variation in use is more likely to be attributable to clinical need rather than inappropriate use. Can you please tell me if guidelines exist and if so, have we provided them to hotels?


Apologies if I'm asking you things that you've already provided to REDACTED or others.

Many thanks and warm regards,

REDACTED

Deputy State Health Coordinator
 State Control Centre

REDACTED

Department of Health and Human Services | 50 Lonsdale Street, Melbourne VIC 3000
www.dhhs.vic.gov.au/emergency | www.emergency.vic.gov.au |  @VicGovRecovery

Engagement for further infection control assessment

From: REDACTED
 To: REDACTED
 Cc: "Merrin Bamert (DHHS)" REDACTED REDACTED
 REDACTED
 REDACTED "StateEmergencyManagementCentre SEMC (DHHS)"
 <semc@health.vic.gov.au>
 Date: Fri, 17 Apr 2020 16:44:18 +1000

Hi REDACTED,

As discussed I would like to engage you to support infection control procedures for the broader hotel arrangements. The department has arrangements in place at 13 hotels:

- Crown Plaza (currently closed for cleaning post resident(s) discharge)
- Corn Promenade
- Crown Metropol
- Pan Pacific
- Mercure Welcome
- Park Royal
- Holiday inn (Tullamarine)
- Four Points
- Rydges on Swanston
- Novotel (on Collins)
- Travelodge Docklands
- Travelodge Southbank
- Novotel (Southbank) (onboarding today 17 April)

Issues that I would like to be considered are:

- Review of infection control process by clinical staff (all receiving hotels)
- Training (as required)
- Procedure development and/ or review
- Assessment of other agency PPE arrangements – (I have heard (anecdotal) that there are possible breaches of PPE, inappropriate use of PPE by other agencies) . While this is possibly out of our remit, if there are recommendations we may suggest to other agencies to support the wellbeing of their staff, and reduce risk of contamination, I feel it would be good to include this.

Happy to discuss with you what would be the best approach

Cheers

REDACTED

(deputy State Health Coordinator

REDACTED

Manager Business & Services Continuity
 Emergency Management Branch
 Department of Health & Human Services
 50 Lonsdale Street, Melbourne

REDACTED

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Department of Health & Human Services

Summary of findings – Review of Hotel accommodation for OS travellers in quarantine

Over the past several weeks, a review has been conducted at the hotels providing accommodation to returned OS travellers in quarantine.

The review has included:

- Reception process for newly returned travellers including screening process
- Set up of PPE donning and doffing stations
- Access to PPE in general
- Additional services provided including food service, waste management, linen service and cleaning services
- Observation and discussion with security staff
- HCW compliance with PPE and hand hygiene
- Access to relevant DHHS documentation

The processes implemented have certainly become imbedded and overall improvement due to familiarity with the system and procedures in place is evident with the Health care teams.

The most obvious area of non compliance continues to be with in the security team with over use of PPE and lack of HH.

Wearing gloves when not necessary and masks incorrectly were the main observation, but the managers at the sites considered the information for correct use of PPE provided for security and AO staff to be very useful, and they would continue to promote those messages to improve compliance.

The hotel set ups where the HCW are based is very good, and access to PPE appropriate.

Donning stations are set up in the nurse's station before entering the floors where patients are accommodated, and doffing is occurring prior to leaving the floor.

Staff are happy with the system and it is working well with no risk of cross contamination from the dirty to clean zones.

The Health care teams compliance with PPE and HH has been excellent, and they are working to educate the security and AO staff about appropriate PPE and HH.

Reference to the process for taking a nasopharyngeal swab continues to be debated around the level of PPE in particular the mask (standard surgical versus an N95) and my observation is that if an N95 is available, that will be their mask of choice, even though the advise is for a standard surgical mask.

All additional services are running smoothly and the health care teams have been very complimentary around the services being provided.

Review of Rydges on Swanston

In addition to the routine checks of hotels, a subsequent visit was undertaken at Rydges on Swanston street to ensure the staff are well prepared for the quarantine of any future confirmed cases of COVID -19.

On entry to the hotel, security staff were not wearing PPE as is the recommendation. This is a major improvement.

They greeted me and asked for identification and the appropriate documentation was being maintained for any drop offs.

Appropriate PPE and hand sanitiser was available for them if it were required.

The HCW who have been working with in the system at that hotel were well set up with the appropriate PPE and felt very comfortable with the processes for accepting and managing confirmed cases.

The main concern from the regular staff who have been at Rydges was that of the allocation of the HCW from the agency:

- The same staff were not rostered onto the same hotel for the full 14 day period
- They had staff that had not worked in the hotel quarantine system at all
- They had very junior staff, some of which had no experience in donning or doffing or caring for a patient in transmission based precautions
- Or staff that had worked at other hotels

Recommendation

1. That a request be provided to the nursing agency provider to ensure that the same staff are rostered at the same hotel for a minimum of the 14 days to cover the entire quarantine period.

This is the preference of the staff as they are familiar with the specific hotel dynamics, familiar with the hotel guest and hotel services staff.

It also allows for the same staff to ensure each hotel guest has consistency in communication and knowledge of testing requirements for the duration of their quarantine period.

2. That only staff who have a level of experience in caring for patients who have required transmission based precautions and can demonstrate competence in donning and doffing are rostered to work at this hotel.

The staff discussed the routine nasopharyngeal swabbing that is being done on day 3 and day 11 and were very comfortable in the process.

They expressed no other concerns and were working very well as a team to ensure each other was complying with the appropriate risk management strategies.

There are no other recommendations that I could make to improve the position of the hotel in accepting confirmed cases. It does however rely on all staff working in the service to comply with policy and procedure.

REDACTED

Infection Prevention Australia

5th May 2020

REDACTED

Fwd: FW: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

From: SEMC <semc@dhhs.vic.gov.au>
To: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>
Date: Fri, 17 Apr 2020 16:42:42 +1000
Attachments: COVID Hotel HCW quarantine advice V0.1.docx (38.37 kB)

Note. PPE draft advise. for review.

----- Forwarded message -----

From: REDACTED
Date: 17/04/2020 16:31
Subject: FW: URGENT - FW: PPE clarification on safety of masks FOR SWABBING
To: "Annaliese Van Diemen (DHHS)"
CC: "Merrin Bamert (DHHS)", Public Health Operations REDACTED, REDACTED REDACTED, "StateEmergencyManagementCentre SEMC (DHHS)"

Hi Annaliese

There has been ongoing discussions relating to the need for nurses at receiving hotels to be provided with P2/N95 when they are undertaking Nasopharyngeal swabbing.

REDACTED, Infectious Diseases consultant, engaged by Health Protection to assist in clinical management at the hotels has provided the attached guide for use of PPE at the hotels.

Could you please review and confirm that you are agreeable to this.

Once approved I will communicate with clinical staff across the hotels.

I believe the attached will provide a significant level of comfort for the nurses on the ground.

Thanking you

RED.

(deputy State Health Coordinator)

REDACTED

Manager Business & Services Continuity
 Emergency Management Branch
 Department of Health & Human Services
 50 Lonsdale Street, Melbourne

REDACTED | REDACTED | w. www.dhhs.vic.gov.au

From: REDACTED

Sent: Friday, 17 April 2020 3:04 PM

To: Merrin Bamert (DHHS) <REDACTED REDACTED>

REDACTED REDACTED REDACTED REDACTED REDACTED

Cc: Pam Williams (DHHS) <REDACTED>; Braedan Hogan (DHHS)

REDACTED**Subject:** Re: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Hi Team

Further to our phone conversation and cross referencing various documents across the state and commonwealth and in discussion with nurses working in the hotel setting with COVID-19, I would like to propose the following recommendation to clarify for nurses working on the front line what PPE is required when undertaking a naso pharyngeal swab.

Various documents describe the procedure as either an aerosol generating procedure (AGP) or non AGP.

Whilst our goal is to conserve precious supplies of P2/N95 masks, I would recommend that the use of a P2/N95 mask be provided and only worn by nurses when a NP swab is being taken.

On all other occasions, a standard surgical mask should be worn.

Thank you for the opportunity to clarify the situation, and I believe the attached document outlines the direction we wish to take

Regards

REDACTED**REDACTED**

Infection Prevention Australia

REDACTED**REDACTED**www.infectionprevention.com.au

signature_1205360071

**From:** **REDACTED****Date:** Wednesday, 15 April 2020 at 6:09 pm**To:** "Merrin Bamert (DHHS)" **REDACTED****REDACTED**, "Braedan Hogan (DHHS)"**REDACTED****REDACTED****Cc:** "Pam Williams (DHHS)" **REDACTED****Subject:** Re: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Thanks Merrin

I agree that the N95 is not required for a swab, but as your discussions have found, the nurses are seeking that extra level of protection in a hotel setting just due to heightened level of anxiety perhaps?

I'm In agreeance with Dr Romanes, it is not correct or helpful due to a waste of resources

So I believe the decision is based on supporting the nurses in this environment perhaps as an option, but promote a standard surgical mask is sufficient (based on state and national regs) as an important component, but NOT the only component of PPE that plays a critical role in minimising exposure along side safety glasses, gloves, gown and HH.

Thanks

REDACTED

REDACTED

Infection Prevention Australia

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www.infectionprevention.com.au

signature_1424868993



From: "Merrin Bamert (DHHS)" <REDACTED>
Date: Wednesday, 15 April 2020 at 5:57 pm
To: REDACTED, "Braedan Hogan (DHHS)" <REDACTED>, REDACTED
Cc: "Pam Williams (DHHS)" <REDACTED>
Subject: FW: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

As discussed

Here is the communication flow with Finn on advice

Regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175
 p. REDACTED m. REDACTED
 e. REDACTED

From: Merrin Bamert (DHHS)
Sent: Friday, 10 April 2020 10:27 PM
To: Finn Romanes (DHHS) <REDACTED>; <REDACTED> (DHHS)
 REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED
 (DHHS) REDACTED; Katherine Ong (DHHS) <REDACTED>
Subject: RE: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Hi Finn

Maybe it might help, I tried today talking to them and that the medical and nursing staff at respiratory clinics are also wearing surgical masks but I think they are all just anxious, its harder when you are not in a normal hospital environment, I think it's the setting that does not help it feels a little out of their comfort zone,

we had not had any issues till the four points which is where there are the guests who came of the cruise ship and I think they the more they see news of risks to health professionals they all become more nervous.

Maybe getting an ID nurse or someone to speak or write to the agency may help.

Thanks

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175
 p. REDACTED m. REDACTED
 e. REDACTED

From: Finn Romanes (DHHS) <REDACTED>
Sent: Friday, 10 April 2020 9:55 PM
To: Merrin Bamert (DHHS) <REDACTED>; REDACTED
 REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED
 (DHHS) REDACTED; Katherine Ong (DHHS) <REDACTED>
Subject: RE: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Dear Merrin

It's challenging – thanks for your good work here.

I think a conversation between the nursing agency and REDACTED might, for example, be of considerable value.

Let's engage authoritative people to advise. If despite that the nursing staff are unable to assist, you may need to consider alternative recruitment. The guidelines are evidence-based and effective across Australia.

Saying P2 is required is neither the right action nor is it helpful.

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency

REDACTED

REDACTED

REDACTED

Department of Health and Human Services
State Government of Victoria

From: Merrin Bamert (DHHS) <REDACTED>
Sent: Friday, 10 April 2020 3:36 PM
To: Finn Romanes (DHHS) <REDACTED>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED <REDACTED>
Subject: FW: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Hi Finn

I have been at the hotels today and was again spoken to by several nurse regarding their concerns that doing a swab and the resulting cough is not safe in a surgical mask (I acknowledge as per your previous emails that swabbing is not listed as an aerosol inducing activity). I again reiterated this at the hotel and provided our fact sheet however hard to not feel sympathy for nurse who is swabbing someone who is coughing and is asking for a P2 mask, as I said they are looking for confirming advice in other sources not just our DHHS policies.

Do we have any further suggestions or can we support that P2 masks be provided to the nurses for swabbing activities only.

Thoughts?

Regards

merrin

Merrin Bamert

Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

p. REDACTED m. REDACTED

e. REDACTED

From: Merrin Bamert (DHHS)

Sent: Wednesday, 8 April 2020 8:57 AM

To: Finn Romanes (DHHS) <REDACTED>

Subject: RE: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Hi Finn

I have only provided your advice definitely not provided commonwealth

however don't think that others such as the nurses doing the swabs or others will not go looking for an answer, they are frightened and will keep looking to get advice that states a P2 mask is what they need.

Kind regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection

South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

p. REDACTED m. REDACTED

e. REDACTED

From: Finn Romanes (DHHS) <REDACTED>

Sent: Wednesday, 8 April 2020 8:54 AM

To: Merrin Bamert (DHHS) <REDACTED>

Subject: RE: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Safety is referring people back to DHHS health service guidelines, in the tab.

Don't refer people to Cwith, or Cwith materials.

Finn

Dr Finn Romanes

Deputy Public Health Commander - Planning

Novel Coronavirus Public Health Emergency

REDACTED

(03) REDACTED

REDACTED

Department of Health and Human Services

State Government of Victoria

From: Merrin Bamert (DHHS) <REDACTED>
Sent: Wednesday, 8 April 2020 8:52 AM
To: Finn Romanes (DHHS) <REDACTED>
Cc: Braedan Hogan (DHHS) <REDACTED>
Subject: RE: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Great thanks will forward this also

The commonwealth notes for people with a significant cough but the nurses at the hotels should be moving people with respiratory symptoms

So all sorted will advise

Regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175
 p. REDACTED m. REDACTED
 e. REDACTED

From: Finn Romanes (DHHS) <REDACTED>
Sent: Wednesday, 8 April 2020 8:50 AM
To: Merrin Bamert (DHHS) <REDACTED>
Subject: RE: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

See health service guidelines – P2 respirators only for people with pneumonia, or AGPs

Finn

Dr Finn Romanes
 Deputy Public Health Commander - Planning
 Novel Coronavirus Public Health Emergency

REDACTED

(03) REDACTED

REDACTED

Department of Health and Human Services
 State Government of Victoria

From: Merrin Bamert (DHHS) <REDACTED>
Sent: Wednesday, 8 April 2020 8:43 AM
To: Braedan Hogan (DHHS) <REDACTED>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Finn Romanes (DHHS) <REDACTED>
Subject: URGENT - FW: PPE clarification on safety of masks FOR SWABBING

Hi

Thanks for sending this through the nurses at one of the sites is refusing to swab passengers for covid with only surgical masks. (they passengers were off the flight that had transferred people of covid positive cruise liner)

The guidance note is silent on swabbing so although I have forwarded this through to the team leader, I know the question will come back that swabbing may induce coughing and therefore they will ask is that aerosol inducing activity.

Could a reply please come through in writing asap that they are safe to do covid swabs with a surgical mask

Regards

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection

South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

p. REDACTED m. REDACTED

e. REDACTED

From: Braedan Hogan (DHHS) <REDACTED>

Sent: Wednesday, 8 April 2020 8:34 AM

To: Merrin Bamert (DHHS) <REDACTED>

Subject: FW: PPE clarification on safety of masks

Braedan Hogan | DHHS Agency Commander

Deputy Director, Strategy and Policy

Emergency Management Branch | Regulation, Health Protection and Emergency Management

Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

m. REDACTED | e. REDACTED

www.dhhs.vic.gov.au

From: Braedan Hogan (DHHS)

Sent: Tuesday, 7 April 2020 8:15 PM

To: REDACTED; StateEmergencyManagementCentre

SEMC (DHHS) <semc@health.vic.gov.au>

Cc: REDACTED (DHHS) <REDACTED>

Subject: RE: PPE clarification on safety of masks

REDACTED ED – clear advice from the WHO is surgical masks are suitable for engagement with COVID

positive people.

N95/P2 are only needed for aerosol producing procedures.

See attached for further detail.

We need to ensure the rational use of PPE and minimise use at all times if possible.

Braedan

Braedan Hogan | DHHS Agency Commander

Deputy Director, Strategy and Policy

Emergency Management Branch | Regulation, Health Protection and Emergency Management
Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

m. REDACTED | e. REDACTED

www.dhhs.vic.gov.au

From: REDACTED (DHHS) <REDACTED>
Sent: Tuesday, 7 April 2020 7:53 PM
To: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Cc: REDACTED (DHHS) <REDACTED>
Subject: PPE clarification on safety of masks

Hello,

I'm working at the Mercure Welcome as one of the Team Leaders.

Seeking clarification on the masks nurses should be using to go into rooms.

We currently have P2 masks – the nurses are requesting N-95 masks to protect themselves from patients.

Please advise on what level of mask is appropriate.

Kind regards,

REDACTED – REDACTED

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Operation Soteria Incident Review Escalation Points April 29 2020

Teleconference with review leads last night in escalation of what were seen to be present and current risks and safety issues requiring immediate response.

Summary:

Issue	Comments
Daily checks	Some confusion as to who was doing these. Team thought nurses on site were doing daily checks vs nurses via phone. Nurses doing daily COVID symptom checking. Some concerns that this was not always occurring
Welfare checks	Team concerned these are not sufficient (only 2 required across 14 days) they are completed by non-clinical people- either at 50 Lonsdale or via Hello World (travel agency). Often not occurring. They are conducted via phoning the room directly (assume to check they are in their rooms?) which means they go via hotel switch as you can't call room directly. Often switch is overwhelmed and therefore welfare check not done at all.
PPE	Limited access to PPE resulting in conflict locally between staff (security and nursing staff had a stand-up verbal fight over masks yesterday). Nurse now hiding PPE. Also has led to avoidance of contact with passengers. Clinical contacts have also been avoided as a result. Another instance a hotel member went into a room with a positive resident without PPE and now in quarantine themselves. Cause of much stress and anxiety.
Escalation processes	No clear escalation processes with any of the checks- be that daily or welfare. On the same day as the suicide at Park Royal a male passenger barricaded themselves in their room requiring a police fly by the window in a helicopter.
Family and friends communication	Cases of families not being informed that their family member is in quarantine. Families and friends have no avenue to escalate any concerns. Hotels will not take calls or 'fob' them off. No number to call DHHS. DHHS do collate NOK on the medical screening form.
Information sharing re key passenger information	Recent meeting with police revealed that there are a number of offenders in passenger group. Prior to this DHHS had no knowledge of this. Some are alleged or confirmed sex offenders. "You've a number of dodgy people in these hotels". No risk assessment or safeguards in place.
Unaccompanied minors	No clear process for managing unaccompanied minors. Hotel unaware of the presence of a minor until they land on the doorstep so can't prepare. Child protection know about them, but we are not sure in what capacity and what they do exactly. Also indications for welfare checking process- especially frequency and nature of the person doing the check.
Family violence	Hotel staff have alleged that they have had instances of hearing family violence in rooms. One case REDACTED Hotel's response was to offer a bigger room/ suite to give more space as RED said the challenge was the RE was used to being outdoors and was playing up. Staff feel they can't do anything. Seems no screening for family violence. Also causes other passengers concern as they hear things.

Smoking	No smoking screening in place which means passengers who smoke are in rooms with no open-air space / appropriate ventilation so resulting to smoke in the shower and bloke smoke in the fan. There is a Facebook page some passengers have set up – how to smoke without getting caught. There are now some processes in place for patches and Quitline support. Some hotels have blanket rules no parcels for passengers from outside so passengers can't get more cigarettes resulting in 'cold turkey'. ? is this also a potential fire risk
Management of post quarantine contacts who subsequently receive positive COVID result	One known case of passenger who was exposed to a positive passenger REDACTED and refused to stay in quarantine and now back in REDACTED and COVID positive. 13-day test commenced pre 'discharge'. I believe CHO is doing contact tracing with QLD.
Staff wellbeing	Many staff report working under duress and very stressed – both DHHS staff and hotel staff.
Incident management	No process for incident management – i.e. identification, response, documentation/ notification and review

Overall to date they uncovered large inconsistencies and lack of processes. **REDACTED** did make comment that lots of good people working hard to manage this centrally at 50 Lonsdale, but sheer lack of coordination means it is falling down or happening in silos. **RE** is concerned about these staff burning out. There may be posters for EAP around, but it isn't meeting the needs and people seem reluctant to take it up/ are not accessing it.

Hotel infection prevention and control

From: "Claire Harris (DHHS)" <[REDACTED]>
 To: "Pam Williams (DHHS)" <[REDACTED]>, "Merrin Bamert (DHHS)" <[REDACTED]>, "Nicole Brady (DHHS)" <[REDACTED]>, "Andrea Spiteri (DHHS)" <[REDACTED]>, Euan Wallace (DHHS)" <[REDACTED]>, "Kelly Sykes (DHHS)" <[REDACTED]>, "Melody Bush (DHHS)" <[REDACTED]>
 Cc: [REDACTED] >
 Date: Thu, 28 May 2020 13:26:31 +1000

Hi all,

I've had a conversation with [REDACTED] this morning regarding the Rydges outbreak and shortcomings identified in infection prevention and control (IPC) measures among hotel and security staff.

Problem

The outbreak team have reported back that the hotel and security staff have a very poor understanding of IPC, particularly related to cleaning activities and personal behaviours. For example inappropriate use of PPE, inappropriate cleaning products, food and beverage staff taking out infectious waste, lack of understanding that a lift that contained infectious waste needed to be cleaned, etc.

And that the people doing the cleaning are probably also inappropriate – busy reception staff also responsible for cleaning, night manager cleaning DHHS/nurse areas, etc.

And it seems that the advice about hand hygiene and use of PPE given by the outbreak team is inconsistent with advice hotel staff have previously been given in an OHS context

These issues are likely to be the same at each hotel.

Proposed solution for discussion

1. Someone in Op Soteria command identified to coordinate this please
2. Immediate action
 - One of the nursing team with IPC expertise or good understanding of IPC practice and/or one of the bio-cleaners to be identified at EACH hotel on EACH shift. They instruct hotel and security staff on their shift about IPC
3. Next steps
 - Senior manager/supervisor from nursing agencies, security companies and hotels to be identified as responsible for IPC in Op Soteria (apologies if there is already someone designate to this task and I was unaware)
 - One of Nicky's team can meet with this group to develop proposals for initial staff training, subsequent 'train the trainer' model of ongoing support for new staff, and appropriate allocation of cleaning duties
 - OP Sot coordinator to organise the meeting please

[REDA] please feel free to correct anything if I have misunderstood
 Others, please feel free to propose improvements

Regards
 Claire

A/Prof Claire Harris

MBBS GradDipChildDevel MScPH PhD FAFPHM

Senior Medical Advisor

Regulation, Health Protection & Emergency Management

Department of Health & Human Services | 50 Lonsdale St

REDACTED

health.vic.gov.au/public-health

CONFIDENTIAL

Please help us by filling in this questionnaire now. The information you provide will be used to help us support you during your quarantine period. Tell us if you need medical or other assistance.

Name

Contact Number

Room Number

Introduction:

- Have you been living overseas, or have you been away on holiday?

Safety:

- Do you or anyone in your group (including children) have any immediate health or safety concerns?
- Are you, or anyone you are travelling with, subject to a court order in Australia?
- Do you have access to an Australian bank account and your own money?

Care:

- Is there anyone in Australia that you are responsible for caring for? Who are they?
- Do you have children? Are they travelling with you?
- Do you have animals that need to be cared for?
- Is there anyone you can ask to provide this care for the next two weeks?

CONFIDENTIAL**Health and wellbeing:**

- Are you feeling well at the moment?
- Are you travelling with children/others? How are they coping at the moment?
- Do you have any immediate concerns for any children travelling with you?
- Do you or anyone you are travelling with have any medical conditions that require **immediate** support?
- Do you or those you are travelling with have enough medication for the next couple of days?
- Do you have any additional support needs?
- Do you or anyone you are travelling with have access or mobility support requirements?
- Do you have family or friends with whom you can remain in touch over the phone?

Culture:

- Do you, or others in your group including children have any religious or cultural needs that need to be accommodated?

Other:

- Do you have any other immediate concerns about going into quarantine?

DHHS Hotel Isolation Medical Screening Form

REGISTRATION NUMBER:

Full Name:

Male Female Other

Address:

Indigenous Torres Strait Islander

Phone Number:

Nationality:

Date of Birth:

Place of Birth:

Phone #:

Primary language:

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Allergies:

Past Medical History:

Alerts: Alcohol & Other Drugs Y/N
Disability Y/N
Significant Mental Health Diagnosis Y/N

Medications:

Regular Medical Clinic/Pharmacy:

General Practitioner:

Next of Kin

Contact Number:

Covid-19 Assessment Form

Name	DOB	Room	Date of Admission	mobile	

Ask patient and tick below if symptom present

Day	Date	Fever	Cough	SOB	Sore Throat	Fatigue	Needs further review (nurse assessment)	Reason (if needs further assessment)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

Referred to nurse: Yes/No

Referred to social worker: Yes/No

Welfare Check – Subsequent short form survey – Saturday 6 April PM version

Date:	
Time:	
Call taker name:	
Passenger location:	Hotel: Room number:
location (room number):	
Confirm passenger name:	
Passenger DOB:	
Contact number:	Mobile: Room:
Interpreter required:	Yes/no Language:

Note – this set of questions is to be used where people have indicated they have no concerns and no areas of vulnerability have been identified. It is designed to be a quick check in process to make sure that nothing has changed.

Script

Good morning / afternoon, I'm XXX.

I am a Public Servant working with the Department of Health and Human Services to support people in quarantine following their arrival in Australia, and I'm giving you a call to check on your welfare. This is similar to the call that you would have received yesterday and we are checking if anything has changed for you.

Introductory questions

1. Are you still in Room XXX at the hotel?

2. Have you or your fellow occupants had to leave your room for any reason? If so, what was the reason?

Health questions

3. Have you or your fellow occupants had any signs or symptoms of COVID-19, including fever, cough, shortness of breath, chills, body aches, sore throat, headache, runny nose, muscle pain or diarrhoea?

4. Have you or your fellow occupants been visited by a nurse today to have your temperature checked?

5. Are you keeping up regular handwashing or hand sanitising?

Safety questions

6. How is everything going with your family or the people you are sharing a room with?

7. Is there anything that is making you feel unsafe?

Wellbeing questions

8. How are you and any children or other people that you are with coping at the moment?

Final

9. Have you had any trouble getting food, having laundry done, room servicing etc.?

10. Do you have any other needs that we may be able to help you with?

End of survey

Thank you for your time today. We will contact you again tomorrow.

RE: Crown Metropol & Crown Promenade Room List - 29/03/2020

From: "Merrin Bamert (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=638a479568194a798229202add0cc910-mbam1802">
To: REDACTED, "Braedan Hogan (DHHS)"
 REDACTED "Claire Febey (DEDJTR)"
 REDACTED
Cc: REDACTED, "Meena Naidu (DHHS)"
 REDACTED
Date: Mon, 30 Mar 2020 17:11:40 +1100

Hi

Access to phone numbers is a problem.

The call staff are asking for mobile on the first welfare call however not everyone has them and they are often waiting 10 – 15 mins to have reception answer the phone to put them through to a room

So if the hotel could provide the extension linked to each room that would help

Regards

MErrin

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: REDACTED
Sent: Monday, 30 March 2020 4:48 PM
To: Braedan Hogan (DHHS) REDACTED; Claire Febey (DEDJTR)
 REDACTED
Cc: REDACTED; Meena Naidu (DHHS)
 REDACTED; Merrin Bamert (DHHS) REDACTED
Subject: RE: Crown Metropol & Crown Promenade Room List - 29/03/2020

Hi all.

We've been chasing this down all day and have ended up taking over the process as the level of information was not fit for purpose. We've thrown five DJPR resources at it and will have a comprehensive spreadsheet completed tonight. This will be sent through to SCC Intel and REDA REDA as soon as it's available. If you are adding data collection staff at check in that will significantly improve this going forward.

In terms of contact numbers, as per emails yesterday, this is not information we have collected. Can this be collected via the DHHS questionnaire? Each of the rooms has a phone line which can be used for contact purposes. It is not a normal hotel check in process where that type of information would be collected and given the logistics issues of processing people from buses which cannot be idle outside hotels or at the airport we need to process as fast as possible.

Hope this helps and happy to discuss.

REDA

REDACTED


Director, Office of the Secretary
 DJPR State Agency Commander
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000

REDACTED

djpr.vic.gov.au



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From: Braedan Hogan (DHHS) **REDACTED**
Sent: Monday, 30 March 2020 4:08 PM
To: Claire Febey (DEDJTR) **REDACTED**
REDACTED
Cc: **REDACTED**
REDACTED; Meena Naidu (DHHS) **REDACTED**; Merrin C Bamert (DHHS) **REDACTED**
Subject: RE: Crown Metropol & Crown Promenade Room List - 29/03/2020

Thanks Clare,

We are working through the best platform to hold the data requirements – and how this is interoperable with our other data platforms.

At a minimum we do require data on each individual passenger, room number, contact details so we can commence the 24 hour review process.

We will also be putting data entry staff at each hotel to ensure the effective data capture – but we do require this initial data asap whilst we establish a more robust process.

Meena – is there anything right now you require ASAP whilst we resolve the broader issue.

Cheers,
 Braedan

Braedan Hogan
 Deputy Director, Strategy and Policy
 Emergency Management Branch
 Regulation, Health Protection & Emergency Management Division
 Department of Health and Human Services
 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

From: Claire Febey (DEDJTR) **REDACTED**
Sent: Monday, 30 March 2020 12:03 PM
To: **REDACTED**; Braedan Hogan (DHHS)
REDACTED
Cc: **REDACTED**
REDACTED
Subject: FW: Crown Metropol & Crown Promenade Room List - 29/03/2020

REDACTED Braedan – just ensuring you're across this issue.

An agreed approach to data is an urgent issue today, to ensure DHHS has access to the information that it needs to exercise its role.

We are working urgently on this today, please let me know if you would like to arrange a quick and focused discussion on this mid-afternoon so that we can ensure we close the day out with the information you need.

If you'd like us to continue working directly with those on the chain below that's also fine, but we would be grateful if there is room for a coordinated approach and support from your team to progress this more quickly.

I've cc'd the people in our team that are leading on this.

Cheers

Claire

From: Merrin Bamert (DHHS) [REDACTED]
Sent: Monday, 30 March 2020 9:10 AM
To: [REDACTED]
 [REDACTED] SCC-Vic (Strategic Intel) <sccvic.stratintel@scc.vic.gov.au>; Claire Febey (DEDJTR) [REDACTED]
Cc: [REDACTED]
Subject: Re: Crown Metropol & Crown Promenade Room List - 29/03/2020

Thanks all

Completely understand this is complex we will need to start calling people soon in the hotels, also have key contacts at the hotel is paramount for our welfare people

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From: [REDACTED]
Sent: Monday, March 30, 2020 8:26:21 AM
To: [REDACTED]; SCC-Vic (Strategic Intel) <sccvic.stratintel@scc.vic.gov.au>; Claire Febey (DEDJTR) [REDACTED]; Merrin Bamert (DHHS) [REDACTED]
Cc: [REDACTED]
Subject: RE: Crown Metropol & Crown Promenade Room List - 29/03/2020

Hi [REDA], I just received an update, but it still didn't have enough information to cover what we need. I've escalated and asked whether we can provide support for capturing this information if the hotel does not have capacity. They are working around the clock to support us so I'm balancing pushing hard for the information with not damaging the relationship with this key partner. We have a staff member on the ground working with them to resolve. I'll forward what I have now.

In terms of going forward, this was one of the three questions I asked DHHS yesterday.

Thanks,

[REDACTED]

[REDACTED]

Director, Office of the Secretary
 DJPR State Agency Commander

Department of Jobs, Precincts and Regions

Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000

[REDACTED]

djpr.vic.gov.au



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We acknowledge the traditional Aboriginal owners of country throughout Victoria, their ongoing connection to this land and we pay our respects to their culture and their Elders past, present and future.

From: REDACTED
Sent: Monday, 30 March 2020 8:15 AM
To: REDACTED; SCC-Vic (Strategic Intel)
sccvic.stratintel@scc.vic.gov.au; Claire Febey (DEDJTR) REDACTED; Merrin C Bamert (DHHS) REDACTED
Cc: REDACTED
Subject: Re: Crown Metropol & Crown Promenade Room List - 29/03/2020

RED - is there an ETA on the data from Crown?

Also, who will manage the collection of data for future arrivals? Will DJPR continue to work direct with Crown et al?

Thanks

REDACTED

State Intelligence Manager, COVID-19
 Department of Premier and Cabinet (Vic)

REDACTED

From: REDACTED >
Sent: Sunday, 29 March 2020 8:30 PM
To: REDACTED SCC-Vic (Strategic Intel)
sccvic.stratintel@scc.vic.gov.au; Claire Febey (DEDJTR) REDACTED; Merrin Bamert (DHHS) REDACTED
Cc: REDACTED
Subject: RE: Crown Metropol & Crown Promenade Room List - 29/03/2020

Hi REDA, as discussed, the information that Crown are providing is from passports. There is no guarantee that we will have individual phone numbers.

However, given each of them will be in a hotel room which presumably has a phone, using the hotel room phones seems to be a sensible alternative.

I've copied my colleague REDACTED just in case there is a reason that hotel room phones are not available.

REDACTED


Director, Office of the Secretary
 DJPR State Agency Commander
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000

REDACTED

djpr.vic.gov.au



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From: REDACTED**Sent:** Sunday, 29 March 2020 8:15 PM

To: REDACTED; SCC-Vic (Strategic Intel)
 <sccvic.stratintel@scc.vic.gov.au>; Claire Febey (DEDJTR) REDACTED; Merrin Bamert (DHHS) REDACTED

Subject: Re: Crown Metropol & Crown Promenade Room List - 29/03/2020

Hi RED, can you please provide the contact info for the passengers asap? DHHS will need to start making calls from 8am tomorrow morning

REDACTED

State Intelligence Manager, COVID-19
 Department of Premier and Cabinet, Victoria

REDACTEDGet [Outlook](#) for iOS**From:** REDACTED**Sent:** Sunday, March 29, 2020 6:33:15 PM

To: SCC-Vic (Strategic Intel) <sccvic.stratintel@scc.vic.gov.au>; REDACTED

REDACTED**Subject:** Crown Metropol & Crown Promenade Room List - 29/03/2020

Crown Metropol (CM) and Crown Promenade (CP) first cut of the data (captured at check-in).

Additional data to be provided later.

REDACTED

Director, Office of the Secretary
 DJPR State Agency Commander
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition Street, Melbourne, Victoria Australia 3000


REDACTED

Personal Information

djpr.vic.gov.au



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Government of Victoria, Victoria, Australia.

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Implementation report

Nurse Health Record Implementation
Friday, 29 May 2020

Contents

Purpose	1
Uptake tracking	1
Activities for coming week	2
Identified issues	3

Purpose

The purpose of this document is to provide an update on the uptake progress for the Nurse Health Record App, being used by clinicians working in hotels used to quarantine detained overseas travellers.

Refer to the *Nurse Health Record Implementation Plan* for more details on implementation activities and background information.

Uptake tracking

Assessment counts for the previous seven days across all hotels are being captured daily to provide an indication of the uptake of the Nurse Health Record and are shown in Figure 1. This figure can be expected to stabilise as full uptake is reached and fluctuate along with detainee numbers. Note – weekend figures are not available.

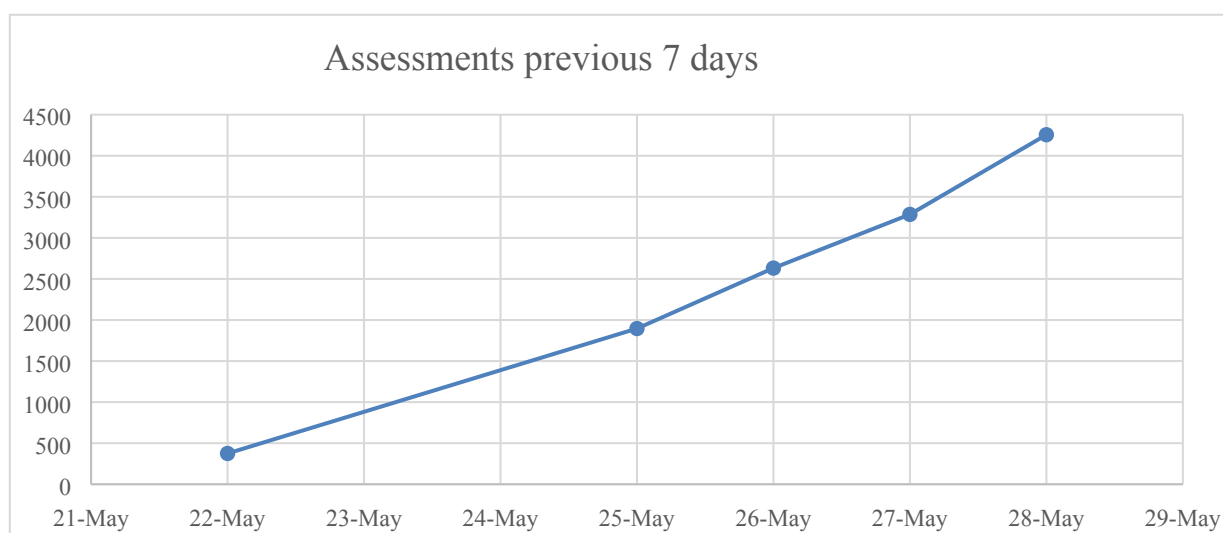


Figure 1: Assessments for the previous seven days, all hotels, 22-28 May 2020

Figure 2 (below) provides a snapshot of the assessments in the seven days leading up to 28 May 2020, against the patronage in each of the hotels. The hotels with the larger patronage and lower assessment counts (e.g. Pan Pacific, Stamford Plaza and Marriott) will be the focus for the coming week.

It should be noted that Four Points, Grand Chancellor, and Crown Promenade are performing very well and showing great progress in the uptake of the Nurse Health Record.

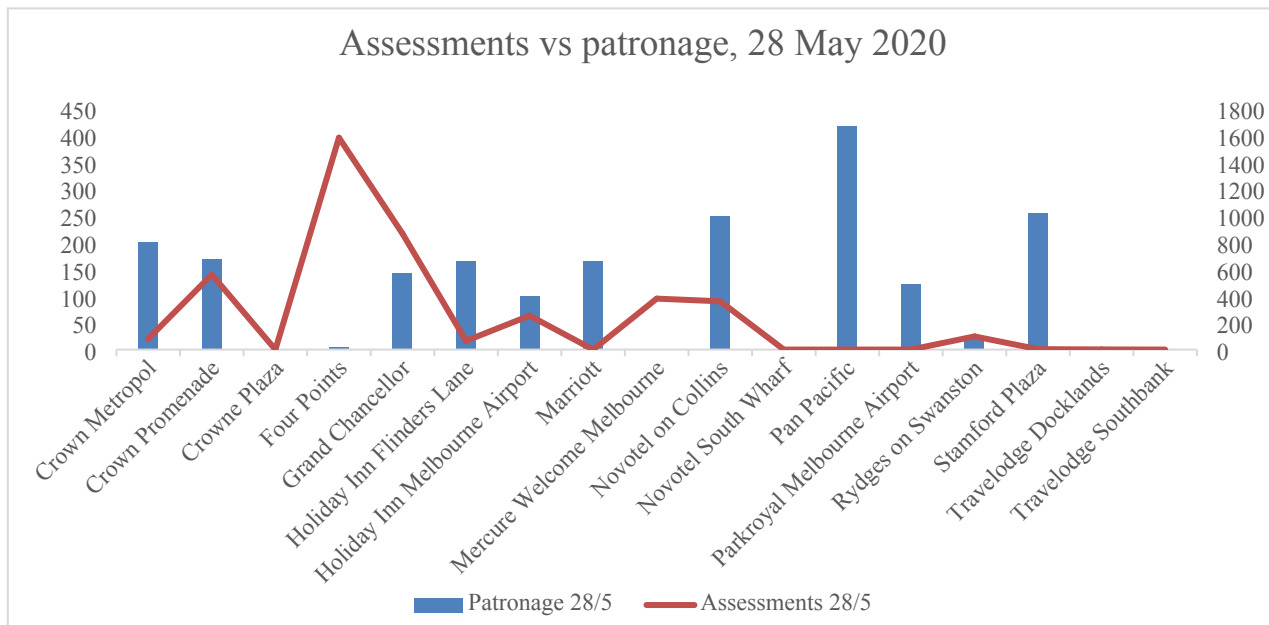


Figure 2: Assessments for the previous seven days vs patronage, by hotel, Thursday 28 May 2020

Activities for coming week

- Visits to Pan Pacific and Stamford Plaza, 30-31 May
- Ongoing team leader engagement
- Work with YNA to implement nurse trainers
- Engagement with technical team to advocate for technical issue rectification
- Ongoing addition of new users to app.

Identified issues

Issues identification

An uptake issues register is being kept tracking factors influencing the uptake of the Nurse Health Record in hotels. To date, measures to identify issues have been:

- Encouraging hotel team leaders to report issues during the twice-daily team leader meetings
- Sending emails encouraging issue reports (amongst other things) to all hotel team leaders every two days
- Visiting nurses at Crown Metropol and Crown Promenade on Saturday, May 23.

15 key issues have been identified to date and are summarised below.

These issue identification measures have been identified as being quite effective and will continue. The hotel visits were the most effective measure, as they allowed a two-way dialogue with nurses that was effective in championing the use of the app.

Critical issues

Critical issues are defined as those being key drivers of poor uptake of the app. Without these issues being rectified, it is unlikely the app will be broadly used whilst paper-based alternatives exist.

Floor and room-based sorting

Issue: Currently, hotels store paper records in a folder-based system whereby a folder exists for each floor, and a plastic pocket is held therein for each room. The screening form and progress notes for each occupant are held together in the plastic pocket pertaining to the room. This allows daily screening calls to quickly screen all occupants of a room in one phone call. The app does not have this functionality, and only allows searching by name or hotel, which makes screening much slower and less efficient.

Actions taken: This has been reported to the project team, who have implemented an enhancement this week.

Reporting on all current detainees

Issue: Nurses currently work off a paper spreadsheet showing all detainees currently in the hotel, and what room they are in. The app does not have this functionality, meaning nurses have no single point of visibility of the detainees in their care. A daily report detailing the detainees in a certain hotel, the room they are in, and the last time they had an assessment completed, is necessary.

Actions taken: This has been reported to the project team, who have added it to the Back Log and are working with their reporting developer to develop such a report.

Records sometimes fail to save

Issue: Nurses have reported that records on occasion fail to save.

Actions taken: This has been reported to the project team, who are investigating. They are in the process of implementing a window that appears following a save activity, providing the nurse a reference number the project team can use to troubleshoot save issues.

High priority enhancements

High priority enhancements are defined as changes that would substantially improve the usability of the app and will support uptake by enhancing the user experience. **All issues in this section have been reported to the technical team and added to the Back Log for addressing in a future update.**

Searching for guests by compliance number and date of birth

Issue: Nurses report that searching by guest name can be problematic, particularly for complex or misspelt names. The ability to search by compliance number and date of birth is requested.

Symptom screening tick boxes

Issue: Currently, the COVID-19 symptom screening facility consists of five “Yes / No” dropdown boxes for nurses to select. Nurses have requested these be replaced by tick boxes, for speed of entry.

Introduction of “Other Symptom” field in screening facility

Issue: Nurses have requested the addition of an “other symptom” field, as nurses are routinely screening for and reporting on other symptoms rather than just the five COVID-specific symptoms.

Other requests

Other requests are those enhancements that are of a lower priority but will improve the usability of the app and further support uptake. **All issues in this section have been reported to the technical team and added to the Back Log for addressing in a future update.**

Flagging when an “at risk” person has not been assessed in a certain period

Issue: Nurses have requested that any person who has been identified as being “at risk” is highlighted if an assessment has not been performed on that person in a defined period (e.g. in over 24 hours).

Selecting multiple risk factors

Issue: Nurses have reported that the “risk factor” dropdown box used to identify “at risk” people only can select one risk factor, whereas it is conceivable that a detainee may display multiple risk factors. The ability to select multiple risk factors has been requested.

Exited guests showing up against rooms as current guests

Issue: Nurses are advising that multiple guest records from previous cohorts still appear when searching for current guests. This has the potential to cause confusion.

Save multiple tabs at once

Issue: Currently, nurses completing work in one app tab must save the contents of that tab before moving to the next tab. It has been requested that multiple tabs can be saved at once, at the end of the encounter.

Actioned requests

These requests have been implemented (or are in planning for implementation) already.

- Inclusion of arrival and departure dates in the registration screen (complete)
- Stagger training times to access nurses across multiple shifts (complete)
- Include hotel team leads in training invitations (complete)
- Identify and train nurses as app trainers across multiple shifts (YNA currently identifying suitable nurses)
- Hotel team leads unaware that app is live (ongoing by attending frequent team leader meetings and talking with team leads during hotel visits to champion app uptake)

Re: Signing off

From: REDACTED
To: "Merrin Bamert (DHHS)" REDACTED
 REDACTED
Cc: "StateEmergencyManagementCentre SEMC (DHHS)" REDACTED
 REDACTED
 REDACTED "Jason Helps (DHHS)" REDACTED
 REDACTED
Date: Tue, 31 Mar 2020 06:24:24 +1100

Thanks all. Sounds like a huge day. I have staff rostered on this morning from 7. As soon as we get details of the woman we can get in touch.

We have a range of other accommodation stock available so it would be good to understand what is possible in terms of moving her. With the four of them together in small space and such a small space with young infants, my thought is that an immediate focus should be on moving into a more appropriate space (eg serviced apartment). We also can look at getting services in place ASAP to support the family remotely.

We can do full risk assessment and talk through but I'd appreciate point of contact in SCC who I can talk through different options.

From: Merrin Bamert (DHHS) REDACTED
Sent: Tuesday, 31 March 2020 6:12 AM
To: REDACTED
 REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED
 REDACTED
 Jason Helps (DHHS) REDACTED
 REDACTED
Subject: Re: Signing off

Thanks REDACTED

We also need urgent some basic equipment for the nurses.

I know they need thermometers (tympanics are best for Inf control, Do they have BPs machine, SaO2 small portable monitors etc, happy to assist with equipment needs, assessment forms that can be continued should a person be seen a couple of time for monitoring of condition. Ie a person is not well but well enough to stay at the hotel but is reviewed by the nurse. So primary assessment chart/observation chart, also appropriate equipment for assessment of babies and children.

Assume the nurses are checked by YNA to ensure they have the capability to care for people across the age continuum.

Someone from SEMC or pre hospital or has set set up the clinics? Probably needs too get down there this morning and do a reccy on the nursing needs and also pre plan to have available for any other hotels been bought on for today/tomorrow.

I would suggest that the equipment needs to be easily mobile and able to be easily cleaned between (so alcohol wipes - hospital grade) so the the nurse can easily manoeuvre between floors as required. Given now two nurses per shift we may need two sets. An urgent call to hospitals central stores or begging Alfreds stores to see what they have would be best or AV not sure if REDACTED is on today, I am at 50 Lonsdale and will have my car if any support required

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From: REDACTED
Sent: Tuesday, March 31, 2020 12:57:54 AM

To: REDACTED

Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; REDACTED

REDACTED

REDACTED

Merrin Bamert (DHHS) REDACTED

REDACTED

Jason Helps (DHHS)

REDACTED

Subject: Re: Signing off

Thanks REDACTED. You guys have had a huge day!

When you get a moment in the morning would you be able to pls provide name and contact/room details for the REDACTED so that REDACTED can allocate to one of REDACTED team for follow up?

Also putting on Merrin's radar (coordinating the welfare checks).

Physical activity guidance and access to goods being dropped off also on the radar at SCC with DJPR - the team will stay connected with you and and REDACTED tomorrow and hopefully can bed down arrangements ASAP.

Speak soon,

REDACTED

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From: REDACTED

Sent: Tuesday, March 31, 2020 12:44 am

To: REDACTED

Cc: StateEmergencyManagementCentre SEMC (DHHS) REDACTED

Subject: Signing off

Hi REDACTED

All passengers are now settled. Several matters need to be followed up urgently tomorrow;

- we will need to engage FSV for assistance (I have ccd REDACTED as suggested) tomorrow; a REDACTED arrived this evening with REDACTED and REDACTED. REDACTED currently has limited mobility and is escaping a REDACTED. My understanding is there was court involvement in the RE. REDACTED is struggling as is the REDACTED; I am very concerned about the detention arrangements for this family.
- Delivery of personal items/food - passengers have been asking or having this brought to the hotels. At present, there is no process to have this processed. Glynn has a process developed; I believe DPJR are also looking at one. We will jump on this tomorrow, needs to be sorted ASAP.
- Passengers are getting edgy; we need some guidance about physical activity, time outside. Given the windows do not open in the hotel, 14 days is going to get hard, particularly for those that experience anxiety.
- We have increased the nurse roster for AM and PM shift to two nurses per site, and 1 per site for night shift. The requests from passengers have increased with the new arrivals. The FEMO have been a great support.

Thanks for everyone's assistance today, greatly appreciated.

Regards

REDACTED

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RE: [For Approval] Permissions for Temporary Leave

From: "Merrin Bamert (DHHS)" [REDACTED]
 To: "Anthony J Kolmus (DHHS)" [REDACTED], "Anna Peatt (DHHS)" [REDACTED]
 Cc: "Noel Cleaves (DHHS)" [REDACTED]
 [REDACTED]
 [REDACTED] "Michael Mefflin (DHHS)"
 [REDACTED] "StateEmergencyManagementCentre SEMC (DHHS)"
 <semc@health.vic.gov.au> "Claire Feby (DED ITR)" [REDACTED]
 "Pam Williams (DHHS)" [REDACTED]
 [REDACTED]
 Date: Sat, 04 Apr 2020 12:17:28 +1100

Hi Anthony and Anna

I think we need some clarity about the operationalising of this. Also who is going to the mapping of how this will work.

This is really difficult for a couple reasons regarding

There must be some guidance on who decides the threshold for allowing this momentary leaving of hotels (who deserves a smoke or fresh air?) every person the nurses or Doctors are seeing highlights concerns about their mental health and not getting fresh air or a smoke

Who authorises / makes the decision about who is allowed this leave

Then there are the logistics and practicalities for the moment of leave

Where is the leave taken (smoke versus fresh air)

How often can the leave can be granted in a 24 hour period

What time and for how long are they allowed out

How many people at one time given social distancing only two people in the lift etc.

How to we manage equity across the sites and within each hotel.

The metropol and promenade have no outside space that is contained and also both are in public access for camera etc. these are high rise hotels and therefore more complex than the other two.

Could you please advise who will lead this work and work with the hotel leads to manage the practicalities of this policy

Thanks

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
 South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

[REDACTED]

From: Anthony J Kolmus (DHHS) [REDACTED]
 Sent: Saturday, 4 April 2020 9:36 AM
 To: Anna Peatt (DHHS) [REDACTED]; Merrin Bamert (DHHS)
 [REDACTED]
 Cc: Noel Cleaves (DHHS) [REDACTED]
 [REDACTED]

Subject: FW: [For Approval] Permissions for Temporary Leave

Hi Anna and Merrin,

Further to the conversation we just had about people being able to access fresh air / smoking / physical activity outside of their room, Meena sent the following and attached through last night which I understand is signed off.

As discussed, considerable thought needs to be given to how this will be operationalised given the number of people involved as against the number of DHHS and security staff available to monitor detainees and the need to maintain physical distancing directions. We would expect to be consulted about any work being done in relation to this.

Regards

Anthony

Anthony Kolmus
Human Services Regulator

Health and Human Services Regulation and Reform
Regulation, Health Protection and Emergency Management
Department of Health and Human Services

REDACTED



Health
and Human
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

From: Meena Naidu (DHHS) <REDACTED>
Sent: Saturday, 4 April 2020 1:10 AM
To: COVID-19 Vicpol <COVID-19.vicpol@dhhs.vic.gov.au>; Anthony J Kolmus (DHHS) <REDACTED>; Noel Cleaves (DHHS) <REDACTED>; Anna Peatt (DHHS) <REDACTED>
Subject: FW: [For Approval] Permissions for Temporary Leave

Hi all

We have template permissions form!! Please have your team start to use this over the weekend. If there's any issues, please let Anna know – she's covering me this weekend.

All coming together!

Kind regards
Meena

Meena Naidu

Lead Executive – COVID-19 Compliance
Director, Health and Human Services Regulation and Reform

Regulation, Health Protection and Emergency Management Division
Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

REDACTED

[w. www.health.vic.gov.au](http://www.health.vic.gov.au)

Executive Assistant:

REDACTED



From: Ed Byrden (DHHS) REDACTED
Sent: Saturday, 4 April 2020 12:45 AM
To: Meena Naidu (DHHS) REDACTED
Cc: REDACTED
Subject: FW: [For Approval] Permissions for Temporary Leave

Hi Meena

REDA suggested that you required a few documents to help administer the permissions under the Direction and Detention Notices.

We have develop an approach to manage any operational and legal risk that can be administered by Authorised Officers on the ground or through a central coordination point. The documents include:

- A formal notice that sets out the terms of the Permission – we suggest this could be put onto department header (Attachment A)
- A one pager to explain to Authorised Officer how to grant the permission (Attachment B)
- A table to help Authorised Officer's register when they grant a permission (Attachment C)

I hope this assists.

Regards

Ed Byrden

Acting Director, Executive Services

[Executive Services Branch | Legal and Executive Services](#)

Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

w. www.dhhs.vic.gov.au | Intranet page: [How to engage Legal Services](#)

Executive Assistant: REDACTED

REDACTED

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RE: Supervised rec breaks

From: "Braedan Hogan (DHHS)" REDACTED
To: "Anthony J Kolmus (DHHS)" REDACTED; "Merrin Bamert (DHHS)" REDACTED, "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>
Cc: "Meena Naidu (DHHS)" REDACTED; "Pam Williams (DHHS)" REDACTED
Date: Fri, 10 Apr 2020 12:16:22 +1000

Thanks – I agree we now have a policy in place but it is at the discretion of the AO to implement if the supports are available.

Braedan

Braedan Hogan | DHHS Agency Commander

Deputy Director, Strategy and Policy
 Emergency Management Branch | Regulation, Health Protection and Emergency Management
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000

REDACTED

www.dhhs.vic.gov.au

From: Anthony J Kolmus (DHHS) REDACTED
Sent: Friday, 10 April 2020 12:15 PM
To: Merrin Bamert (DHHS) REDACTED; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Cc: Meena Naidu (DHHS) REDACTED; Pam Williams (DHHS) REDACTED; Braedan Hogan (DHHS) REDACTED
Subject: RE: Supervised rec breaks

Hi Merrin,
 At least two of the hotels, Metropol and Four Points have extra security on the ground and this process has begun. However it is being limited by other demands on the relevant AO's availability.
 Regards
 Anthony

Anthony Kolmus
 Human Services Regulator

Health and Human Services Regulation and Reform
 Regulation, Health Protection and Emergency Management
 Department of Health and Human Services

REDACTED



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and Human
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

From: Merrin Bamert (DHHS) REDACTED >
Sent: Friday, 10 April 2020 11:21 AM
To: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Cc: Anthony J Kolmus (DHHS) REDACTED; Meena Naidu (DHHS) REDACTED; Pam Williams (DHHS) REDACTED; Braedan Hogan (DHHS) REDACTED
Subject: Re: Supervised rec breaks

Hi in addition

We understand the DJPC have not commenced the implementation staff so they recieved the policy last night at 8pm they have not gone through the practicalities of this, they have not engaged the security guards to increase numbers of security.

They are on the 11am teleconference teal leader briefing.

I wonder if someone should be dialing into this from the SEMC to work through issues with the leaders.

This would be part of the REOC role

regards

Merrin

Merrin Bamert
 Director, Emergency Management and Health Protection
 South Division
 Department of Health and Human Services
 Level 5/ 165 - 169 Thomas street, Dandenong, 3175

REDACTED

From: Merrin Bamert (DHHS) <REDACTED@health.vic.gov.au>
Sent: Friday, April 10, 2020 10:55:48 AM
To: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Cc: Anthony J Kolmus (DHHS) <REDACTED@health.vic.gov.au>; Meena Naidu (DHHS) <REDACTED@health.vic.gov.au>; Pam Williams (DHHS) <REDACTED@health.vic.gov.au>
Subject: Re: Supervised rec breaks

FYI

There is a Facebook page set up by people in quarantine once it's on that they have started fresh air breaks in promenade today this will go 'viral' and the pressure will increase for the nurses and mental health nurses.

I am at Metropol who is sharing an AO and therefore while R is at promenade the fresh air breaks will not be able to commence at Metropol.

This needs to be closely monitored, trying to follow up the Facebook site so some comms here would be helpful

Thanks

Merrin

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From: SEMC <semc@dhhs.vic.gov.au>
Sent: Friday, April 10, 2020 9:44:42 AM
To: Merrin Bamert (DHHS) <Merrin.Bamert@dhhs.vic.gov.au>
Subject: Supervised rec breaks

Clarification: AOs will arrange the process - Team Leaders and Security to support.

Hi team leaders,

Please see below for advice on exercise/fresh air. Extra security have been put on where possible to assist and DJPR have been briefed.

Exercise and fresh air

- If the room has a balcony, ensure the residents can access it for fresh air.
- Advise residents to open windows/balconies where possible for fresh air and ventilation.
- If it is possible for residents to go outside to take some exercise for organised/supervised short periods of time, this should be facilitated where possible. Residents should ensure physical distancing is practised during this period. Only well residents from the same room should be able to go out to exercise at the same time.
- Residents should be provided with resources for exercise routines and yoga/mediation that they can perform safely within their rooms.

Procedure for a detainee / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.

The steps that must be taken by the detainee are:

- Confirm they are well;
- Confirm they have washed their hands immediately prior to leaving the room;
- Don a single-use facemask (surgical mask);
- Perform hand hygiene with alcohol-based handrub as they leave;
- Be reminded to – and then not touch any surfaces internal to the hotel on the way out;

The procedure for the security escort is:

- Don a mask;
- Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be the person who touches all surfaces if required such as the lift button, handles;
- Maintain a distance (1.5 metres) from the person;

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

Kind regards

REDACTED

State Emergency Management Centre

----- Emergency Management -----

Department of Health and Human Services | 50 Lonsdale Street Melbourne 3000
p. 1300 304 309 | f. 9096 0003 | e. semc@dhhs.vic.gov.au | www.recovery.vic.gov.au
State Duty Operations Officer (24 hours): 1300 790 733

RE: Proposed new policy for people being allowed to smoke or fresh and how to operationalise this

From: "Finn Romanes (DHHS)" [REDACTED]
To: "Anna Peatt (DHHS)" [REDACTED]
Cc: "Merrin Bamert (DHHS)" [REDACTED], "Noel Cleaves (DHHS)" [REDACTED], "Meena Naidu (DHHS)" [REDACTED], "Annaliese Van Diemen (DHHS)" [REDACTED]
Date: Sat, 04 Apr 2020 09:52:49 +1100
Attachments: COVID-19 DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - Draft 4 March 2020.DOCX (377.32 kB)

Dear Anna

I'm not on today so will not have my phone on or check email.

However I did see a text and an exchange (below).

Noel and I agreed a process for AOs to understand for security escorts to enable smoking breaks if essential and it is in the Plan, attached. See page 30. Reproduced below.

This Plan is the only document that is formally endorsed by Public Health Command (DPHC) for these arrangements – I don't know of any other set of policies or processes that have been endorsed.

The plan is formally with Annaliese and Brett for Approval, but it is useable as the working approach now. Back to Annaliese.

Finn

Procedure for a detainee / resident to leave their room for exercise or smoking

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break.

The steps that must be taken by the detainee are:

- *Confirm they are well;*
- *Confirm they have washed their hands immediately prior to leaving the room;*
- *Don a single-use facemask (surgical mask);*
- *Perform hand hygiene with alcohol-based handrub as they leave;*
- *Be reminded to – and then not touch any surfaces internal to the hotel on the way out;*

The procedure for the security escort is:

- *Don a mask;*
- *Undertake hand hygiene with an alcohol-based handrub or wash hands in soapy water;*
- *Be the person who touches all surfaces if required such as the lift button, handles;*
- *Maintain a distance (1.5 metres) from the person;*

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

Dr Finn Romanes
Deputy Public Health Commander (Planning)

COVID-19 Public Health Emergency

REDACTED

Department of Health and Human Services
State Government of Victoria

From: Anna Peatt (DHHS) REDACTED
Sent: Saturday, 4 April 2020 9:02 AM
To: Merrin Bamert (DHHS) REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Finn Romanes (DHHS) REDACTED
Subject: RE: Proposed new policy for people being allowed to smoke or fresh and how to operationalise this

Hi Merrin – I will need to chase up and get back to you. Yes good to be working with you again, and we definitely have not caught up for ages! Anna

From: Merrin Bamert (DHHS) REDACTED
Sent: Saturday, 4 April 2020 8:42 AM
To: Anna Peatt (DHHS) REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Finn Romanes (DHHS) REDACTED
Subject: Proposed new policy for people being allowed to smoke or fresh and how to operationalise this

Hi Anna

Lovely to have you on board, feel like we have not caught up for ages

We understand that there was a new directive or policy around how to manage smoking and some fresh air for people , Meena raised this was being considered.

Can we please have a copy of this as SEMC and our team leaders need to urgently draft a process to operationalise this for people

Thanks

Merrin

Merrin Bamert

Director, Emergency Management and Health Protection
South Division
Department of Health and Human Services
Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

RE: Escalation of provision of information to Guest

From: "Merrin Bamert (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=638a479568194a798229202add0cc910-mbam1802">
To: REDACTED
Cc: "Pam Williams (DHHS)" REDACTED REDACTED (DHHS)"
 REDACTED Meena Naidu (DHHS) REDACTED
 "Rachaele May (DEDJTR)" REDACTED REDACTED
 REDACTED REDACTED, "Simon Crouch (DHHS)"
Date: Wed, 22 Apr 2020 14:42:37 +1000

REDACTED

Rachaele and I have discussed the issues below and we agreed many of the issues will be resolved through both the clarity around agency roles and responsibilities and team leader job cards, and this being shared across both agencies.

In following up on the particular issue on exit at four points yesterday all clients will have left the hotel from the RE due for release yesterday as at this afternoon except for one guest who will stay one more night due to RED distress and end of isolation tomorrow where RED will fly out to REDACT

REDACTED in room RED will stay in four points.

REDACTED was in room RED will be transferred to Rydges at 3pm to complete REDACT quarantine.

We are seeking advice on the rooms at four points that will require a deep clean due to people being COVID-19 positive or a close contact. I am hoping to receive this very soon for four points.

In addition we commit to providing the hotel the room numbers of these affected rooms

Merrin Bamert

Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED
 REDACTED

From: Rachaele E May (DJPR) REDACTED >
Sent: Wednesday, 22 April 2020 1:44 PM
To: Merrin Bamert (DHHS) REDACTED

REDACTED

Cc: Pam Williams (DHHS) <Pam.Williams@dhhs.vic.gov.au>; REDACTED

REDACTED Meena Naidu (DHHS) REDACTED
 REDACTED

Subject: RE: Escalation of provision of information to Guest

Thanks you for raising this with us, Merrin.

I have asked REDACTED, cc'd above, to follow up today, as I am on 2 days rest, returning Friday 24 April.

Regards
 Rachaele

Rachaele May

A / Executive Director Emergency Coordination and Resilience

Department of Jobs, Precincts and Regions

402 Mair Street Ballarat, Victoria Australia 3350

REDACTED

Personal Information

REDACTED@agriculture.vic.gov.audjpr.vic.gov.au

Please note I work from home on FRIDAY

From: Merrin Bamert (DHHS) <REDACTED>**Sent:** Wednesday, 22 April 2020 1:39 PM**To:** Rachaele E May (DJPR) <REDACTED>

REDACTED

Cc: Pam Williams (DHHS) REDACTED

REDACTED

REDACTED >; Meena Naidu (DHHS) REDACTED

Subject: Escalation of provision of information to Guest

Hi Rachaele

We are having an issue at Four points with the DJPR team leader and our DHHS team leader and a break down in communication.

Our team leader has just advised us that REDACTED spoke to one of the guest who was directed to quarantine and was affected by the public health exit issues yesterday that RE could get RE end of direction paper go home, this is after all the work we had done given RE risks to support RE ongoing quarantine and rydges.

The team are also going to document other concerns including a complaint that RE was observed in the hotel having a drink with the duty manager.

I am trying to get more information however I wonder if we use this opportunity to improve our documentation of the various roles and responsibilities throughout the entry / two week detention and exit for TLs / AOs and your DJPR leads.

Thanks

merrin

Merrin Bamert

Director, Emergency Management, Population Health and Health Protection

South Division

Department of Health and Human Services

Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

e: REDACTED

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Operation Soteria - incident and escalation reporting

From: REDACTED
To: "Merrin Bamert (DHHS)" REDACTED, "Euan Wallace (DHHS)"
REDACTED, "Andrea Spiteri (DHHS)"
REDACTED
Date: Fri, 17 Apr 2020 17:36:39 +1000

Hi Andrea,
I thought it may be best to raise this with you in the first instance.
I have had a call from Merrin Bamert (cc'd into this email to provide context or details) re: incident and escalation reporting and the need to provide process details for incident and escalation reporting for this weekend.
I note that at the Operation Soteria meeting there was an action for '*Andrea (EoC) and Annaliese/Finn (PH) and Euan (SCV) would meet to discuss incident and escalation reporting*'. Noting that incidents have been managed to date and reports provided however there is a need to loop in different reporting requirements across these areas.
An immediate need was not discussed at the meeting today.
Are you able to provide reporting clarification for Merrin? Or is there a need for incident and escalation reporting discussions to be discussed over the weekend?

Thanks

REDACTED

Principal Advisor, Office of the CEO

REDACTED

W safercare.vic.gov.au

Please note I work part-time hours over 5 days, usually leaving at 2:30pm.



Re: Document causing confusion on exit dates - IMPORTANT

From: "Rachaele E May (DJPR)" <[REDACTED]>
 To: "Merrin Bamert (DHHS)" <[REDACTED]>, "Pam Williams (DHHS)" <[REDACTED]>, "Murray Smith (DHHS)" <[REDACTED]>
 Cc: [REDACTED] (DEDJTR) <[REDACTED]>, [REDACTED] (DHHS) <[REDACTED]>
 <[REDACTED]> (DHHS) <[REDACTED]>
 [REDACTED] DHHSOpSoteriaEOC <[REDACTED]>
 Date: Fri, 15 May 2020 18:24:37 +1000

Hi Merrin, park royal as well I think

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From: Merrin Bamert (DHHS) <[REDACTED]>
 Sent: Friday, May 15, 2020 6:03:46 PM
 To: Pam Williams (DHHS) <[REDACTED]>, Murray D Smith (DHHS) <[REDACTED]>
 [REDACTED] (DJPR) <[REDACTED]>
 Cc: Rachaele E May (DJPR) <[REDACTED]>, [REDACTED] (DHHS) <[REDACTED]>
 [REDACTED] (DHHS) <[REDACTED]>
 [REDACTED] DHHSOpSoteriaEOC <[REDACTED]>
 Subject: Re: Document causing confusion on exit dates - IMPORTANT

Hi [REDACTED]

We are following this up ASAP with we believe Mercure will get back to you asap

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From: [REDACTED] (DJPR) <[REDACTED]>
 Sent: Friday, May 15, 2020 5:44:03 PM
 To: Merrin Bamert (DHHS) <[REDACTED]>, Pam Williams (DHHS) <[REDACTED]>
 Cc: [REDACTED] (DEDJTR) <[REDACTED]>, [REDACTED] (DEDJTR) <[REDACTED]>
 Subject: Document causing confusion on exit dates - IMPORTANT

Hi Merrin and Pam

We have an issue with two people being released at 12am tonight who are actually not mean to be released until midnight tomorrow and we have tracked the issue to a document that has been provided to AOs and Team Leaders that outlines the guest journey i.e day 3 welfare check, day 9.... I do not have a copy of this document but the issue that we have come to realise is that the way the document reads is that we are releasing people on day 15 because it has people's **arrival day as day 1 when in fact it is actually should be counted as day 0. Day 1 is the day after they arrive.**

The AOs are interpreting it in a way that actually has people leaving 24 hours prior to the conclusion of their quarantine and they are telling people they can leave from 12am tonight instead of 12am tomorrow

I am concerned that is this document continues to be distributed it will create as issue with guests and we will be releasing people too early

I have sent an example of this to the generic inbox but wanted to raise this specifically as it is a risk.

Happy to chat

REDACTE

REDACTED

Executive Director | Transformation and Performance | Rural and Regional Victoria
Department of Jobs, Precincts and Regions

33 Breed St Traralgon 3844

T. REDACTED

REDACTED

REDACTED

djpr.vic.gov.au



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We acknowledge the traditional Aboriginal owners of country throughout Victoria, their ongoing connection to this land and we pay our respects to their culture and their Elders past, present and future.

Government of Victoria, Victoria, Australia.

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RE: Release Day - midday policy

From: "Pam Williams (DHHS)" <[REDACTED]>
To: "Murray Smith (DHHS)" <[REDACTED]>, "Merrin Bamert (DHHS)" <[REDACTED]>, "Anthony J Kolmus (DHHS)" <[REDACTED]>
Date: Tue, 02 Jun 2020 08:31:07 +1000

I think we are all in furious agreement! This has been the accepted approach since the very first exit. The only thing that has changed is that DJPR requested that families commence release at 11am as they are more difficult to organise in terms of check-out and transport. This was regarded by everyone as sensible.

Pam Williams
COVID19 Accommodation Commander
 Department of Health and Human Services
 m: [REDACTED]
 e: [REDACTED]
www.dhhs.vic.gov.au

Soteria (Ancient Greek : Σωτηρια) was the goddess or spirit (daimon) of safety and salvation, deliverance, and preservation from harm.

From: Murray Smith (DHHS) <[REDACTED]>
Sent: Monday, 1 June 2020 10:32 PM
To: Merrin Bamert (DHHS) <[REDACTED]>; Anthony J Kolmus (DHHS) <[REDACTED]>; DHHSOpSoteriaEOC <[REDACTED]>
Cc: Pam Williams (DHHS) <[REDACTED]>
Subject: Re: Release Day - midday policy

Hello all

Fully support this position. I appreciate the help of DJPR in giving this operation done and compliance is a matter for DHHS. It is not their call.

Regards

Murray

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From: Merrin Bamert (DHHS) <[REDACTED]>
Sent: Monday, June 1, 2020 10:01:39 PM
To: Anthony J Kolmus (DHHS) <[REDACTED]>; DHHSOpSoteriaEOC <[REDACTED]>
Cc: Murray Smith (DHHS) <[REDACTED]>; Pam Williams (DHHS) <[REDACTED]>
Subject: RE: Release Day - midday policy

Completely agree

Merrin Bamert
 Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 [REDACTED]
 [REDACTED]
 e: [REDACTED]

From: Anthony J Kolmus (DHHS) <[REDACTED]>
Sent: Monday, 1 June 2020 9:59 PM
To: Merrin Bamert (DHHS) <[REDACTED]>; DHHSOpSoteriaEOC <[REDACTED]>
Cc: Murray Smith (DHHS) <[REDACTED]>
Subject: RE: Release Day - midday policy

Hi Merrin,

There's something a bit 'Yes Minister' about this.

We've had DJPR apparently putting pressure on us not to release people before 12 noon, other than for flights or families. This seems to be the reverse of the original email in this trail....

I think Public Health would prefer people don't go earlier than noon so that it's close to the full 14 days in quarantine.

Bottom line, regardless of who said what, seems like we should be working on the basis of noon releases for most people other than people catching flight, families, and the odd compelling exemption (which there have been a few of).

Happy to chat.

Regards

Anthony

Anthony Kolmus
 Human Services Regulator
 Currently significantly redployed to COVID-19 response

Health and Human Services Regulation and Reform
 Regulation, Health Protection and Emergency Management
 Department of Health and Human Services

p. [REDACTED]



Health
and Human
Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

From: Merrin Bamert (DHHS) <[REDACTED]>
Sent: Monday, 1 June 2020 3:14 PM
To: Anthony J Kolmus (DHHS) <[REDACTED]>; DHHSOpSoteriaEOC <[REDACTED]>
Cc: Murray Smith (DHHS) <[REDACTED]>
Subject: RE: Release Day - midday policy

Hi Anthony

That's a compliance issue isn't it,

I thought it was your policy that agreed that it ends at midnight but you were comfortable given you cant release people at midnight that midday works

Thanks

Merrin

[Merrin Bamert](#)

Commander, Operation Soteria, Covid - 19
Director, Emergency Management, Population Health and Health Protection
South Division
Department of Health and Human Services

REDACTED

e. REDACTED

From: Anthony J Kolmus (DHHS) REDACTED

Sent: Monday, 1 June 2020 10:39 AM

To: DHHSOpSoteriaEOC REDACTED

Cc: Merrin Bamert (DHHS) REDACTED; Murray Smith (DHHS) REDACTED

Subject: FW: Release Day - midday policy

Hi EOC Team,

Re the following information regarding the timing of the release of detainees from quarantine, is there up to date written confirmation from either DHHS or DJPR as to the exact details of what is and isn't allowed in terms of when people can be released on their final day of quarantine?

If so, could you please forward it on so that I can pass it on to AOs in the hotels.

Thanks

Anthony

Anthony Kolmus

Human Services Regulator

Currently significantly redployed to COVID-19 response

Health and Human Services Regulation and Reform
Regulation, Health Protection and Emergency Management
Department of Health and Human Services

REDACTED



Health and Human Services



We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

From: REDACTED REDACTED

Sent: Monday, 1 June 2020 10:34 AM

REDACTED

Cc: Noel Cleaves (DHHS) REDACTED

REDACTED; Anthony J Kolmus (DHHS) REDACTED

Subject: Release Day - midday policy

Morning all,

I know there has been some miscommunication and conflict on release days with DJPR stating no guests other than interstate travelers and families leaving prior to midday.

DJPR have now been issued a direct instruction from DHHS, that no releases are to occur prior to midday for Victorian residents. If DJPR reps are asked to release anyone early they have to contact their supervisors for clearance.

I just thought that going forward this information may be useful to all of us.

Thank you,

REDACTED

Authorised Officer | Department of Health and Human Services

REDACTED

From: REDACTED

Sent: Monday, June 1, 2020 10:19 AM

To: REDACTED

Cc: REDACTED

Subject: Midday policy

Hey REDACTED

Excerpt from our daily report on midday exits.

DHHS have asked DJPR to ensure that the majority of hotel exits occur after midday, noting there are exceptions for those with interstate flights, families and long Victorian travel. If DJPR Hotel Operations staff are being asked to change exit times contrary to this direction, please escalate to your supervisor, [REDACTED] or Rachaele May if needed.

[REDACTED]

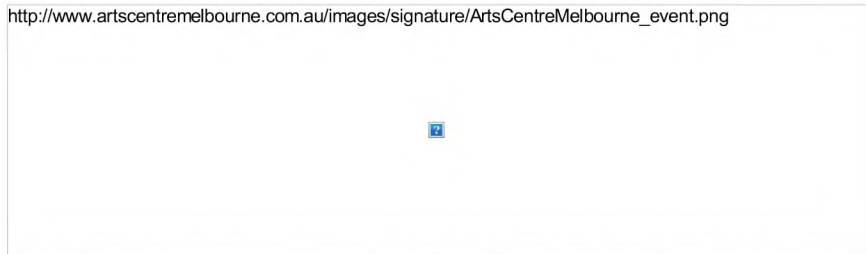
[REDACTED]

[REDACTED]

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http://www.artscentremelbourne.com.au/images/signature/ArtsCentreMelbourne_event.png



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RE: FW: Exemption taxi

From: DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>
To: Parkroyal <parkroyal@dhhs.vic.gov.au>, DHHSOpSoteriaEOC <dhhsopsoteriaeoc@dhhs.vic.gov.au>

Cc: REDACTED
 REDACTED "Merrin Bamert (DHHS)" REDACTED

Date: Mon, 08 Jun 2020 09:47:39 +1000

Thanks so much for getting back to me. Yes, I just spoke to Merrin. We are drafting policy feedback for DJPR today regarding visits to family members who are dying and/or funeral attendance. This will help clarify these situations with regard to distance, costs to be covered / incurred, maximum number of visits, and it will give guests an opportunity to consider when they will schedule visits over the course of their quarantine.

Regards,
 REDACTED

From: Parkroyal <Parkroyal@dhhs.vic.gov.au>
Sent: Monday, 8 June 2020 9:43 AM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: REDACTED
Subject: RE: FW: Exemption taxi

Hi REDACTED

3 return trips has been completed REDACTED has been advised that no further trips will be paid for by government RED has agreed to pay for RED own trip today and REDAC has been advised accordingly.

Regards
 REDACTED

From: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Sent: Monday, 8 June 2020 8:33 AM
To: Parkroyal <Parkroyal@dhhs.vic.gov.au>
Cc: REDACTED
Subject: RE: FW: Exemption taxi

Hi REDACTED

Can I confirm, how many trips has RED taken so far?

REDACTED

REDACTED

Deputy Commander Welfare | COVID19 Emergency Accommodation
 Department of Health and Human Services

REDACTED

w. www.dhhs.vic.gov.au



The Department of Health and Human Services respectfully acknowledges the Traditional Owners of Country throughout Victoria and pays its respect to the ongoing living cultures of Aboriginal peoples.

From: Parkroyal <Parkroyal@dhhs.vic.gov.au>
Sent: Monday, 8 June 2020 7:46 AM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
Cc: REDACTED
Subject: FW: FW: Exemption taxi

Hi EOC

REDACTED detainee in room RE had 3 approved trips to REDACT and back by REDAC, as noted within the attached email to visit RED dying REDA. I am advised that REDACTE passed away last night and RE is expected to undertake more visits possibly to make arrangements with family and to attend funeral.

Would you please advise who makes the arrangements and who pays for the transport to and from as the previous approval was for only 3 trips.

There is the option for REDACTE to hire a car but given that government has paid for the transport so far and the distressed state of the detainee, it would be reasonable to extend the transport arrangements to attend the funeral.

Please advise and authorise if DHHS is to pay for this.

Regards

REDACTED

From: REDACTED
Sent: Sunday, 7 June 2020 9:31 PM
To: Parkroyal <Parkroyal@dhhs.vic.gov.au>
Subject: Fwd: FW: Exemption taxi

Warm regards

REDACTED

Office Manager



REDACTED

PO BOX 290 Northcote VIC 3070

----- Forwarded message -----

From: REDACTED
Date: Fri, 5 Jun 2020 at 8:17 am
Subject: FW: Exemption taxi
To: REDACTED
Cc: Melody A Bush (DHHS) REDACTED

REDACTED

Hi REDACTED

Thank you so much this is awesome 😊

Passenger REDACTED Room REDACTED Park Royal Hotel, Airport Drive, Melbourne Airport

Going to REDACTED

Can the driver please get there 15 mins early so the nurse can show RE the correct use of PPE – RED will be given enough PPE for the trip

I am happy for the guest and your driver to arrange the other two visits as needed – just keep Melody and I in the loop

Regards

REDACTED

Executive Director | Transformation and Performance | Rural and Regional Victoria

Department of Jobs, Precincts and Regions

[33 Breed St Traralgon 3844](#)

REDACTED

djpr.vic.gov.au



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We acknowledge the traditional Aboriginal owners of country throughout Victoria, their ongoing connection to this land and we pay our respects to their culture and their Elders past, present and future.

From: Melody Bush (DHHS) <REDACTED>

Sent: Friday, 5 June 2020 12:16 AM

To: REDACTED

REDACTED

Cc: REDACTED

Subject: RE: Exemption taxi

Hi REDACTED

Our passenger has been checked in to the Park Royal Hotel, Airport Drive, Melbourne Airport and not the Pan Pacific Hotel as first expected.

The passenger name is REDACTED and we are seeking to have RE driven to a private resident at REDACTED to visit for a period of 2 hours and then returned to the hotel.

The department is happy to supply PPE for the driver.

Can you urgently confirm if this is possible to occur on Friday 5 June 2020 at 10.30am approx.. As mentioned, there would be 3 trips in total for this client.

REDACTED – happy for you to call me anytime, early.

Regards and many thanks
Melody

Melody Bush

Director Emergency Management and Health Protection
West Division
Department of Health & Human Services

REDACTED

*North and West Duty Officer – 1800 326 627
Barwon South West Duty Officer - 1800 238 183
Grampians Duty Officer - 1800 238 414
State Duty Officer - 1300 790 733
West Division Code Brown / relocation number - 1800 780 354*

From: REDACTED

Sent: Thursday, 4 June 2020 10:14 PM

To: REDACTED

Cc: REDACTED

Melody Bush (DHHS) REDACTED

Subject: Re: Exemption taxi

REDACTED

DHHS are requesting a trip for 10.30am tomorrow
Sorry it's so late but could you let me know if you can find someone otherwise I'll need to book one of the other providers

Thanks

REDACTED

Executive Director
Transformation and Performance
Rural and Regional Victoria
Department of Jobs, Precincts and Regions

REDACTED

From: REDACTED >

Sent: Thursday, June 4, 2020 9:09:08 PM

To: REDACTED >

Cc: REDACTED

Melody A Bush (DHHS) REDACTED

Subject: Re: Exemption taxi

Hi REDACTED

Let me see if I can source a driver for you.

I have just done an estimate of the trip from the CBD to Cobram one way & it comes to \$383.56. Waiting time is charged at \$0.44 per minute. This is for a standard size vehicle. An XL vehicle would be about \$570.00 one way as an estimate.

Let me know if that's ok & I'll try & find a driver.

On Thu, 4 Jun 2020 at 8:59 pm, REDACTED > wrote:

Hi REDACTED

We have has a request for DHHS for a passenger vehicle to take REDACTED to see RED, dying REDA in REDACTED. The REDACTED is flying in tonight and we are anticipating either two or three round trips with the women staying with RED family for a period of two hours which would make it around an 8hr engagement. The first trip is likely to be on Saturday.

We recognise that the REDACTED will not have completed her quarantine process so we would need the driver to be aware of the risks and comply with any conditions placed by DHHS in relation to wearing PPE etc.

Do you have a driver (preferably a large car and someone who does not have family who would be considered high risk) that might be prepared to undertake these trips and also could you provide a quote/costing for a 2 trip and a 3 trip scenario.

Happy to talk if you have any questions

Regards

REDACTED

Executive Director | Transformation and Performance | Rural and Regional Victoria
Department of Jobs, Precincts and Regions
33 Breed St Traralgon 3844

REDACTED

djpr.vic.gov.au



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Thanks

REDACTED

[425 Smith St, Fitzroy VIC 3065](#)

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--
Thanks

REDACTED

425 Smith St, Fitzroy VIC 3065

RE: Suspect behaviour at grand chancellor hotel

From: "Melissa Skilbeck (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=2accaadd5a2c436ba67c029d4458f627-mski1812">
To: "Merrin Bamert (DHHS)" REDACTED, "DJPR COVID Accom-Lead (DJPR)" <djprcovidacom-lead@ecodev.vic.gov.au>
Cc: "Pam Williams (DHHS)" REDACTED
Date: Sun, 14 Jun 2020 17:02:22 +1000

Thanks Merrin
 Very unsettling – and odd to be at that hotel – with low profile I would have thought

Regards,
 Melissa

Melissa Skilbeck

Deputy Secretary | Regulation, Health Protection and Emergency Management
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
 REDACTED | w. www.dhhs.vic.gov.au

From: Merrin Bamert (DHHS) REDACTED
Sent: Sunday, 14 June 2020 4:56 PM
To: DJPR COVID Accom-Lead (DJPR) <DJPRcovidacom-lead@ecodev.vic.gov.au>; Melissa Skilbeck (DHHS) REDACTED
Cc: Pam Williams (DHHS) REDACTED
Subject: Suspect behaviour at grand chancellor hotel

Hi both

I have requested incident reports and we are currently engaging with the Police Liaison regarding a gentleman hanging around the hotel last night between 4-6 requesting a room to be with the nurses, police attended and he was moved on and then reappeared at 9pm.

Today two men arrived in the car park (public car park) entrance to the hotel and asked security to let them up into their room and security did, they arrived in the reception and security there escorted them out and they disappeared.

All just a little strange unnerving for staff.

As I stated will forward incident reports and police being engaged.

Rachaele can I ask once I have a little more information you write to the security leads to remind them on not letting people into the hotel without ID and to be aware of strange behaviour, my team have engaged with the DJPR lead on the ground but I think this needs a stronger approach.

Regards

Merrin

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED
 e: REDACTED

RE: Hotel Quarantine [SEC=OFFICIAL]

From: "Pam Williams (DHHS)" <REDACTED>
To: "Merrin Bamert (DHHS)" <REDACTED>, "Brett Sutton (DHHS)" <REDACTED>
Date: Sun, 21 Jun 2020 10:24:44 +1000

Thanks also (I twin with Merrin in the role of Commander, Operation Soteria).

Three points:

- We will begin temperature and symptom testing at commencement of every shift for all staff in hotels and send home those with symptoms and fever – with the emphasis on driving the message home to security staff. This is obviously a limited tool but it can be backed up with swab testing across the workforce in a rolling program. The details will be worked through with security companies in a number of meetings tomorrow.
- The payment of staff for time off work at ordinary rates is not a small cost and there is no such thing as ordinary work in the security industry. This is very much the gig economy we are dealing with.
- Support Brett's point re the nature of the security workforce. We are engaging a Behavioural insights team to look at improving the understanding and take-up of PH messages and to using different approaches to security through use of other workforces and technology, recognising that we have had no people who have left quarantine in a hotel without permission (with almost 18,000 through the program).

Pam Williams
COVID19 Accommodation Commander
 Department of Health and Human Services

<REDACTED>
www.dhhs.vic.gov.au

Soteria (Ancient Greek : Σωτηρία) was the goddess or spirit (daimon) of safety and salvation, deliverance, and preservation from harm.

From: Merrin Bamert (DHHS) <REDACTED>
Sent: Sunday, 21 June 2020 10:11 AM
To: Brett Sutton (DHHS) <REDACTED> MURPHY, Brendan <REDACTED>
Cc: Pam Williams (DHHS) <REDACTED>
Subject: Re: Hotel Quarantine [SEC=OFFICIAL]

Thanks both

We are also looking at alternative workforce models
 To security or those more akin to infection control measures, PCA, hospital orderlies etc, in addition to the increased training and oversight of security staff.

Merrin Bamert
 Commander, Operation Soteria
 Director, Emergency Management, Population Health and Health Protection, South Division

From: Brett Sutton (DHHS) <REDACTED>
Sent: Sunday, June 21, 2020 10:06:12 AM
To: MURPHY, Brendan <REDACTED>
Cc: Merrin Bamert (DHHS) <REDACTED>
Subject: Re: Hotel Quarantine [SEC=OFFICIAL]

Thanks Brendan. Merrin - in copy - is overseeing this operation and I'm sure will touch base as required. I think REDA, in particular, could strengthen the program but its security staffing that is our main risk at the moment. I might also raise routine symptomatic testing of these staff with AHPPC today.

Brett

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From: MURPHY, Brendan <[REDACTED]>
Sent: Saturday, June 20, 2020 11:46:27 AM
To: Brett Sutton (DHHS) <[REDACTED]>
Subject: RE: Hotel Quarantine [SEC=OFFICIAL]

If you needed a short term surge workforce in the meantime, Aspen or even ADF could help at very short notice

Professor Brendan Murphy
 Australian Government Chief Medical Officer

From: Brett Sutton (DHHS) <[REDACTED]>
Date: Saturday, 20 Jun 2020, 10:34 am
To: MURPHY, Brendan <[REDACTED]>, Annaliese Van Diemen (DHHS) <[REDACTED]>
Subject: Re: Hotel Quarantine [SEC=OFFICIAL]

Thanks Brendan. We've got good training and IPC supervision but the workforce is the wrong cohort. Talking to DJPR about better options. And might consider regular PCR tests for security staff.

Brett

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From: MURPHY, Brendan <[REDACTED]>
Sent: Saturday, June 20, 2020 10:13:51 AM
To: Brett Sutton (DHHS) <[REDACTED]>; Annaliese Van Diemen (DHHS) <[REDACTED]>
Subject: FW: Hotel Quarantine [SEC=OFFICIAL]

The other thing I was wondering is whether there is anything we can do to help in your enhancement of infection control in the quarantine hotels. Obviously with the recent breaches you are doing detailed reviews of the infection control practices but with the rising incidence of positive returned travellers, do we need to do more. Use PPE more extensively, up the training and supervision, etc. etc.

We have used Aspen Medical to come into aged care homes as a surge workforce and to provide infection control expertise

They are readily available.

We are very keen to help in any way

Professor Brendan Murphy
 Australian Government Chief Medical Officer

From: MURPHY, Brendan <[REDACTED]>
Date: Friday, 19 Jun 2020, 8:26 pm
To: [REDACTED]; Brett.Sutton <[REDACTED]>
Subject: [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED], 'Annaliese Van Diemen (DHHS) <[REDACTED]>

Subject: Hotel Quarantine [SEC=OFFICIAL]

Been reflecting on the quarantine breaches we have had and the issue raised by Annaliese today, where a hotel worker continued to work while symptomatic and didn't identify because of fear of income loss. Is it possible to write into the hotel quarantine contracts a provision that any hotel or security worker who has to quarantine (as a contact) or isolate (for COVID + status) would be paid their "normal weekly hours" for the two week period. It would be a minor expense but would fix this as an issue?

Thoughts

Professor Brendan Murphy
Australian Government Chief Medical Officer

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RE: URGENT ACTION REQUIRED FW: Rydges on Swanston - concerns about security

From: REDACTED
 To: "Melody Bush (DHHS)" REDACTED REDACTED
 REDACTED REDACTED REDACTED
 REDACTED REDACTED
 Cc: "Pam Williams (DHHS)" REDACTED, DHHSOpSoteriaEOC
 REDACTED
 Date: Mon, 11 May 2020 08:40:34 +1000

Hi,

Thanks. I will connect with DJPR this morning.

Regards

RED

From: Melody Bush (DHHS) REDACTED
 Sent: Monday, 11 May 2020 8:27 AM
 To: REDACTED
 REDACTED
 Cc: Pam Williams (DHHS) REDACTED DHHSOpSoteriaEOC
 <DHHSOpSoteriaEOC@dhhs.vic.gov.au>
 Subject: URGENT ACTION REQUIRED FW: Rydges on Swanston - concerns about security

Hi all

I spoke to REDAC late last night and I'm concerned that both our staff and the nurses are subjected to this situation.

Can we discuss this morning and raise urgently with DJPR.

Cheers

Mel

Melody Bush

Director Emergency Management and Health Protection

West Division

Department of Health & Human Services

REDACTED

*North and West Duty Officer – 1800 326 627
 Barwon South West Duty Officer - 1800 238 183
 Grampians Duty Officer - 1800 238 414
 State Duty Officer - 1300 790 733
 West Division Code Brown / relocation number - 1800 780 354*

From: Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>
 Sent: Sunday, 10 May 2020 11:09 PM
 To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au> REDACTED
 REDACTED
 Cc: REDACTED Melody Bush (DHHS)
 REDACTED Rydges Swanston (DHHS) <RydgesSwanston@dhhs.vic.gov.au>
 Subject: Rydges on Swanston - concerns about security

Hi,

Hotel staff and overnight nurses have approached me and REDACTED (AO, cc'ed) about the following concerns specifically about security guards at Rydges on Swanston. It would be good to also have DJPR liaison with these issues as appropriate.

The following were the issues that were raised:

- Harassment towards staff, repeated comments such as "eat your skinny"
- Intimidating body language and "leering" comments towards nurses
- Speaking to female hotel staff in ways that are overly friendly and "hitting on" them, REDACTED one of the supervisors has been involved in this
- Inappropriate comments towards females staff that are suggestive or 'go to far', including from a supervisor, the attitude is of disrespect towards females
- Feeling like it is a 'dictatorship', the general attitude from security is 'condescending' and staff are feeling 'intimidating'. Security have said to hotel staff that 'nurses need to know their place'
- Security guards raising concerns repeatedly about 'procedures and policy' and requesting nursing staff get in the lift with Covid positive guests- when this has not been agreed procedures. Many of these issues have occurred during transfer of guests highlighting importance of transferring guests during DHHS hours.
- Security have accessed the commercial kitchen repeatedly despite being asked not to by hotel. The hotel staff member has taken numerous steps to stop this i.e asking them not to, emailing manager, putting up signs, blocking the door with a table with each of these steps being disregarded and security continuing to access the kitchen. This puts hotel at risk for food safety regulations and is concerning as basic instructions are not being followed
- REDACTED a guard last night was involved in the above point towards a nurse last night.
- They are very argumentative and have told multiple nursing staff about PPE procedures
- Inappropriate use of resources including:
 - I.e they have been requested multiple times by hotel not to use commercial kitchen and have kept entering the kitchen regardless and 'helped them self' to food/plates etc
 - PPE is 'walking away' i.e. PPE packs that were distributed advance that were packed for security with sufficient supply for 24 hours. Staff then approached nurses requesting more saying none had been packed and received more (different nursing staff on shift). We can start looking at a log of these.

Suggestions for possible training:

- Working in a multidisciplinary team, working in a welfare/patient care setting
- PPE use training

Actions taken tonight:

- Hotel staff member confirmed REDACTED will email REDACTED (duty manager) about REDACTED concerns
- Discussed a safety plan with staff for tonight with AO primary point of contact, staff were comfortable for tonight and felt safe.
- Staff are aware that AO's will support their safety, escalate to police, provide an additional presence as needed, or raise direct immediate concerns with security for action as required.
- Melody of EOC suggested doing some PPE stocktake and creating a register to sign out PPE to staff (handed over to REDACTED for tomorrow)

We asked if there were any staff that seemed to be respectful and working well at hotel as it is not every staff member involved in this.

- REDACTED who speaks REDACTED who is on this REDACTED for night shift
- REDACTED who always wears a high vis vest
- One that is from REDACTED

Thanks Kindly,

REDACTED

RE: URGENT- Brady Hotel Urgent items

From: "Merrin Bamert (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=638a479568194a798229202add0cc910-mbam1802">
To: REDACTED
Cc: REDACTED "Pam Williams (DHHS)"
 REDACTED
 REDACTED up
 "Kevin McEvoy (DHHS)"
Date: Thu, 18 Jun 2020 10:51:03 +1000
Attachments: Procedure for cleaning quarantine and quarantine red hotels 16162020_DC CS.docx (252.17 kB); 2020-06-14 Cleaning contract (002) Draft.docx (125.59 kB)

Hi REDACTED

Sorry for delay

Please find the draft contract with task in the back plus the IPC requirements

In addition the rooms would need a deep clean at the end of the guests stay – we do not clean while they are in, we provide linen changes and cleaning equipment for people to do themselves unless there is a significant clean response required.

Looking forward to hearing how you go with Spotless

Thanks

merrin

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

REDACTED

From: Merrin Bamert (DHHS) REDACTED

Sent: Thursday, 18 June 2020 7:55 AM

To: REDACTED

Cc: REDACTED Pam Williams (DHHS)

REDACTED

REDACTED

Kevin McEvoy (DHHS)

Subject: Re: URGENT- Brady Hotel Urgent items

Hi REDACTED

I will talk to Kevin this morning and get all rectified. I heard about the trolley being wooden, clearly not helpful!

Rooms on site/ floor for staff to change is automatic I will get this rectified immediately.

Kevin and legal need to attend urgently to the contract issues with the GM.

Pam takes over as commander today so will assist dealing with Brady issues as I am still working

through Stamford till late and again now.

Both of us will work on the new proposal!

Thanks

Merrin

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From: REDACTED
Sent: Thursday, June 18, 2020 7:33 am
To: Merrin Bamert (DHHS)
Cc: REDACTED Pam Williams (DHHS); REDACTED
Subject: URGENT- Brady Hotel Urgent items

Hi Merrin,

Below are some urgent outstanding items at Brady Hotel that require attention immediately.

Please review and advise of the rectification plan. I am advised that REDACTED is aware.

1. No cleaners onsite – (Wednesday) resulting in AH nurses needing to complete cleans of lifts/high touch points.
2. No trolley to help move passenger luggage – this was escalated to you in our discussion Tuesday. Luggage can be >20kg each and created an unnecessary OH&S risk
3. No area for change facilities/break out room for staff – This cannot be mixed with passenger accessible areas.
Can you pls give consideration of utilising a Hotel room floor for exclusive access to have change facilities, break-out room, meal area (discussed with Jenny Owen yesterday).
4. Trolley for PPE station on each floor are flat-packed and wooden. We require metal trolleys. Wood is not compliant for basic infection control principles.
5. There appears to be some disharmony with the Brady management re no formal contract. This is resulting in less than helpful intent which is affecting our ability to provide our service.

I am concerned at the level of risk the above items and would like to connect today to discuss the ongoing management and escalation.

I will ask REDACTED to liaise with REDACTED to find us some time.

Regards

Simone

REDACTED

Chief Operating Officer – Alfred Health
Alfred Health Exec

REDACTED

REDACTED

Executive Assistant

REDACTED

Alfred Health
55 Commercial Road
Melbourne VIC 3004
PO Box 315 Prahran
VIC 3181 Australia

AlfredHealth



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RE: URGENT- Brady Hotel Urgent items

From: "Merrin Bamert (DHHS)" </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=638a479568194a798229202add0cc910-mbam1802">
To: "Pam Williams (DHHS)" <[REDACTED]
 [REDACTED]
 "Kevin McEvoy (DHHS)" [REDACTED]
 [REDACTED]
Date: Thu, 18 Jun 2020 12:18:16 +1000
Attachments: Procedure for cleaning quarantine and quarantine red hotels 16162020_DC CS.docx (252.17 kB); 2020-06-14 Cleaning contract (002) Draft.docx (125.59 kB)

[REDACTED] so sorry I sent this at 10.30 but my lap top has had all sorts of connection issues

We need cleaning of the rooms on people leaving also

Merrin Bamert

Commander, Operation Soteria, Covid - 19
 Director, Emergency Management, Population Health and Health Protection
 South Division
 Department of Health and Human Services
 Level 5 / 165-169 Thomas Street, Dandenong, 3175

[REDACTED]

From: Merrin Bamert (DHHS) [REDACTED]
Sent: Thursday, 18 June 2020 10:01 AM
To: Pam Williams (DHHS) [REDACTED]
 [REDACTED]; Kevin McEvoy
 [REDACTED]
Subject: Re: URGENT- Brady Hotel Urgent items

Hi all

As discussed we are urgently looking to see if spotless can pick up the cleaning ASAP for Brady's Given the issues we have had with AHS at Stamford. This is high risk and we need to move quickly.

I have spoken to [REDACTED] and will sent the task as outlined in the current contracts and the IPC cleaning advice and [REDACTED] will urgently speak to spotless.

Will continue these discussions at the lunch time catch up

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From: Pam Williams (DHHS) [REDACTED]
Sent: Thursday, June 18, 2020 8:48:43 AM
To: [REDACTED]
 Kevin McEvoy (DHHS) [REDACTED]
Cc: Merrin Bamert (DHHS) [REDACTED]
Subject: RE: URGENT- Brady Hotel Urgent items

I am available, please ask Kevin McEvoy as well.
 Teleconference suits.

Pam Williams
COVID19 Accommodation Commander

Department of Health and Human Services

REDACTED

www.dhhs.vic.gov.au

Soteria (Ancient Greek : Σωτηρία) was the goddess or spirit (daimon) of safety and salvation, deliverance, and preservation from harm.

From: REDACTED

Sent: Thursday, 18 June 2020 8:42 AM

To: REDACTED

Cc: Pam Williams (DHHS) <REDACTED>; Merrin Bamert (DHHS)

REDACTED

Subject: RE: URGENT- Brady Hotel Urgent items

Hi REDACTED

Can you please confirm if Pam is available today at 1230pm for the discussion mentioned below?

If not, can you please suggest another time Pam is free and I can see what I can move for REDACTED

Kind Regards,

REDACTED

From: Merrin Bamert (DHHS) <REDACTED>

Sent: Thursday, 18 June 2020 7:55 AM

To: REDACTED

Cc: REDACTED Pam Williams (DHHS)

REDACTED

REDACTED

REDACTED

REDACTED

Kevin McEvoy (DHHS)

Subject: Re: URGENT- Brady Hotel Urgent items

Hi REDACTED

I will talk to Kevin this morning and get all rectified. I heard about the trolley being wooden, clearly not helpful!

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Both of us will work on the new proposal!

Thanks

Merrin

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From: REDACTED

Sent: Thursday, June 18, 2020 7:33 am

To: Merrin Bamert (DHHS)

Cc: REDACTED Pam Williams (DHHS) REDACTED

Subject: URGENT- Brady Hotel Urgent items

Hi Merrin,

Below are some urgent outstanding items at Brady Hotel that require attention immediately.

Please review and advise of the rectification plan. I am advised that **REDACTED** is aware.

1. No cleaners onsite – (Wednesday) resulting in AH nurses needing to complete cleans of lifts/high touch points.
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I am concerned at the level of risk the above items and would like to connect today to discuss the ongoing management and escalation.

I will ask **REDACTED** to liaise with **REDACTED** to find us some time.

Regards

Simone

REDACTED

Chief Operating Officer – Alfred Health
Alfred Health Exec

REDACTED

REDACTED

Executive Assistant

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Re: Alfred Health (AH): Urgent requirement for Brady Hotel - For immediate resolution

From: "Merrin Bamert (DHHS)" [REDACTED]
To: [REDACTED] "Kevin McEvoy (DHHS)"
Date: Fri, 19 Jun 2020 15:42:04 +1000

Brilliant thanks

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From: [REDACTED]
Sent: Friday, June 19, 2020 3:35:18 PM
To: Merrin Bamert (DHHS) [REDACTED] Kevin McEvoy (DHHS)
 [REDACTED]
Subject: RE: Alfred Health (AH): Urgent requirement for Brady Hotel - For immediate resolution

Merrin

This has all been sorted out through our Team Leader in the hotel.

Regards

[REDACTED]
 [REDACTED]

[REDACTED]

Manager, Emergency Management, Eastern Metropolitan Region
 Emergency Management Branch
 Department of Health and Human Services
 883 Whitehorse Road, Box Hill

[REDACTED]

We respectfully acknowledge the Traditional Owners of country throughout Victoria and pay respect to the ongoing living cultures of Aboriginal people.

From: Merrin Bamert (DHHS) [REDACTED]
Sent: Friday, 19 June 2020 1:42 PM
To: [REDACTED] (DHHS); [REDACTED] (DHHS); Kevin McEvoy (DHHS)
 [REDACTED]
Subject: Fwd: Alfred Health (AH): Urgent requirement for Brady Hotel - For immediate resolution

Get [Outlook for iOS](#)

From: [REDACTED] >
Sent: Friday, June 19, 2020 11:47:11 AM
To: Merrin Bamert (DHHS) [REDACTED] >
Cc: [REDACTED]
Subject: Alfred Health (AH): Urgent requirement for Brady Hotel - For immediate resolution

Hi Merrin,

Thanks for your call.

As you are aware these issues was identified by AH a few days ago. This was escalated in our meeting yesterday. I understand local teams have tried to negotiate a solution however this has been unsuccessful.

The 2 items are:

1. AH Break out room
2. AH Staff change room

1. Break out room

AH have an immediate requirement for a break out room that can accommodate physical distancing and the following:

- space for up to 6 nurses
- Kitchenette facilities
- Table
- chairs
- Lockers

An area has been identified which we are requesting immediate authorisation to reconfigure for this purpose.

The space is located on the Mezzanine floor adjacent to the space currently set up as the handover room and is set up with 2 desks that are used by the DHHS. We request to relocate these 2 desks close. I understand it would require some shelving which we could facilitate.

2. AH staff change room facility.

A proposed space on L1 x 2 rooms meets our requirements.

Can you pls review and advise we need this resolved urgently.

We await your response

Regards

REDACTED

REDACTED

Chief Operating Officer – Alfred Health
Alfred Health Exec

REDACTED

REDACTED

Executive Assistant

REDACTED

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OPERATION SOTERIA

Policy - Hotel Suitability Check List

Status: Draft 1.0

Date: TBA By: TBA

1 Purpose

The purpose of this policy is to provide guidance to support DHHS staff involved in the assessment of hotels for use as mandatory quarantine hotels as part of Operation Soteria.

2 Introduction

In accordance with the *Operation Soteria Plan*, the state has a responsibility to provide safe, suitable accommodation for guests who are undertaking mandatory quarantine in the State of Victoria. In order to determine if a hotel is suitable for the mandatory quarantine of guests, they must go through an assessment process. The assessment process covers both essential and desirable characteristics of a hotel being assessed.

3 The assessment process

The assessment of a hotel for inclusion as a mandatory quarantine hotel should be conducted simultaneously with all of the appropriate stakeholders. These stakeholders are:

- Safety and Welfare officers, team leaders and IPC (public health)
- Department of Jobs, Precincts and Regions (DJPR)
 - Hold the contracts with the hotels and security
- Authorised officers
 - Have a presence in the hotel for the purposes of enforcement and compliance
- Security
 - Provide various services within the hotel under contract to DJPR
- Sky bus
 - Deliver guests to the hotel
- Victoria Police
 - Provide traffic management at the hotel
- Operation Soteria Logistics
 - Provide equipment and PPE to the hotel

The goal of an assessment is for all stakeholders to assess the hotel according to their own needs and to raise and discuss any issues they identify as a result of the assessment process. The selection of a hotel as appropriate for use as a mandatory quarantine property should be based, wherever possible, on a consensus of all stakeholders that there are no significant issues present. Where issues are identified by any stakeholder, all parties should work together to determine whether the issues can be resolved via any mitigating actions. Where issues cannot be resolved they will be escalated within stakeholder organisations.

Ultimately the signing of a contract with a hotel is the responsibility of DJPR however DHHS staff must satisfy themselves that the essential characteristics of a hotel have been met (see below) before agreeing for DJPR to enter into a contract with a hotel. Agreement on the signing up of new hotels must be approved by the Operation Soteria Commander.

4 Essential characteristics for hotel suitability

The principles underpinning the suitability of hotels utilised to accommodate individuals in mandatory quarantine are found in Annexes 2 and 3 of the Operation Soteria Plan, primarily:

- guest comfort, health, safety and wellbeing
- meeting human rights,
- public health and safety
- promotes workforce collaboration and cooperation

Essential characteristics are a range of hotel requirements that must be present, in one form or another, before it can be considered for inclusion as a mandatory quarantine hotel. These essential characteristics are the minimum non-negotiables that will ensure the welfare and wellbeing of guests in mandatory hotel quarantine are met.

There are six essential characteristics that a hotel must meet in order for it to be deemed suitable. These are:

- sufficient capacity
- fresh air options
- a green zone (or zones)
- the capacity to provide 3 meals a day to all guests and cater for special diets
- a documented evacuation plan
- variety of rooms types

The manner in which each of these characteristics are met may differ from hotel to hotel. For example, fresh air may be available in one hotel courtesy of rooms having a balcony, while in others it may come in the form of openable windows.

If a hotel is unable to meet all of these essential characteristics in one form or another, they are deemed unsuitable to be a mandatory quarantine hotel.

4.1 Capacity of Hotel

A hotel needs to have sufficient capacity to warrant the operational resources required to manage it. As a general rule, a hotel should have at least 80 rooms available for the use of guests in quarantine.

4.2 Fresh Air Options

Guests must have access to fresh air during their mandatory quarantine in one form or another. This may be achieved through access to balconies, via openable windows in rooms, or through the opportunity to access fresh air outside of their room as part of a structured and managed exercising program. As exercising programs take significant effort and resources to manage, other options for accessing fresh air are preferred.

Any assessment of fresh air access options must always consider the safety of guests and children.

4.3 Green Zones

The hotel must be able to provide green zones. Green zones are areas where hotel support staff (Team Leaders, nurses, security, authorised officers) can work, that are free from cross-contamination with quarantined guests. These zones must not share the same ingress and egress routes as quarantined guests and must be appropriately resourced to enable hotel support staff to carry out

their allocated duties. Some hotels have provided large conference rooms to cater for all staff in one area, but this may not always be feasible. Consideration must be given as to access to internet, phone, tables, and adequate space to comply with CHO social distancing advice.

4.4 Capacity to provide meals

Guests must have access to three nutritional meals a day (Breakfast, Lunch, and Dinner). Meals may be provided by the hotel kitchen, an adjacent restaurant or a catering company, provided that the meals are of a good nutritional standard and are able to be delivered a timely manner to guests in quarantine. The hotel must also be able to cater for a wide range of special dietary requirements and be willing to accept the entry of food via online food delivery companies (UberEATS, Deliveroo etc.)

4.5 Evacuation plan

The hotel must have documented evacuation plans and must be able to provide a copy as required. An assessment of this plan should be undertaken and should consider how provision will be made during an evacuation for managing guests quarantined in the hotel as this will fall outside the scope of a hotels normal business practice. The provision of measures for ensuring the safety of hotel support staff should also be considered.

4.6 Type of rooms available

A variety of room types are necessary to cater for different guest compositions and needs. A hotel should be able to cater for a range of different accommodation types such as singles, families, or people with special needs such as a physical disability. Examples to be considered could include standard hotel rooms for individual guests, rooms with a kitchenette and adjoining rooms for large families.

5 Desirable characteristics for hotel suitability

Desirable characteristics are a range of hotel characteristics that, while not essential, nonetheless contribute to the welfare and wellbeing of guests in mandatory hotel quarantine. The more comprehensively a hotel can meet these desirable characteristics, the more desirable they are as a mandatory quarantine hotel.

5.1 Capacity to Support guests with a range of needs

The capacity to support guests with a diverse range of special needs must also be considered. Greater variety and flexibility in room types is a desirable characteristic and ideally a hotel should have a range of room types available. Consideration for special needs guests could include:

- Mental Health
- Physical disabilities (inc. wheelchair access)
- Elderly (inc. disability supporting bathrooms)
- Other disabilities and needs

5.2 Access to Hotel entry and exit point

Access routes into and out of the hotel that minimise the risk of COVID-19 transmission are desirable. Ideally the entry and exit point for guests should be separate from any area that the wider community are likely to utilise. Entry through a basement lift that avoids the front door or a hotel, for example, is one such example. Considerations should include:

- The number of entry and exits from the hotel (Main foyer, car park, alternate entrances)
- The number of elevators within the hotel and what floors they access.
 - For example: if the hotel is shared with other building occupants, can a lift be cordoned off for the exclusive use of quarantine guests?
- Can the foyer area, generally used to check guests in, be adequately cleaned following entries?

5.3 Facilities within rooms

The utilities available to guests within their rooms may contribute to the overall health and wellbeing of quarantined guests. Room facilities to consider include the presence of:

- Laundry appliances
- Internet access
- Phone access
- TV / DVD player / Radio
- Cooking facilities
- Fridge
- Microwave

5.4 Staff Parking

Secure parking with sufficient capacity for hotel support staff is desirable.

OPERATION SOTERIA

Policy - Hotel Suitability Check List

Status: Draft 1.0

Date: TBA By: TBA

Hotel Suitability Check List

1. Essential Characteristics

Capacity of Hotel and variety of rooms

Single Guest	Number:
Multiple Guests	Number:
Family (1-2 Adults, 1-3 children)	Number:
Total rooms available (min 80)	Number:

Comments

Family Considerations

Apartment style rooms	Yes <input type="checkbox"/>	Number:	No <input type="checkbox"/>
Rooms with suitably sized fridges	Yes <input type="checkbox"/>	Number:	No <input type="checkbox"/>
Rooms with kitchenettes	Yes <input type="checkbox"/>	Number:	No <input type="checkbox"/>
Rooms with suitable bathrooms (can fit infant bath)	Yes <input type="checkbox"/>	Number:	No <input type="checkbox"/>
Are quarantined for family space	Yes <input type="checkbox"/>	Number:	No <input type="checkbox"/>

Comments

Provision of Fresh Air to Guests

Balcony (Guest and child safe)	Yes <input type="checkbox"/>	Number:	No <input type="checkbox"/>
Windows (Lockable, functional, child safe)	Yes <input type="checkbox"/>	Number:	No <input type="checkbox"/>
30min access to air options (describe in detail, including security)	Yes <input type="checkbox"/>		No <input type="checkbox"/>

Comments

Green Zone

Quarantined Rooms / Offices	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alternate Hotel Entry/Exits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decontamination Process	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Networked (internet, phone)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Open space (TL/AO/Nurse/Security)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power considerations	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments

Capacity to Provide Meals

Hotel Kitchen appropriate menu	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Catering Options (dietary requirements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accept delivery companies	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments

Capacity of Kitchen?

Safety / Emergency Response Plans

Suitable Emergency Response Plan (detail in comments)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Copy of evacuation plan provided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safe Car Parks and Hotel Access for Staff (detail in comments)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments

Ability to manage quarantine requirements during evacuation

Desirable Considerations

Room Utilities

Number of Beds	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Kitchenette	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Laundry appliances	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Internet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Phone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
TV / DVD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Radio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fridge (size?)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Microwave	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Jug / Kettle	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments

Access

Entry/Exits into Hotel	Number:
Number of Elevators (reach all floors)	Number:
Number of Foyers	Number:

Comments

Ease of cleaning guest entry and access points

Special Needs consideration

Physical Disabilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Elderly Guest Appropriate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mental Health Considerations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other Specialist Considerations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments

Hotel Functionality / Business Model

Quarantined Guests Only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mix of guests and customers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Permanent Residents	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Comments

Additional Comments
