Cleaning and disinfecting to reduce COVID-19 transmission

Tips for non-healthcare settings
20 March 2020

Purpose

The current outbreak of coronavirus disease 2019 (COVID-19) has been declared a pandemic. The Victorian government is working with health services, agencies and businesses to keep the Victorian community safe.

As more people are diagnosed with COVID-19, practicing good personal hygiene will be critical to help prevent the spread of this disease. It will also be important to clean and disinfect premises, including non-healthcare settings, where cases worked or studied.

This guide aims to provide advice on cleaning and disinfecting to reduce the risk of COVID-19 transmission in all non-healthcare settings in Victoria. The principles in this guide apply equally to domestic settings, office buildings, small retail businesses, social venues and all other non-healthcare settings.

How COVID-19 is transmitted

- COVID-19 spreads through close contact with an infected person and is typically transmitted via respiratory droplets (produced when an infected person coughs or sneezes). It may also be possible for a person to acquire the disease by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes, but this is not thought to be the main way that the virus is spreading in this pandemic.
- Current evidence suggests the virus causing COVID-19 may remain viable on surfaces for many hours and potentially for some days. The length of time that COVID-19 survives on inanimate surfaces will vary depending on factors such as the amount of contaminated body fluid (e.g. respiratory droplets) present, and environmental temperature and humidity. In general, coronaviruses are unlikely to survive for long once droplets produced by coughing or sneezing dry out.

Cleaning and disinfection

- **Cleaning** means physically removing germs, dirt and organic matter from surfaces. Cleaning alone does not kill germs, but by reducing the numbers of germs on surfaces, cleaning helps to reduce the risk of spreading infection.
- **Disinfection** means using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs that remain on surfaces after cleaning, disinfection further reduces the risk of spreading infection. Cleaning before disinfection is very important as organic matter and dirt can reduce the ability of disinfectants to kill germs.
- Transmission or spread of coronavirus occurs much more commonly through direct contact with respiratory droplets than through contaminated objects and surfaces. The risk of catching coronavirus when cleaning is substantially lower than any risk from being face-to-face without appropriate personal protective equipment with a confirmed case of COVID-19 who may be coughing or sneezing.

Importance of cleaning your hands regularly

- Soap and water should be used for hand hygiene when hands are visibly soiled. Use an alcohol-based hand rub at other times (for example, when hands have been contaminated from contact with environmental surfaces).
- Cleaning hands also helps to reduce contamination of surfaces and objects that may be touched by other people.
- Avoid touching your face, especially their mouth, nose, and eyes when cleaning.

- Always wash your hands with soap and water or use alcohol-based hand rub before putting on and after removing gloves used for cleaning.

Cleaning and disinfection

Routine cleaning and disinfection

Households, workplaces and schools should routinely (at least daily) clean frequently touched surfaces (for example, tabletops, door handles, light switches, desks, toilets, taps, TV remotes, kitchen surfaces and cupboard handles). Also, clean surfaces and fittings when visibly soiled and immediately after any spillage. Where available, a disinfectant may be used following thorough cleaning. See below for choice, preparation and use of disinfectants.

What to clean and disinfect and when

Clean and disinfect all areas (for example, offices, bathrooms and common areas) that were used by the suspected or confirmed case of COVID-19. Close off the affected area before cleaning and disinfection. Open outside doors and windows to increase air circulation and then commence cleaning and disinfection.

In situations where a suspected or confirmed case remains in a facility that houses people overnight (for example, a boarding house or hotel), focus on cleaning and disinfection of common areas. To minimise any risk of exposure to staff, only clean or disinfect bedrooms/bathrooms used exclusively by suspected or confirmed case as needed.

In household settings where there is an suspected or confirmed case, dedicate a bedroom (and bathroom if possible) for their exclusive use. Clean or disinfect the ill person's bedroom/bathroom as needed (at least daily). If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by the ill person.

How to clean and disinfect

1. Wear gloves when cleaning and disinfecting. Gloves should be discarded after each clean. If it is necessary to use reusable gloves, gloves should only be used for COVID-19 related cleaning and disinfection and should not be used for other purposes. Wash reusable gloves with soap and water after use and leave to dry. Clean hands immediately after removing gloves.
2. Thoroughly clean surfaces using detergent (soap) and water.
3. Apply disinfectant to surfaces using disposable paper towel or a disposable cloth. If non-disposable cloths are used, ensure they are laundered and dried before reusing.
4. Ensure surfaces remain wet for the period of time required to kill the virus (contact time) as specified by the manufacturer. If no time is specified, leave for 10 minutes.

A one-step detergent/disinfectant product may be used as long as the manufacturer's instructions are followed regarding dilution, use and contact times for disinfection (that is, how long the product must remain on the surface to ensure disinfection takes place).

Cleaning and disinfection of items that cannot withstand bleach

Soft furnishings or fabric covered items (for example, fabric covered chairs or car seats) that cannot withstand the use of bleach or other disinfectants or be washed in a washing machine, should be cleaned with warm water and detergent to remove any soil or dirt then steam cleaned. Use steam cleaners that release steam under pressure to ensure appropriate disinfection.

Use of personal protective equipment (PPE) when cleaning

Gloves are recommended when cleaning and disinfecting. Use of eye protection, masks and gowns is not required when undertaking routine cleaning.

Always follow the manufacturer's advice regarding use of PPE when using disinfectants.

For cleaning and disinfection for suspected and confirmed cases, when available, a surgical mask and eye protection may provide a barrier against inadvertently touching your face with contaminated hands and fingers, whether gloved or not.

For cleaning and disinfection for suspected and confirmed cases, wear a full-length disposable gown in addition to the surgical mask, eye protection and gloves if there is visible contamination with respiratory secretions or other body fluid. Get advice from your work health and safety consultants on correct procedures for wearing PPE.

Choice, preparation and use of disinfectants

- Where possible, use a disinfectant for which the manufacturer claims antiviral activity (meaning it can kill viruses). Chlorine-based (bleach) disinfectants are one product that is commonly used. Other options include common household disinfectants or alcohol solutions with at least 70% alcohol (for example, methylated spirits).
- Follow the manufacturer's instructions for appropriate dilution and use. Table 1 below provides dilution instructions when using bleach solutions.

Chlorine dilutions calculator

Household bleach comes in a variety of strengths. The concentration of active ingredient — hypochlorous acid — can be found on the product label.

Table 1. Recipes to achieve a 1000 ppm (0.1%) bleach solution

Original strength of bleach		Disinfectant recipe		Volume in standard 10L bucket
%	Parts per million	Parts of bleach	Parts of water	
1	10,000	1	9	1000 mL
2	20,000	1	19	500 mL
3	30,000	1	29	333 mL
4	40,000	1	39	250 mL
5	50,000	1	49	200 mL

For other concentrations of chlorine-based sanitisers not listed in the table above, a dilutions calculator can be found on the department's website <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/chlorine-dilutions-calculator>.

Management of linen, crockery and cutlery

If items can be laundered, lauder them in accordance with the manufacturer's instructions using the warmest setting possible. Dry items completely. Do not shake dirty laundry as this may disperse the virus through the air.

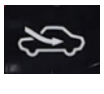
Wash crockery and cutlery in a dishwasher on the highest setting possible. If a dishwasher is not available, hand wash in hot soapy water.

Reducing the risk of transmission in social contact settings

Social contact settings or environments include (but are not limited to), transport vehicles, shopping centres and private businesses.

To reduce the risk of spreading COVID-19 in these settings:

- Promote cough etiquette and respiratory hygiene.
- Routinely clean frequently touched hard surfaces with detergent/disinfectant solution/wipe.
- Provide adequate alcohol-based hand rub for staff and consumers to use. Alcohol-based hand rub stations should be available, especially in areas where food is on display and frequent touching of produce occurs.
- Train staff on use of alcohol-based hand rub.
- Consider signs to ask shoppers to only touch what they intend to purchase.

Vehicle air-conditioning should be set to fresh air ☒  ☑ 

Instruction in relation to allowing smoking for people in mandatory quarantine

From: "Finn Romanes (DHHS)"[redacted]

To: "Meena Naidu (DHHS)"[redacted]

Cc: "Braedan Hogan (DHHS)"[redacted] "Merrin Bamert (DHHS)" [redacted] "Simon Crouch (DHHS)" [redacted] "Brett Sutton (DHHS)"[redacted]

Date: Wed, 01 Apr 2020 19:45:25 +1100

Dear Meena

To enable your authorised officers to maintain the detention arrangements, it has been agreed with the Chief Health Officer that the following smoking policy now applies. Let me know if you have any concerns or needs, or require anything more specific. This content will be in the physical distancing plan which is to be imminently released in draft.

I note as you requested and we strongly support, that all arrangements for the management of persons in detention under detention orders are administered by you and your authorised officers, with assistance from Merrin Bamert from a welfare perspective.

Please come to me at any time for permissions or issues as required. If the actual policy (hidden at the end in yellow) is unclear or needs tweaked, please give me a call and we can re-issue to meet your requirements.

Finn

Smoking policy for people in detention

As part of the emergency response to COVID-19, individuals have been confined within hotels while under quarantine. The movement of these people has been restricted to hotel rooms, without access to outdoor spaces, where they can smoke.

Current laws

Under the Tobacco Act 1987 (Tobacco Act), smoking is prohibited in an "enclosed workplace", however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

In many cases, hotels have implemented their own smoke-free policies in rooms as the smoke is likely to enter the centralised air conditioning systems resulting in occupants of other rooms and staff being exposed to the smoke. Smoke also remains on the surfaces of the room and enters soft furnishings meaning that it remains in the room and exposes staff cleaning the room to the remaining residual smoke. The Department of Health and Human Services supports and encourages hotels to make their rooms smoke-free.

If smokers were to be permitted to leave their rooms for supervised smoke breaks, they would need to be taken to an area that does not constitute an enclosed workplace. This might be a balcony, roof top or other outdoor area. This area should preferably be away from open windows, doors and air conditioning intake points.

COVID-19 and smoking

The World Health Organization (WHO) has advised that any kind of tobacco smoking is harmful to the bodily systems, including the cardiovascular and respiratory systems, and puts smokers at greater risk in the context of COVID-19. Information from China, where COVID-19 originated, showed that people

with cardiovascular and respiratory conditions, including those caused by smoking, were at higher risk of developing severe COVID-19 symptoms and death.

The Victorian Chief Health Officer has recommended that quitting smoking reduces the health risks associated with COVID-19.

Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable smoke. This includes mental health facilities, prisons and, if people are unable to leave, hospitals. In these circumstances, individuals are supported to manage cravings using pharmacotherapies such as nicotine replacement therapies.

Victoria's Charter of Human Rights and Responsibilities

Removing the ability to smoke would be compatible with the Charter of Human Rights and Responsibilities Act 2006 (the Charter), as it would be for the purposes of protecting the right to life. Section 9 of the Charter states that "Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life."

Options

Option 1: Provide support for smokers to quit or manage cravings (Recommended)

The preferred option, for both the benefit of the individual and broader community would be to support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

This could be easily managed through the provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. Quit Victoria has recommended a box of patches and an intermittent form of NRT such as a spray. These items are available for purchase without a prescription from a range of retailers including pharmacies and some big supermarkets.

Other pharmacotherapies, like zyban or champix, would require a prescription from a GP and are designed to help people completely quit as opposed to a short-term measure for people who are forced to stop smoking abruptly. These medications can take a while to take effect and, with champix, the advice is to continue smoking until it starts to impact on your cravings which means that it would not be an appropriate option for the circumstances.

Addiction to cigarettes includes both nicotine dependence and a behavioural and emotional dependence, which is why counselling plus pharmacotherapy is required. Someone who is heavily addicted will crave a cigarette every 45-60 minutes.

Telephone counselling is available via the Quitline - 13 78 48

Even if someone doesn't want to quit, Quitline can help them reduce the number of cigarettes they smoke.

People can also contact their regular general practitioner via telehealth.

Option 2: Relax no smoking restrictions for the hotel rooms

While it would be legally possible to enable people in quarantine to smoke in their rooms, this option is not recommended. This would have an adverse impact on hotels and their staff and goodwill in the circumstances. It would also increase the health risks of individuals potentially already at risk of COVID-19.When sharing a room with children, smoking should not be allowed.

Option 3: Accompany individuals to leave the room to smoke

While it would be possible to create a smoking area for people wishing to smoke, such as in an

outdoor drinking area attached to a bar or restaurant facility, this option is not recommended. Allowing people to leave their hotel rooms to smoke undermines the quarantine restrictions being put in place. The individuals would need to be accompanied by security guards and might need to travel floors via lifts to access an outdoor area or leave the building.

Even if we assume, that the hotel is not currently operating for other customers, movement in the hotel creates an increased risk for staff and a need for greater vigilance in cleaning and maintaining distance.

Current policy for smokers in mandatory quarantine

The following actions should occur –

- *Nicotine Replacement Therapy should be promoted strongly for smokers;*
- *Smoking restrictions should remain in relation to the room;*
- *Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:*
  - *The Authorised Officer is aware and grants permission;*
  - *They are accompanied by security, who are provided PPE to wear;*
  - *They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;*
  - *They return immediately to their hotel room.*

Finn

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Novel Coronavirus Public Health Emergency
REDACTED
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Department of Health and Human Services
State Government of Victoria

Recommendation - Unaccompanied minors in detention in Victoria

From: "Finn Romanes (DHHS)" [redacted]
To: "Simon Crouch (DHHS)" [redacted]
Cc: "Brett Sutton (DHHS" [redacted] "Meena Naidu (DHHS)" [redacted] 'Jacinda de Witts (DHHS)" , "Sean Morrison (DHHS)"
Date: Wed, 01 Apr 2020 18:07:48 +1100

Dear Simon

After a risk assessment, and noting communications indicating the imminent arrival (in the coming days) of a small number of unaccompanied minors who are Victorians back to Victoria from overseas, where the organisations involved note that it may not be possible in all circumstances for a parent / guardian to join the minor in detention –

We have discussed with Legal Services, and drafted a proposed policy for Victoria, for inclusion in the draft Physical Distancing Plan, which is below. There has not been specific legal review of the draft policy below, however it is in keeping with managing a public health risk and would not be unlawful if the steps described are taken.

Because this situation may arise imminently, and any instance of an unaccompanied child being in detention in a hotel in Victoria carries a range of child protection risks that may outweigh (after an individual assessment) the possible risks of COVID-19 transmission in a home environment, **I am implementing this policy with immediate effect, unless you indicate a policy required in the alternative.**

An opportunity to comment on this policy will arise later this evening when the Plan is circulated.

Regards

Finn

Policy on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state.

When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult who supervises a minor must join that minor at a place of detention. If that occurs, the adult must then remain with that person in quarantine and should become the subject of a separate detention order so that this is enforced.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether

detention is to be served in the home. If that is determined to be appropriate after a risk assessment, the arrangement will involve:

- *Issuing a detention order naming the specific home and / or parts of the home, and*
- *The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and*
- *An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.*

Finn

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COVID-19 – DHHS Physical Distancing and Public Health Compliance and Enforcement Plan

Confidential and internal draft plan

4 April 2020 – 17:00

Contents

Background

In Victoria, the term ‘physical distancing’ will be used, in preference to the term ‘social distancing’.

A recent summary of the value of social distancing in relation to the COVID-19 emergency was given as:

“Social distancing is one of the key measures currently being utilised to contribute to Australia’s ability to severely limit transmission of COVID-19. This reduces the burden of disease in the community, and importantly, will ensure healthcare capacity is not overwhelmed at any given time. The health sector must continue to undertake its core functions, as well as maintain the capacity to support those with COVID-19 who require more intensive care.

The overarching goal of our recommendations is to slow the spread of the virus and flatten the epidemic curve. We all have both a community and individual responsibility to maintain social distancing and minimise interactions in order to protect the people we love. The aim is a population response, to reduce transmission to protect vulnerable populations.”

Purpose

This plan intends to:

- Provide clarity to all parts of the Department of Health and Human Services’ (the department’s) physical distancing response to coronavirus disease 2019 (COVID-19);
- Describe the strategy and protocols for the physical distancing response;
- Describe the compliance and enforcement policy for all directions, including mandatory detention policy;
- Inform internal and external communications collateral around physical distancing.

Scope

In scope for this policy are:

- Physical distancing interventions in Victoria;
- Quarantine and isolation interventions in Victoria implemented for any reason.

Authorising environment

Chief Health Officer and Deputy Chief Health Officer

Under a state of emergency declared by the Victorian Government, he Chief Health Officer and Deputy Chief Health Officer have exercised powers to make a range of Directions that reflect physical distancing controls in Victoria, as described in Annexes to this plan.

Emergency Management Commissioner and State Controller

State Controller (Class 2) is appointed to coordinate the overall response, working within the emergency management arrangements.

National Cabinet

National Cabinet for COVID-19 has released statements of policy on social distancing (physical distancing). These are reported to have been based on advice from the Australian Health Protection Principal Committee (AHPPC). The AHPPC releases its advice in statements which are published online.

Victoria Police

Advice has been sought from Legal Services as to the role of Victoria Police. As of 31 March 2020, Victoria Police will undertake a greater role in managing compliance in the community including issuing of infringement notices. As a result, the role of DHHS authorised officers in specific support to Victoria Police around compliance checks will

reduce as Victoria Police have a range of powers considered sufficient to investigate, including to issue infringements and fines.

Governance of physical distancing policy within the DIMT

A Physical Distancing Cell will be chaired by the Deputy Public Health Commander – Planning, on behalf of the Deputy Chief Health Officer (Public Health Commander). This will include:

- a communications lead;
- an enforcement and compliance lead, and
- an evidence and policy lead.

Policy on control measures for physical distancing

AHPPC recommendations to National Cabinet

Statements by AHPPC

The Australian Health Protection Principal Committee (AHPPC) have made a number of statements on the matter of physical distancing (social distancing). These are available at TRIM location HHSF/20/7891, and on the web at https://www.health.gov.au/news/latest-statement-from-the-australian-health-protection-principal-committee-ahppc-on-coronavirus-covid-19-0

The most recent AHPPC statement was 30 March 2020.

National requirements from National Cabinet

The National Cabinet has made announcements through the Prime Minister, including a statement relating to social distancing on 24 March and as recently as 30 March 2020.

Legal directions under emergency powers in Victoria

Directions work within legal services

A team within the department's Legal Services Branch has been established, including order to draft Directions under the state of emergency, for the Chief Health Officer and Deputy Chief Health Officer. The Legal Services Branch is not available to provide third party legal advice on Directions and their compliance or otherwise.

Process for creating Directions

The process involves a number of steps, some of which are iterative as the policy underlying the Direction is developed.

These steps include – but are not limited to –

- Policy area develops a need for a Direction under the state of emergency;
- Legal services commence work to create instructions;
- Secretary finalises required directions content to Legal Services;
- Legal Services instructs parliamentary counsel to draft instructions;
- Final check undertaken with Chief Health Officer or Deputy Chief Health Officer;
- Direction is signed;
- Direction is published on the webpage;
- A communications approach is initiated, including a press release and frequently asked questions.

Critical step in creation of Directions

The Deputy Chief Health Officer has identified a minimum requirement for an evidence-informed policy rationale to be recorded prior to the issuing of directions, and that this evidence-informed rationale extends beyond the general observation of a state of emergency having been declared. Such a short evidence summary could be produced by the Intelligence function.

Directions

At the current time, Directions and detention orders are generally signed by Dr Annaliese van Diemen (Deputy Chief Health Officer) as authorised by the Chief Health Officer.

Consideration is being given to expanding the list of authorised officers who can sign directions to include other Senior Medical Advisors within the response who are Authorised Officers.

List of Directions

The following directions are displayed on the department's website at https://www.dhhs.vic.gov.au/state-emergency and were made by the Deputy Chief Health Officer or Chief Health Officer:

- *Direction on airport arrivals (Annex 1) – 18 March 2020 (revoked 30 March 2020 - still displayed for reference);*
- *Direction on cruise ships docking (Annex 2) – 19 March 2020 (revoked 30 March 2020 - still displayed for reference);*
- Direction on aged care (Annex 4) – 21 March 2020;
- Direction on hospital visitors (Annex 6) – 23 March 2020;
- Direction on isolation (diagnosis) – 25 March 2020;
- Direction on revocation of airport arrivals and cruise ship directions – 28 March 2020;
- Direction on detention notice – Undated (first posted 28 March 2020);
- Direction on stay at home – 30 March 2020;
- Direction on restricted activity – 30 March 2020.

Summary of legally required actions in Victoria with a focus on physical distancing

The Directions in place are available online, and at the TRIM location HHSF/20/7901.

The summary of the key requirements in all seven active directions, across four themes, is below (linking to the Direction itself for more detail).

Directions on visitors to aged care facilities – 21 March 2020

- Prevents entering or visiting aged care facilities unless goods and services are necessary, and if the person meets criteria for a suspected case or is ill or is not up to date with vaccination or is under 16;
- Some exemptions including employee, care and support, end of life visit.

Directions on hospital visitors – 23 March 2020

- Prohibits non-essential visits to hospitals, including for categories of patients, workers and visitors;
- Exceptions include patients. Exemptions can be granted.
- Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms,

Directions on isolation – 25 March 2020

- Prohibits movement out of isolation until a person is not longer required to be in isolation by DHHS but allows a person not in their home to go directly there after diagnosis.

Direction – detention notice – 27 March 2020

- Orders the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a specified room in a hotel, with only limited reasons wherein leaving the room can be allowed.

Direction on stay at home – 30 March 2020

- Restricts the way by which people can leave their home making an effective requirement to stay at home except in certain circumstances, restricts gatherings to two people in most instances with some exceptions.

Direction on restricted activity – 30 March 2020.

- Expands restrictions on certain businesses and undertakings put in place as part of non-essential activities restrictions, for example to include playgrounds.

Directions that have been revoked

The following Directions have been issued but have been revoked. Information is included for reference.

Direction on airport arrivals -18 March 2020

- *Anyone who arrives at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia must self-quarantine for 14 days after arrival, if arrived after 5pm on 18 March 2020;*
- *Sets rules on being in quarantine – cannot leave home except in an emergency and cannot allow people to enter unless they live there.*

Directions on cruise ship docking – 19 March 2020

- *Anyone who disembarks at a port in Victoria from an international cruise ship or an Australian cruise ship (which is on a voyage from a port outside Australian territory) must self-quarantine for 14 days after arrival.*
- *Allows for some exceptions (goes interstate directly, or to hospital).*

Directions on mass gatherings – 21 March 2020

- *Non-essential mass gatherings are prohibited (not allowed to be organised, allowed or attended). A mass gathering means:*
  - *A gathering of five hundred or more persons in a single undivided outdoor space at the same time;*
  - *A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.*
- *In addition, the total number of persons present in the indoor space at the same time does not exceed the number calculated by dividing the total area (measured in square metres) of the indoor space by 4, meaning a limit of one person per four square metres (2x2m).*
- *Many specified exemptions, including for some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.*

Directions on non-essential business closure – 23 March 2020

- *Prohibits non-essential business operation from noon on 23 March 2020, including for pubs, hotels, gyms, places of worship, other specified businesses;*
- *No exemptions process is specified – it is an inclusive list.*

Directions on prohibited gatherings – 25 March 2020

- *Non-essential gatherings are prohibited from midnight on 25 March 2020 – not to be organised, allowed or attended.*
- *Adds two additional prohibited mass gatherings which are social sport gatherings and weddings and funerals.*
- *Specifies a density quotient, with examples.*
- *A mass gathering means:*
  - *A gathering of five hundred or more persons in a single undivided outdoor space at the same time;*
  - *A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.*
- *Many specified exemptions, including social sport gatherings (two or more people), weddings, and funerals (no more than 10 people – indoors or outdoors), some forms of transport, schools, prisons, Parliament or where CHO or DCHO issue an exemption.*
- *Allows for exemptions to be asked for and granted.*

Directions on non-essential activities – 25 March 2020

- *Prohibits categories of non-essential activity;*
- *Adds requirement for signage, cleaning and disinfection on businesses that remain open;*
- *Includes prohibition on licensed premises, personal training facilities, outdoor personal training limited to ten persons, entertainment facilities, non-essential retail facilities, food and drink facilities, accommodation facilities, swimming pools, animal facilities, auctions;*
- *Exceptions include essential public services such as food banks, wedding venues, recording of performances, time-limited haircuts, delivery of goods, densely packed markets (density rule), food and drink facilities in certain places (hospitals for example); some types of accommodation facility.*

Announced stages of restrictions in Victoria

Stage 1 restrictions

Victoria announced 'stage 1 restrictions' on 22 March 2020 and 23 March 2020 and implemented effective midday 23 March 2020. These included:

- Bringing school holidays forward to commence starting on Tuesday 24 March;
- Ceasing non-essential business activity including:
  - pubs, bars or clubs, or hotels (other than to operate a bottleshop, take-away meals or accommodation),
  - gyms,
  - indoor sporting centres,
  - the casino,
  - cinemas,
  - nightclubs or entertainment venues of any kind,
  - restaurants or cafes, other than to the extent that it provides takeaway meals or a meal delivery service
  - places of worship, other than for the purposes of a wedding or funeral.

https://www.premier.vic.gov.au/statement-from-the-premier-32/

https://www.premier.vic.gov.au/statement-from-the-premier-33/

https://www.premier.vic.gov.au/wp-content/uploads/2020/03/200323-Statement-From-The-Premier-1.pdf (this includes a copy of the Deputy Chief Health Officer direction)

Stage 2 restrictions

Stage 2 restrictions were announced on 25 March 2020. Further to the stage 1 restrictions, these further restrictions include:

- Ceasing operation of:
  - Recreation facilities (indoor and recreation facilities, personal training facilities, community centres and halls, libraries, galleries and museums, youth centres and play centres (other than for essential public services);
  - Entertainment facilities (in addition to entertainment facilities already covered in stage 1, stage 2 added theatres, music and concert halls, auditoriums, arenas, stadiums, convention centres, arcades, amusement parks, gambling businesses, brothels, sex on premises venues, and strip clubs);
  - Non-essential retail facilities (beauty and personal care, auction houses, market stalls - other than for the provision of food and drink and subject to density provisions);
  - Food and drink facilities (in addition to stage 1, stage 2 added fast food stores, cafeteria's and canteens, and food courts) but maintaining the ability to provide take away;
  - Camping grounds and caravan parks;
  - Swimming pools (other than private pools not for communal use);
  - Animal facilities (zoos including petting zoos, wildlife centres, aquariums or animal farms not for food production);

  - Real estate auctions (other than remotely) and inspections (other than by appointment);
- Introduced a density quotient for retail facilities of 1 per 4m2 and increased cleaning requirements;
- Introduced a restriction social sport gatherings;
- Limited attendees at weddings (5 people) and funerals (10 people).

Prohibits operation of non-essential businesses and undertakings to slow spread. Cafes and food courts must stop providing table service, but may continue to offer delivery and takeaway. Cafes and canteens may continue to operate at: hospitals, care homes and schools, prisons, military bases, workplaces (though only as a takeaway service). Auction houses, real estate auctions and open house inspections, non-food markets, beauty and personal care services.

https://www.premier.vic.gov.au/wp-content/uploads/2020/03/200325-Statement-From-The-Premier-1.pdf

Stage 3 restrictions

These restrictions came into effect at midnight on 30 March 2020, and are:

- Gatherings are restricted to no more than two people except for members of your immediate household and for work or education purposes;
- Requirement to stay home will become enforceable;
- Playgrounds, skate parks and outdoor gyms will also close;
- There are only four reasons to be out:
  - Shopping for what you need – food and essential supplies;
  - Medical, care or compassionate needs;
  - Exercise in compliance with the public gathering requirements;
  - Work and study if you can't work or learn remotely;
- Moratorium on evictions introduced;
- Rules for weddings (no more than five people to attend) and funerals (no more than ten people can attend).

Essential services and non-essential services

A listing of the Victorian classification of essential compared to non-essential is under development.

Summary of strong recommendations in Victoria on physical distancing (should) – top lines

In addition to Directions, the Chief Health Officer provides a number of strong recommendations around physical distancing that are considered critical for suppressing any transmission of COVID-19 in Victoria at the current time.

The top lines at the present time are:

- Play your part and do the right thing or Victorians will die.
- Wash your hands.
- Cough into your elbow.
- Keep your distance from other people. Keep 1.5 metres between yourself and others
- Stay at home.
- If you can stay home, you must stay home.
- Stay in your own house and do not go to someone else's house.
- If you don't need to go out, don't go out.
- Do not go out if you are sick except to seek medical care.
- Shop for what you need, when you need it – do not go shopping unless you have to.
- If you can work from home, you should work from home.
- If you go to work, you must follow all the social distancing rules.
- Keep a distance of 1.5 metres is between yourself and others.
- Stop shaking hands, hugging or kissing as a greeting.

- Work from home where possible.
- If you have had close contact with a confirmed case of COVID-19 in the previous 14 days you must self-isolate and must not participate in community gatherings including community sport.
- Stay home if you are sick and don't expose others. If you are unwell with flu-like symptoms, do not go outside your property or home, do not go to work, school or shops unless it is essential – for example to seek medical care.
- Do not travel interstate, overseas or take a cruise. Avoid unnecessary travel.
- Everyone should avoid crowds if possible. If you must be in a crowd, keep the time short.

Policy development and decision-making

Evidence for physical distancing policies

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures.

Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

To ensure that Victoria's approach to physical distancing is informed by the best-available evidence, an evidence summary will be produced and updated as new results emerge from the global scientific community. The current summary of evidence for physical distancing is at **Appendix 2**. This will be updated regularly.

International and national comparisons

Reports outlining the physical distancing interventions in place in other Australian states and internationally will be developed and updated on an ongoing basis. These will be updated weekly in the first instance, however the current summary of comparisons for physical distancing is at **Appendix 6**.

Evaluation of physical distancing policies

A range of measures to evaluate the efficacy of all interventions will be developed. In the first instance, these measures will include those suggested by the AHPPC:

- Evidence for efficacy of strengthened border measures/ travel advisories: reduction in the number of imported cases detected over time;
- Evidence of efficacy of the reduction in non-essential gatherings and mixing group sizes: reduction in the average number of secondary infections per case, based on contact tracing;
- Evidence for the combined efficacy of case finding and contact quarantine measures augmented by social distancing: reduction in the rate of growth of locally acquired infected cases;
- Evidence for the effectiveness of isolation: time from symptom onset to isolation.

The Intelligence function will develop a framework for monitoring and advising on progress with the effectiveness of physical distancing interventions in Victoria, to inform understanding of the Chief Health Officer and other colleagues, including decision-makers.

Next steps for physical distancing interventions

Scenario modelling and factors determining scaling back of physical distancing will be considered and incorporated in this section of the Plan.

Initial draft considerations relating to scaling back physical distancing interventions have considered – but not determined – whether factors like those listed below might prompt consideration.

Factors might include situations where:

- Societal tolerance of physical distancing measures is breached, or
- a vaccine is available and is being implemented, or
- underlying immunity (‘herd immunity’) is above a certain level (which is more than 70%, or calculated as 1/Ro, based on current reproductive number of around 2.4-2.7), or
- transmission will lead to manageable illness within an agreed intensive care unit capacity level, or
- transmission has been interrupted, mitigated, or stopped for a certain period.

Compliance and enforcement for physical distancing

Purpose of this section

The purpose of this compliance protocol is to set out the compliance approach in relation to Deputy Chief Health Officer (D/CHO) directions under *Public Health and Wellbeing Act 2008* (PHWA).

Scope of compliance and enforcement

The scope of enforcement and compliance activity will include persons and situations listed below:

- People under quarantine for any reason, including travel or close contact;
- People under isolation for any reason, including suspected cases and confirmed cases;
- Mass gatherings and any matter relating to any Direction relating to physical distancing, including visitation restrictions.

Chain of command for enforcement and compliance

It has been agreed with the Chief Health Officer and Deputy Chief Health Officer that the chain of command for matters relating to physical distancing (especially and including enforcement and compliance actions) interventions – in particular the compliance and enforcement activities relating to directions - is:

- Chief Health Officer to
- Public Health Commander to
- Deputy Public Health Commander (Planning) to
- Director Health and Human Services Regulation and Reform to
- Manager Environmental Health Regulation and Compliance to (where necessary -
- Victoria Police).

Strategy for compliance and enforcement

Intended outcome of compliance and enforcement activity

The outcomes being sought are to reduce the transmission COVID-19 through a range of interventions, including: quarantine for 14 days of those returning from overseas, isolation of those suspected to have or confirmed to have COVID-19, application of restrictions on non-essential mass gatherings, restricted entry into aged care facilities where vulnerable populations reside and closure of non-essential business. Actions should focus on achieving outcomes, be risk-based and minimise transmission risks in the Victorian community.

Strategy for focus of compliance and enforcement activity

The focus of activity will be on:

- Implementation of a mandatory detention program for new arrivals from overseas;
- Spot checks by Victoria Police of people who should be in quarantine or isolation;
- Mass gathering compliance and enforcement by Victoria Police.

These priorities will change, and likely expand into specific and more targeted risk-based compliance for highest-risk individuals in quarantine or isolation.

The department will consider enhanced monitoring arrangements and consider indicating to Victoria Police that other methods are considered, such as tracking of individuals through mobile phones, or random sampling calls to mobile phones of individuals if agreed. These methods are not yet formally under consideration.

Approach to compliance and enforcement – prioritisation framework for compliance activities

This will be based on a risk framework, based on public health risk.

An initial frame for Victoria Police was provided on 25 March 2020 and was:

- Cases diagnosed after midnight tonight.
- Passengers who have disclosed country visited in one of the higher risk countries? Which ones?
- Random selection of age cohorts from passenger list (of those who arrived less than 14 days ago) so that we can start to gauge which cohorts are the most likely to not comply.
- Pubs/clubs etc. (should be fairly easy to gauge with overnight crews.)
- Any allegations received from DHHS or VicPol Police Assistance Line.
- Selection of commercial premises mentioned in latest direction.

The proposed new preliminary order for focus of compliance and enforcement based on a public health risk assessment is (highest priority is first) from 26 March 2020 and updated 1 April 2020:

- Returned travellers from overseas who are in mandatory quarantine;
- Returned travellers from overseas who have indicated they do not intend to adhere to quarantine (self-isolation);
- Mass gatherings that are underway where there is alleged non-compliance with Directions;
- Cruise ships where there is potential or alleged non-compliance with Directions;
- Non-essential businesses where there is potential or alleged non-compliance with Directions;
- Confirmed cases who indicate they do not intend to isolate or are suspected not to be isolating;
- Known close contacts who indicate they do not intend to isolate or are suspected not to be isolating;
- Individuals where there is a report that a person is not adherent to quarantine or isolation;
- All other confirmed cases in relation to isolation Direction;
- All other close contacts;
- Prohibited gatherings (other than mass gatherings) that are underway or alleged non-compliance with Directions;
- Non-essential activities that are alleged to be non-compliant with Directions.

The Director of health and Human Services Regulation and Reform will communicate these priorities as a control agency advice to Victoria Police on a daily basis or as updated.

Linking members of the public to compliance action by Victoria Police

Linking occurs by:

- Callers may select the social distancing advice line between 8am and 8pm at DHHS by calling 1800 675 398 and selecting option 2.
- Callers may speak to Victoria Police by calling 1800 675 398 and selecting option 4.
- Callers who come through to any other line should be referred to the 1800 675 398 line and advised to select option 4.
- Members of the public are encouraged to call the phone line, rather than emailing their concerns.
- If concerns are emailed from the public about compliance with directions excluding those that are about close contacts and confirmed cases, the email should be forwarded to the Victoria Police complaints inbox, which is COVID-19.vicpol@dhhs.vic.gov.au

Department of Health and Human Services Liaison to Victoria Police

The department has established a roster of Emergency Management Liaison Officers at the State Control Centre, associated with the Police Operations Centre. The roster for the EMLO is on the board at the State Emergency Management Centre.

The EMLO is provided with the details of the DHHS oncall Authorised Officer each day to pass onto the Victoria Police SPOC for the overnight periods when the EMLO position is unstaffed.

Department of Health and Human Services initiation of compliance activity

If concerns are emailed from the public about compliance by close contacts and confirmed cases, the Operations Officer should oversee an investigation by the case and contact management team. If the case and contact management team assess that compliance action is required, they should contact the DHHS EMLO on the roster to agree how Victoria Police can assist, and may need to email details to the COVID-19 Victoria Police DHHS email address, which is COVID-19.vicpol@dhhs.vic.gov.au

Peer influence, education and community awareness to guide approach

It is anticipated that there will be high levels of voluntary compliance by those impacted by the Directions. This is due to high levels of community awareness, strong community support for measures to prevent transmission of COVID-19.

Exercising a Direction and considerations of enforcement

DHHS authorised officers are empowered to direct a person to comply with a D/CHO Direction (exercising the emergency powers). Victoria Police can assist an authorised officer to exercise a direction. Victoria Police are now undertaking a range of actions, including enforcement actions such as infringements.

Consideration of enforcement action, such as a prosecution under the PHWA, should generally only be pursued where there is a deliberate intention to not comply and/or repeated failure to comply with a direction.

Victoria Police COVID 19 Taskforce Sentinel

A Victoria Police taskforce of 500 officers will promote and assess compliance with directions and perform spot-checks, such as visiting those who have recently returned from overseas. The taskforce is coordinated through the Police Operations Centre. Information for spot checks can be provided directly to through Victoria Police SPOC.

Victoria Police support to DHHS compliance activity

Victoria Police (VicPol) will support DHHS to respond to allegations of non-compliance with the directions. This includes:

- receiving reports of non-compliance with directions through the Victoria Police Assistance Line (1800 675 398 – option 4);
- seeking to influence compliance and address non-compliance through spot checks, reiterating obligations, providing education and issuing infringements;
- where required, assisting DHHS authorised officers to provide a direction to a member/s of the public.

Contacting the Victoria Police Special Operations Centre

Victoria Police Special Operations Centre private number is REDACTED if a senior officer in DHHS needs to contact the SPOC directly for an urgent reason.

The DHHS EMLO to Victoria Police is available through a roster in the SEMC.

Infringements

On 28 March 2030, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences to strengthen enforcement specifically around the emergency and public health risk powers. These are:

- hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units);
- refuse or fail to comply with a direction by CHO to provide information made under s.188(10 without a reasonable excuse (10 penalty units for natural person and 30 penalty units for body corporate);
- refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate);
- refuse or fail to comply with a direction, or a requirement made of, a person in the exercise of a powers under a authorisation (10 penalty units for natural person and 60 penalty units for body corporate).

Data management to support compliance and enforcement

Department obtaining data on travellers for compliance

Authorised officers are responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes. This upload will occur under the accountability of the Director of Health Regulation and Reform. Final arrangements being confirmed

Provision of data on agreed priority groups to Victoria Police for enforcement and compliance purposes

On the direction of the Chief Health Officer, the Intelligence Officer has established a secure data portal for DHHS-Victoria Police data secure data sharing and provided a limited number of named Victoria Police officers in the COVID-19 response access. Information is being uploaded from Isolation Declaration Cards to a spreadsheet and then provided to the Intelligence Officer, who are then providing that information to Victoria Police for compliance purposes by a secure portal, on a daily basis. In conjunction with the priorities for compliance, Victoria Police can then take directed action. An information sharing agreement is under development.

Twice each day, the Intelligence Officer or delegate will upload the following to the data portal:

- Instructions on the use of the data;
- All active close contacts;
- All non-recovered confirmed cases;
- All new arrivals via scanned and uploaded Isolation Declaration Cards.

In coming days, data will be widened to include other groups if authorised by the Chief Health Officer. Further work is required to formally provide information on other categories for priority compliance activity

Specific procedures to support compliance and enforcement

Personal protective equipment for authorised officers is provided though the PPE Taskforce and the Equipment and Consumables Sector of the response. This plan will specify source.

Digital platforms to aid contact tracing and enforcement and compliance

The department will be implementing a new contact system to send daily health monitoring SMS messages to close contacts of confirmed COVID-19 cases and recently returned travellers who must isolate for fourteen days.

This system will use an Australian based system called Whispr to send messages to contacts in the department's public health monitoring systems.

People who receive these messages will be required to check in daily to:

- Confirm that they are in quarantine
- Whether they are well or experiencing COVID-19 symptoms
- Whether they have been tested and waiting for results.

Close contacts and returned travellers who are not isolating will be flagged by the system and can be further followed up as required.

This system became active from 26 March 2020.

Further work is underway to explore other systems for automating case and contact tracing.

Management of advice and exemption requests not relating to mandatory quarantine

There is no exemption clause in the Restricted Activity Direction (formerly Essential Services Direction). There is an area where exemptions occur which is in clause 11 of the Hospital Visitor Direction.

Exemptions can only be considered when there is a provision within the Direction to allow an exemption to be considered.

The Directions and Detention order give rise, broadly, to three kinds of request for advice or consideration by individuals and the public –

- Permission to leave detention requests from people in detention in Victoria;
- Exceptional circumstances requests for people seeking to not be ordered into detention (who have not yet arrived in Victoria from overseas); and
- All other requests for advice in relation to Victoria's Directions (including exemption requests for certain parts of Directions).

Only this last category will be dealt with in this part of the Plan (all other requests for advice in relation to Victoria's Directions). The other two categories will be dealt with in the Mandatory Quarantine section of this Plan.

To be specific, requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function if they occur, and there should generally be a presumption that these requests are forwarded immediately (within two hours) to the COVID-19.vicpol@dhhs.vic.gov.au email address for review by an Authorised Officer working directly to the Compliance Lead, as these are a high priority category of requests. The Authorised Officer will then follow the process outlined in a subsequent section of this Plan.

Process for seeking advice or requesting exemptions in relation to the Hospital Visitor Direction or other Direction

The Authorised Officer should provide advice to the requestor consistent with the *COVID -19 DHHS Physical Distancing Plan* and the Directions that are in force. The Plan is an internal document and is not for provision to members of the public. Instructions in the Directions should generally be emphasised.

Further information and consultation for an exemption relating to a direction can be undertaken by calling 1800 675 398.

The process is:

- Members of the public can submit requests to the COVID Directions inbox, including in relation to asking for advice on directions, requesting an exemption in relation to the Hospitals Visitor Direction (although that is unlikely) or in relation to asking to not have a detention order applied, or requesting a grant of leave (permission) from detention;
- Requests for advice (or Hospital Visitor exemptions) that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether advice should be provided verbally or whether advice is appropriate in writing to resolve the request, noting legal advice can be sought at any time;
- Requests are then assigned into three categories –
  - Priority 1 requests – where there is a same day urgency and importance is high;
  - Priority 2 requests – where there is complexity, lower urgency and / or medium urgency;
  - Priority 3 requests – where the authorised officer has determined that advice is given by the call centre function or staff with no further action, preferably verbally or in some rarer cases in writing;
- For priority 3 requests or where the call centre lead determines the matter is clear, if advice in writing is deemed appropriate, a written response should generally only be provided using an agreed template response, as it is preferable that advice is generally verbal in relation to directions (**Appendix 6**);
- For priority 2 requests and only where the call centre lead needs further advice, these should be batched and provided as a set of emails including a recommendation in each to an informal panel of the Deputy Public Health Commander, Compliance Lead and Legal Services to be convened every 24 hours if needed;

- For priority 1 requests, the call centre lead should email through details and a recommendation and call the Authorised Officer working directly to the Compliance Lead and discuss, and can initiate calls to the Compliance Lead at the time;
- If a request is deemed reasonable to meet, the Compliance Lead submits the proposal to the Deputy Public Health Commander Planning with a recommendation, and may call the Deputy PHC Planning to discuss and alert the DPHC to the request, including legal service advice as needed;
- The Deputy Public Health Commander assesses the recommendation and then recommends the outcome required by the Public Health Commander;
- The Public Health Commander communicates the outcome and the Compliance Lead is authorised to enact the outcome.
- Police will then be advised where any exemption is are granted by the Public Health Commander via the COVID-19.vicpol@dhhs.vic.gov.au that have relevance for enforcement and compliance by Victoria Police.

The Authorised Officer should then notify the requestor in writing the outcome of the decision of the Public Health Commander.

Formal documentation placed into the TRIM folder by the Deputy Public Health Commander or a tasking officer.

An audit of requests to check responses will be undertaken in due course, including a review of how advice was communicated publicly, if at all.

Protocols for investigating and managing potential breaches of Directions

Information is included here for reference, as Victoria Police have assumed a more independent role as to undertaking compliance and enforcement activity, with strategic direction as to highest risk groups.

Action to achieve compliance and address non-compliance

Following advice that Victoria Police can enforce directions, from 30 March 2020 Victoria Police is the primary agency responsible for investigating allegations of non-compliance and undertaking enforcement action, including the issuing of infringement notices.

Prior to this advice, existing arrangements involved referring alleged breaches to Victoria Police for investigation. If needed, Victoria Police would request DHHS authorised officer action and assistance, such as for issuing a direction.

Victoria Police may contact the DHHS Emergency Management Liaison officer seeking advice or clarification of particular circumstances

Reporting and evaluation of compliance and enforcement

The department proposes a range of checks or surveys of individuals who are directed to be in quarantine or isolation, including checks or surveys, and key metrics for evaluation. More detail will be developed in due course. Victoria Police provide a daily report on enforcement and compliance activity.

Plan for people returning from overseas to Victoria

Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by creation of a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at https://www.dhhs.vic.gov.au/state-emergency

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection;
- To ensure effective isolation of cases should illness occur in a returned traveller;
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days;
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required;
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database;
  - A requirement to undertake checks every 24 hours by an authorised officer during the period of detention;
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

Governance and oversight of the mandatory quarantine (detention) intervention

Lead roles

The Chief Health Officer and Deputy Chief Health Officer have instituted a policy, in keeping with a conclusion from National Cabinet, that leads to issuance of detention orders for people returned from overseas.

The following lead roles are involved in the oversight of the mandatory detention intervention:

- Deputy Chief Health Officer – decision to issue a detention notice or not;
- Deputy Public Health Commander Planning – initial advice to DCHO/PHC on requests where a decision is needed whether to grant leave (permission);
- Director Health Regulation and Reform – is the Compliance Lead, for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention orders (for example including moving a person from one room to another);
- Deputy State Health Coordinator – lead for healthcare provision to persons in detention;
- Director Health Protection and Emergency Management – lead for welfare and implementation of healthcare provision to persons in detention;
- Department of Health and Human Services Commander – lead for logistics for provision of mandatory detention involving transport and accommodation.

Information management for people in mandatory detention

A business system is being developed by BTIM to assist with the management of the healthcare and welfare for people included in this intervention.

That system articulates with the PHESS database through a common link key.

Critical information about people in mandatory detention will be uploaded to PHESS at two points in the day as a download from the business system to be used.

To be determined: the master source of who has exited the airport in mandatory detention.

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention.

The Enforcement and Compliance section will ensure identities and basic compliance information of all persons in detention are entered onto PHESS through the twice daily upload process from the completed business system.

As a parallel system, Isolation Declaration Card (IDCs) are collected at the airport and batched and sent to an Australia Post call centre. The data is entered into a spreadsheet and sent to DHHS for cross entry into PHESS. This process takes approximately 24 hours. This can then be reconciled with any passenger list or people in detention list.

Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

The Director of Health Regulation and Compliance role is responsible for:

- Overall public health control of the detention of people in mandatory quarantine;
- Oversight and control of authorised officers administering detention;
- Administration of decisions to detain and decision to grant leave from detention.

Authorised officer* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

DHHS staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the CHO. This authorisation under s.199 has an applicable end date; relevant AOs must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the DHHS Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on DHHS authorised officers including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

** DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.*

Required authorised officer actions at the airport

The lead for this situation is the Compliance Lead through a lead Authorised Officer.

DHHS Authorised Officers*:

- declare they are an Authorised Officer and show AO card [s.166] **(mandatory AO obligation)**
- must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:
  - explain the reasons for detention [s. 200(2)] **(mandatory AO obligation)**
  - warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply [s. 200(4)] **(mandatory AO obligation)**
- ensure the Direction and Detention Notice:
  - contains the hotel name at which the person will be detained
  - states the name/s of the person being detained
- record issue and receipt of the notice through a scanned photograph and enter into business system
- if necessary, facilitate a translator to explain the reasons for detention
- facilitate any reasonable request for communication, such as a phone call or email [s. 200(5)] **(mandatory AO obligation)**
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.
- use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.
- check the vehicle transporting detainees is safe (in accordance with the review of transport arrangements procedure)

If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.

*DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

Authorised Officer review of transport arrangements

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and detainees?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then vehicle must be cleaned in accordance with DHHS advice (business sector tab).
- Ensure the driver required to wear PPE?
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each detainee to complete enroute or at the hotel?

People who are unwell at the airport

The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a DHHS staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment;
- The authorised officer from DHHS at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel.
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (comments as above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

Requirement for review each day

- DHHS AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] **(mandatory AO obligation).**
- DHHS AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - any other issues that have arisen.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO[1] becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO going onto the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).

- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc.
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

Charter of Human Rights considerations in decision-making making process

AO should consider the Charter of Humans Rights when exercising emergency powers and reviewing a person's detention every 24 hours, namely:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment –** This includes protecting detainees from humiliation and not subjecting detainees to medical treatments without their consent
- **Right to freedom of movement –** While detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – This includes protecting the personal information of detainees and storing it securely
- **Right to protection of families and children –** This includes taking steps to protect facility and children and providing supports services to parents, children and those with a disability
- **Property rights –** This includes ensuring a detainee's property is protected
- **Right to liberty and security of person –** this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** - This includes treating detainees with humanity

Mandatory reporting (mandatory AO obligation)

A DHHS AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

Grant of leave from the place of detention

This is a different legal test to that which applies after the notice is issued. It relates solely to the granting of leave (permission) and requires a different process and set of considerations.

The detention notice provides for a 24-hour review (which is required by legislation) to assess whether ongoing detention is needed, and, in addition, a person may be permitted to leave their hotel room on certain grounds, including compassionate grounds.

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is

made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Potential mechanisms for grant of leave from detention

Noting that there are broadly two mechanisms available to the authorised officer on behalf of the Compliance Lead / Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the authorised officer (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained.

The Public Health Commander could determine that detention should be served in an alternative location to a hotel, by writing a detention order to that effect.

Potential reasons for permission to grant leave from detention

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be exceptional and always based on an individual review of circumstances.

In the following circumstances there could be consideration of permission grant after an application to the Deputy Chief Health Officer however this will require permission:

- A person who has a medical treatment in a hospital;
- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- An unaccompanied minor (in some circumstances – see below);
- Instances where a person has a reasonably necessary requirement for physical or mental health or compassionate grounds to leave the room, as per the detention notice.

Note that the last category is highly subjective. This means it is the expectation of the authorising environment that exemption applications on those grounds are made on exceptional circumstances.

Process for considering requests for permission to leave or not have detention applied

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects their ability to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in REDACTED and Ed Byrden.

Considerations

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function, and should always be funnelled through the COVID Directions inbox. That will allow that inbox to be a complete repository of all categories of requests for permission, exceptional circumstances requests and advice / exemption requests.

There should then be a presumption that these requests are forwarded immediately (within two hours) to COVID-19.vicpol@dhhs.vic.gov.au for review by an Authorised Officer working directly to the Director lead for compliance and enforcement, as these are a high priority category of request.

Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

1. **For the purpose of attending a medical facility to receive medical care**

- D/CHO or Public Health Commander will consider circumstances determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- In particular circumstances, an on-site nurse may need to determine if medical care is required and how urgent that care may be. DHHS AO officers and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Regulation and Compliance officer to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.

2. **Where it is reasonably necessary for physical or mental health; or**

See policy on permissions and application of mandatory detention

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention.*AO must be informed so they are aware.
- If approval is granted:
  - the AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, DHHS authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which detainees are temporarily outside their premises at any one time.

3. **On compassionate grounds;**

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. *See Policy on permissions and application of mandatory detention*
- The AO must be notified if a detainee has been granted permission to temporarily leave their room and under what circumstances.

4. **Emergency situations must also be considered.**

- DHHS authorised officers and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to detainees
- if deemed that numerous detainees need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- the accompanying DHHS authorised officer or a Victoria Police officer should ensure that all relevant detainees are present at the assembly point by way of a register of detainees.

<u>The process for a person not yet in detention is:</u>

- Members of the public who wish to ask for detention not to be applied, or permission to be granted to leave, have the option of submitting a request in writing to the COVID Directions inbox;
- Authorised officers should also use the COVID Directions inbox to submit requests for detention not to be applied or permission to be assessed so that the COVID Directions inbox is a complete funnel for handling these requests;

- All requests for permission that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management (lead for COVID-19 Directions) who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether the application should proceed to the next step. There is a policy view – outlined in this Plan – that exceptional circumstances are generally required for the Authorised Officer to NOT issue a notice of detention for an overseas arrival;
- If a request is determined to require to proceed, it should then be sent to COVID-19.vicpol@dhhs.vic.gov.au for review by the AO reporting directly to the Direct E+C;
- The Compliance Lead will seek legal advice and a discussion with the Deputy Public Health Commander urgently if required;
- The outcome will be recorded in writing and communicated back to the COVID Directions team and requestor in writing.

Policy on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly;
- Person can easily contact parent / guardian;
- Has adequate food;
- Remote education is facilitated.

A draft detention notice is being put together by Legal Services should this be required.

When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

Whilst it may be acceptable for older children (16 – 18 year old) to be in quarantine without their parent(s) or guardian, it's likely to be unacceptable for younger children (12 or 13 years old or younger) and in that situation it's more appropriate to defer an alternative arrangement (i.e. parents join them in quarantine or quarantine at home).

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

We'll need to ensure that authorised officers monitoring unaccompanied minors have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at Appendix 7.
- A guideline for authorised officers in this respect is found at Appendix 8.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and department.

Working with Children Checks and Child Safe Standards

DHHS will work with Department of Justice and Community Safety to facilitate Working With Children Checks for Authorised Officers.

Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact DHHS welfare teams immediately
- contact after hours child protection team and Victoria police if AO thinks a child may be harmed

Release from mandatory quarantine (detention) after 14 days

The fourteen-day period is calculated from the day following arrival of the person in Australia and ends at midnight fourteen days later/

DHHS Authorised Officer prior to release should:

- review the case file and ensure the 14 day detention has been met.
- liaise with on-site nurse to check the detainee meets the following – i.e. no symptoms of COVID-19 infection;
- any physical checks of the room (damage, missing items, left items etc).

Supporting detainee to reach their preferred destination:

- DHHS organise for the detainee to be transported to their destination by completing a cab charge, Uber or appropriate mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

DHHS AO to update the business systems database with details of release.

Options to facilitate compliance

DHHS authorised officers should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide an DHHS authorised officer:

- explain the important reasons for detention, that is this action is necessary to reduce the serious risk to public health **(mandatory obligation)**

- provide the person subject to detention with a fact sheet and give opportunity to understand the necessary action
- provide the person subject to detention opportunity to communicate with another person, including any request for a third-party communicator (such as translator), family member or friend (**mandatory obligation)**
- seek assistance from other enforcement agencies, such as Victoria Police, to explain the reason for detention and mitigate occupational health and safety concerns
- discuss matter with on-site nurse to ascertain if there are any medical issues that may require consideration or deviation from the intended course of action
- issue a verbal direction to comply with the Direction and Detention Notice
- advise that penalties may apply if persons do not comply with the Direction and Detention Notice
- recommend that Victoria Police issue an infringement notice if there is repeated refusal or failure to comply with a direction
- recommend Victoria Police physically detain the non-compliant individual for transfer to another site.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches the direction.

Transfer of uncooperative detainee to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to uncooperative detainees to hotel or other for 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the DHHS authorised officer should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, DHHS authorised officer should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches a direction.

Occupational health and safety for Authorised Officers

See **Appendix 9** for Occupational health and Safety measures.

Logistics for Mandatory Quarantine

Deliverables of the logistics function

The Director of the Office of the Secretary in DJPR role is responsible for:

- contract management with accommodation providers;
- transport arrangements from the airport;
- material needs including food and drink.

Airport and transit process

The lead for this situation is the DHHS Authorised Officer.

Passengers pass through immigration, customs and enhanced health checks before being transferred to their hotel.

- Every passenger is temperature checked by a registered nurse (RN) contracted by DHHS.
- Every passenger is handed a copy of the direction and a detention notice by a DHHS Authorised Officer (AO) authorised under the emergency provisions of the *Public Health and Wellbeing Act 2008*.
- Every passenger is provided an information sheet by DHHS.
- Passengers are met by VicPol/Border Force and escorted to organised buses for transport to the hotel.
- Every passenger is given a single-use facemask to wear while in transit to their hotel room.
- Every passenger is given a welfare survey to fill out on the bus or at the hotel.

Health and welfare for Mandatory Quarantine

Deliverables of the health and welfare function

The Deputy State Health Coordinator role is responsible for:

- provision of healthcare to detainees;
- provision of welfare to detainees through the Director Health Protection and Emergency Management.

Potential threats to health and wellbeing of people in mandatory detention

Potential risks associated with detention of returned travellers for compulsory 14-day quarantine can broadly be divided in physical or mental health risks.

Physical risks	**Mental health risks**
Transmission/development of COVID-19	Family violence
Transmission of other infectious diseases	Depression
Other medical problems	Anxiety
Diet – poor/imbalanced diet, food allergies/intolerances, over-consumption	Social isolation/loneliness
Lack of exercise	Claustrophobia
Lack of fresh air	Drug and alcohol withdrawal
Smoking – nicotine withdrawal, risk of smoking within rooms/fire hazard	

Tiers of risk for persons in mandatory detention

- Residents will be triaged into three tiers of risk. The type of welfare check will depend on the tier the passenger falls into.

- For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.
- Automated text messages are sent to all passengers in tier 3 via Whispir.
- Residents may be moved between risk tiers throughout their quarantine period as need dictates.

Risk Tier	Risk factors	Welfare check type
Tier 1	Residents with suspected or confirmed COVID-19 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions)	Daily phone call
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispir)

Arrival at hotel – check in

At hotel check-in:

- Detainee provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Detainee provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify detainees with medical or special needs.
- AO to note detainees with medical or special needs, such as prescription and medical appointments.

Persons will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

Welfare and health service provision

- Residents will have a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email covid-19.vicpol@dhhs.vic.gov.au and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:

  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

Conduct of a welfare check

A welfare check will allow passengers to be assessed for medical and social issues, and concerns flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. A welfare check will be conducted by a DHHS officer which is included as a script at **Appendix 5.**

Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

Diet

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.
- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with staff.
- Ensure access to additional food if required.

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.

Social and communications

- All residents should have access to **free** wifi/internet where at all possible.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.
- Toys and equipment should be provided for small children if possible.

Care packages for people in detention

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in detention. The care package should be provided to the hotel reception or other party for conveyance to the person in detention and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in detention without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

Smoking policy for people in detention

As part of the emergency response to COVID-19, individuals have been confined within hotels while under quarantine. The movement of these people has been restricted to hotel rooms, without access to outdoor spaces, where they can smoke.

Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an ”enclosed workplace”, however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

In many cases, hotels have implemented their own smoke-free policies in rooms as the smoke is likely to enter the centralised air conditioning systems resulting in occupants of other rooms and staff being exposed to the smoke. Smoke also remains on the surfaces of the room and permeates soft furnishings meaning that it remains in the

room and exposes staff cleaning the room to the remaining residual smoke. The Department of Health and Human Services supports and encourages hotels to designate their rooms smoke-free.

If smokers were to be permitted to leave their rooms for supervised cigarette breaks, they would need to be taken to an area that does not constitute an enclosed workplace. This might be a balcony, roof top or other outdoor area. This area should preferably be away from open windows, doors and air conditioning intake points.

COVID-19 and smoking

The World Health Organization (WHO) has advised that any kind of tobacco smoking is harmful to the bodily systems, including the cardiovascular and respiratory systems, and puts smokers at greater risk in the context of COVID-19. Information from China, where COVID-19 originated, showed that people with cardiovascular and respiratory conditions, including those caused by smoking, were at higher risk of developing severe COVID-19 symptoms and death.

The Victorian Chief Health Officer has recommended that quitting smoking reduces the health risks associated with COVID-19.

Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable smoke. This includes mental health facilities, prisons and, if people are unable to leave, hospitals. In these circumstances, individuals are supported to manage cravings using pharmacotherapies such as nicotine replacement therapies.

Victoria's Charter of Human Rights and Responsibilities

Removing the ability to smoke would be compatible with the *Charter of Human Rights and Responsibilities Act 2006 (the Charter)*, as it would be for the purposes of protecting the right to life. Section 9 of the Charter states that “Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life.”

Options

Option 1: Provide support for smokers to quit or manage cravings (Recommended)

The preferred option, for both the benefit of the individual and broader community would be to support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

This could be easily managed through the provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. Quit Victoria has recommended a box of patches and an intermittent form of NRT such as a spray. These items are available for purchase without a prescription from a range of retailers including pharmacies and some big supermarkets.

Other pharmacotherapies, like zyban or champix, would require a prescription from a GP and are designed to help people completely quit as opposed to a short-term measure for people who are forced to stop smoking abruptly. These medications can take a while to take effect and, with champix, the advice is to continue smoking until it starts to impact on your cravings which means that it would not be an appropriate option for the circumstances.

Addiction to cigarettes includes both nicotine dependence and a behavioural and emotional dependence, which is why counselling plus pharmacotherapy is required. Someone who is heavily addicted will crave a cigarette every 45-60 minutes.

Telephone counselling is available via the Quitline - 13 78 48

Even if someone doesn’t want to quit, Quitline can help them reduce the number of cigarettes they smoke.

People can also contact their regular general practitioner via telehealth.

Option 2: Relax no smoking restrictions for the hotel rooms

While it would be legally possible to enable people in quarantine to smoke in their rooms, this option is not recommended. This would have an adverse impact on hotels and their staff and goodwill in the circumstances. It

would also increase the health risks of individuals potentially already at risk of COVID-19.When sharing a room with children, smoking should not be allowed.

Option 3: Accompany individuals to leave the room to smoke

While it would be possible to create a smoking area for people wishing to smoke, such as in an outdoor drinking area attached to a bar or restaurant facility, this option is not recommended. Allowing people to leave their hotel rooms to smoke undermines the quarantine restrictions being put in place. The individuals would need to be accompanied by security guards and might need to travel floors via lifts to access an outdoor area or leave the building.

Even if we assume, that the hotel is not currently operating for other customers, movement in the hotel creates an increased risk for staff and a need for greater vigilance in cleaning and maintaining distance.

Current policy for smokers in mandatory quarantine

The following actions should occur –

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;
- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
  - They return immediately to their hotel room.

Other health and wellbeing issues

- All residents should be given the contact information for support services such as Lifeline at the beginning of their quarantine period (the information sheet they are provided with at the airport should also have these contact numbers).
- Residents should have access to fresh bedlinen and towels as required.
- Care packages may be permitted for delivery to residents under certain circumstances and subject to checks by AOs.
- Residents can be provided with up to three standard drinks per day if there is a risk of alcohol withdrawal (this is in preference to prescribing benzodiazepines for withdrawal).
- Other residents can also request alcoholic drinks as part of their food and drink provisions.
- Smoking breaks or NRT should be offered to all smokers if feasible.

Actions to detect and test for COVID-19 amongst people in mandatory detention

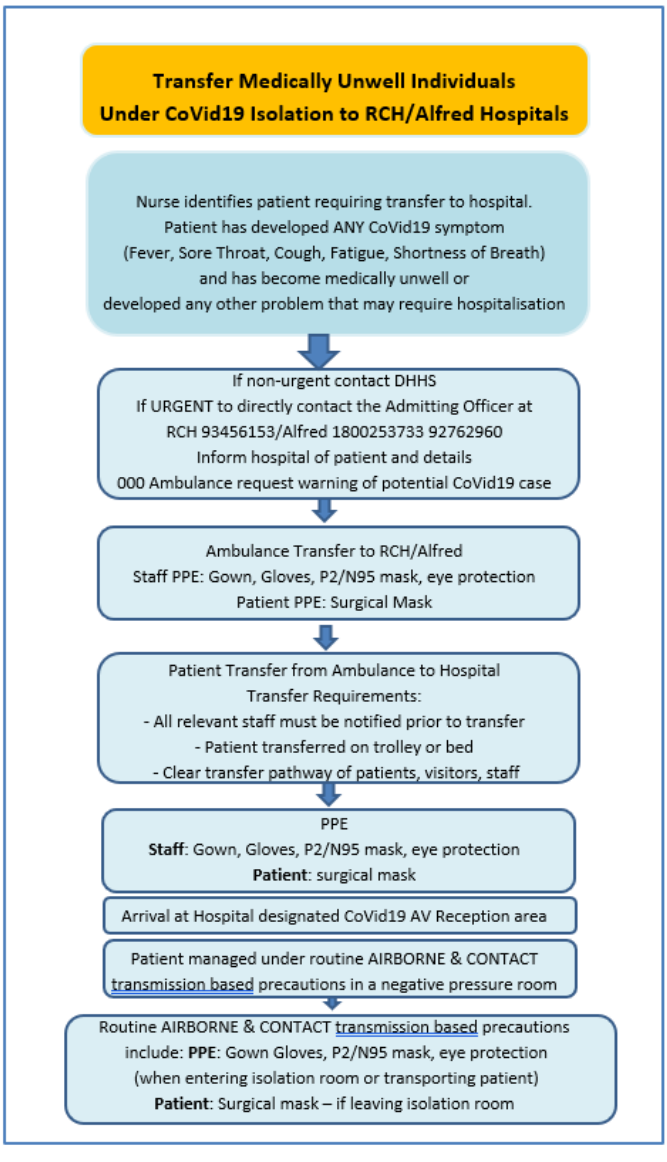
The following are the actions to enact this:

- Detainees will be asked daily (via phone or text) if they have symptoms consistent with COVID-19. These include but are not limited to fever, cough, shortness of breath and fatigue.
- The nurse onsite will be notified. The nurse will call the detainee (patient) and assess them over the phone. If face to face assessment is required, the nurse will assess them in the room with appropriate PPE.
- Security staff in PPE (masks and gloves) will accompany all nurses visiting hotel rooms. They will wait outside unless requested to enter by the nurses (full PPE is required to enter rooms).
- The nurse will assess the patient for symptoms of coronavirus. If deemed necessary, they will take swabs to test for COVID-19.
- If the patient is well enough, they can remain in quarantine at the hotel to await the test results. If they are sharing a room with another resident, they should be moved to a separate room if feasible and according to availability of rooms. If separation is not possible, they should practise physical distancing as far as is possible.

- If the test is positive and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required, depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

Hospital transfer plan

- Passengers requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is non-urgent, contact DHHS.
- If the hospital transfer is urgent, contact the Admitting Officer at RCH/RMH/the Alfred.
- Inform the hospital of patient and details.
- Call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer.
- AO must view appropriate authorisation.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.



Note P2 respirators are not required, but appear in this chart as an indicative mask, pending modification of this chart to reflect recommendation that a single use facemask is required.

Actions for confirmed cases of COVID-19 in people in mandatory detention

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers.

Personal protective equipment (PPE)

Staff who engage with monitoring or assisting persons in mandatory detention in person:

1. Apply standard infection prevention and control precautions at all times:
    a. maintain 1.5 metre distance
    b. wash your hands or use anti-bacterial agents frequently
    c. avoid touching your face.
2. Every situation requires a risk assessment that considers the context and client and actions required.

3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
    a. fluid-resistant surgical mask (replace when moist or wet)
    b. eye protection
    c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

Cleaning of rooms

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room.

Reporting and evaluation on mandatory quarantine

A report will be prepared to summarise the activity of the program, and provided to the Deputy Chief Health Officer on a regular basis in confidence.

Communication and education

A communications plan for physical distancing is being developed to ensure the public receive timely, tailored and relevant advice on physical distancing measures.

The current collateral for the Victorian public and health sector to communicate on physical distancing requirements in Victoria includes items on the web and other locations:

Stay at home and restrictions:

- Coronavirus website homepage tile and webpage with detailed information on restrictions:
- www.dhhs.vic.gov.au/stay-home-and-restricted-activities-directions-frequently-asked-questions

Physical distancing and transmission reduction measures:

- Coronavirus website homepage tile and webpage with general information on physical distancing.
- www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures
- Uploadable Victorian physical distancing document in keeping with that tile's web content, located at TRIM HHSD/20/142098

State of emergency and directions:

- Coronavirus website tile and webpage with PDFs of the signed Directions.
- www.dhhs.vic.gov.au/state-emergency

About coronavirus general information:

- Coronavirus website tile and webpage with general hygiene and physical distancing information.
- www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19

Media (proactive and reactive):

- Daily interviews and press conferences by the Chief Health Officer, Premier, Minister for Health and Ambulance and the Public Health Commander
- Announcements will be made by the Premier/Minister/CHO at a media conference.
- A daily media release from the department will contain latest information on measures.

Social media posts on physical distancing

- Daily posts on DHHS and VicEmergency social media accounts.
- Live streams of press conferences on Facebook
- Social media FAQs for responding to community via social media channels

Videos on physical distancing

- Series of Chief Health Officer videos on self-isolation, quarantine and physical distancing

Appendix 1 - Standard emails and letter advice for compliance and enforcement

The following templates are generic and educative in nature. DHHS officers should adapt the tone and content according to risk and individual circumstances.

Airport arrivals

Dear (insert name),

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.

We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Airport Arrivals direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that: a person who arrives between 5 pm on 18 March 2020 and midnight on 13 April 2020 at an airport in Victoria on a flight that originated from a place outside Australia, or on a connecting flight from a flight that originated from a place outside Australia:

- must travel from the airport to a premises that is suitable for you to reside in for 14days; and/or
- except in exceptional circumstances, must reside in a suitable premises for the period beginning on the day of your arrival and ending at midnight on the fourteenth (14th) day after arrival);
- must not leave the premises except:
  - for the purposes of obtaining medical care or medical supplies
  - in any other emergency situation circumstances where it is possible to avoid close contact with other persons; and
- must not permit any other person to enter the premises unless that other person usually lives at the premises, or the other person is also complying with this direction for the same 14 day period, or for medical or emergency purposes also complying with the CHO direction, or for medical or emergency purposes).

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this email/letter.

Why it is important to comply with the Chief Health Officer's direction

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

Persons entering Victoria are at an increased risk of COVID-19. That is why a person entering Victoria from overseas must self-isolate for a period of 14 days in accordance with the Deputy Chief Health Officer's direction. Failure to self-isolate in accordance with the Deputy Chief Health Officer's direction may increase transmission of COVID 19 within our community.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

Mass gatherings

Dear (insert name)

As you may be aware, Victoria's Minister for Health has declared a state of emergency throughout Victoria in response to the coronavirus or COVID-19 situation. Following this declaration, Victoria's Deputy Chief Health Officer has exercised emergency powers under the *Public Health and Wellbeing Act 2008* to make a direction to eliminate or reduce the serious risk to public health posed by COVID-19.

We are contacting you as Department of Health and Human Services has received information that you may be not complying with the Mass Gatherings direction issued by Victoria's Deputy Chief Health Officer.

Please be aware that:

- A person who owns, controls o operates premises in Victoria must not allow a mass gathering to occur on premises
- A person must not organise a mass gathering on premises in Victoria.

A mass gathering means:

- A gathering of five gendered (500) or more persons in a single undivided outdoor space at the same time; or
- A gathering of one hundred (100) or more persons in a single undivided indoor space at the same time.

A number of exclusions exist such as at an airport and a hotel, motel or other accommodation facility that is necessary for the normal operation of accommodation services.

This email/letter seeks to inform you of your obligations. A copy of the direction and a fact sheet is attached to this letter/email.

Why it is important to comply with the Deputy Chief Health Officer's direction

The Victorian Government is very concerned about the serious, and potentially catastrophic, risk to public health arising from COVID-19 throughout Victoria.

The restrictions are designed to limit transmission of COVID in places where there is high density of individuals in close proximity. This is because many individuals have been identified as being infected with COVID-19 and more cases are expected.

All Victorians play an important role in minimising the impact of COVID-19. We strongly encourage you to comply with the CHO's direction and appreciate your co-cooperation.

Appendix 2 – Evidence on physical distancing interventions for reducing impact of COVID-19

Last updated 27 March 2020

This document provides a review of evidence regarding the effectiveness of physical distancing interventions on the COVID-19 epidemic. As evidence is rapidly emerging this document may not contain all relevant available information. It also contains some references to reports and pre-prints that have not undergone peer-review. Therefore, caution should be taken in interpretation. Furthermore, as new evidence emerges the picture of the effectiveness will change. This document will be updated to reflect the changing evidence base.

Introduction

Physical distancing between people aims to minimise interactions between people to limit the opportunities for disease to spread from an infected person to an un-infected person. It is an example of a non-pharmaceutical intervention (NPI) that can be employed to control a disease outbreak. Measures to bring about physical distancing amongst populations have been utilised in previous efforts to control influenza epidemics and pandemics.

Observational and modelling studies have provided evidence to help guide the use of physical distancing measures for influenza. Although these can provide some insight into how we might expect physical distancing to influence the progression of the COVID-19 pandemic, COVID-19 has its own disease characteristics which will influence the impact of physical distancing measures. Evidence of the impact of social distancing is beginning to emerge from countries in which the epidemic commenced earlier than in Australia, particularly China. Additionally, modelling studies using information on the epidemiological features of COVID-19 are estimating the impact of different physical distancing measures.

This review consists of three parts:

- A review of the epidemiological features of COVID-19 and their implications for physical distancing in COVID-19
- A review of modelling analyses estimating the effects of physical distancing on the COVID-19 epidemic
- A review of evidence regarding physical distancing measures in the setting of pandemic influenza

1. Epidemiological features of COVID-19 that impact the effectiveness of physical distancing measures

1.1 Reproductive number

The basic reproductive number (R_0) is the number of individuals a single infected individual will infect in an otherwise fully susceptible population. This value will be influenced by features inherent to the pathogen, and characteristics of the population, such as population density and the nature and frequency of human-human interactions. As such, there is no single true value of R_0 for any disease, including COVID-19, as it will be influenced by population-specific factors.

Published estimates of R_0 for COVID-19 have ranged between 2.1 and 3.58. (1–6)

1.2 Modes of transmission

Early evidence suggests that SARS-CoV-2 (the virus that causes COVID-19) is primarily transmitted via respiratory droplets transmitted during close contact, and via fomites. (7) However, there is evidence of viral shedding in faeces (8) and viral persistence in aerosols (9,10), suggesting that aerosol and faecal-oral transmission may also occur. Transmission may also be possible via ocular surfaces. (11)

1.3 Timing of transmission

Analyses of viral shedding suggest that the time of peak viral load is early in the course of illness, around the time that symptoms develop, and that viral load then reduces over time. (10) The median duration of detected viral shedding of 191 patients in Wuhan was 20.0 days (IQR: 17.0-24.0 days) in survivors. (12) Importantly, these measurements of viral load cannot distinguish infectious from non-infectious virus. Although the two types of virus

are often correlated early in influenza, we cannot say for sure for whether the same holds for COVID-19 at this stage.

Evidence from case and cluster reports (13–15), and several epidemiological analyses (16–19) suggest that COVID-19 can be transmitted prior to the onset of symptoms.

1.4 Incubation period

An analysis of 55,924 laboratory-confirmed cases, found the mean incubation period was estimated to be 5.5 days. (7) Another analysis of 181 confirmed cases outside of Hubei Province found the mean incubation period to be 5.1 days (95% CI: 4.5-5.8 days). (20)

1.5 Duration of illness

An analysis of the clinical course of 52 critically ill adult patients with SARS-CoV-2 pneumonia who were admitted to the intensive care unit (ICU) of a Chinese hospital in late December 2019 and January 2020, found the median time from symptom onset to death was calculated to be 18 days. (21)

1.6 Demographic features of COVID-19

In general, COVID-19 causes a much more severe illness in older people, with case-fatality rates increasing with age, particularly for those aged 80 years and older. (7,22)

Children have thus far accounted for few cases of COVID-19 and are unlikely to have severe illness. (23) However, the role of children in transmission of COVID-19 remains unclear. In a pre-print analysis of household contacts of cases, it was found that children were infected at the same rate as older household contacts. (24) In the report of the WHO-China joint mission it was noted that children accounted for 2.4% of cases, that infected children had largely been identified through contact tracing, and there was no recollection of episodes of transmission from child to adult. (7)

1.7 Overview of the impact of key epidemiological features for physical distancing interventions

Key points arising from these epidemiological features are:

- COVID-19 is highly transmissible, and although close contact is more likely to result in transmission, transmission may be possible from minor contact, or through contact with infectious surfaces
- The COVID-19 epidemic in many areas is following exponential growth patterns, so case counts can be expected to rise rapidly
- As evidence suggests that people can transmit COVID-19 prior to the onset of symptoms, and because infectiousness appears to be highest at the time of symptom onset, isolating cases at the point of symptom onset may be inadequate to prevent transmission
- As there is a delay between infection and symptom onset and a delay between symptom onset and case detection, there will be a delay (of roughly 10 days) between implementation of an intervention and seeing its impact on case counts
- As there is a delay between symptom onset and death, there will be an even longer delay to seeing the impact of interventions on death rates (up to two weeks)
- The role of children in COVID-19 transmission remains unclear and would have significant implications for the effect of school closures on the epidemic

2. Modelling studies evaluating potential impact of physical distancing interventions for COVID-19

2.1 Modelling the impact of physical distancing interventions

This will be updated.

2.1.1 Imperial College report on non-pharmaceutical interventions

Ferguson et al of Imperial College published a report estimating the impact of a range of non-pharmaceutical interventions (physical distancing interventions) on the COVID-19 epidemic in the UK and the US. (26) Effects of different combinations of population-level interventions were reviewed. The report describes two alternative strategies: suppression and mitigation. It describes suppression as aiming to reduce the R value to less than 1, resulting in transmission ceasing in the population. Mitigation, however, aims to reduce the impact of the epidemic, whilst infection builds up in the community, rather than causing transmission to cease. Actions towards mitigation would include preventing infection amongst those most vulnerable to severe disease and slowing the rate of infection.

The report suggests that an approach of mitigation would result in the critical care capacity being overwhelmed many times over, resulting in hundreds of thousands of deaths. Only a combination of very strong measures taken together (including case isolation, household quarantine, general social distancing, school and university closure) is predicted to avoid critical care capacity being overwhelmed.

The report suggested that if suppression is being pursued, then earlier implementation is better, but if mitigation is being pursued then it is better to implement interventions closer to the peak of the epidemic. School closures were estimated to have a greater role on a suppression strategy, rather than mitigation. The modelling also suggested that relaxing the intervention whilst the population remained susceptible would result in a later, large peak that would also overwhelm critical care capacity, suggesting that policies may need to remain until a vaccine was available.

The report concluded that suppression seemed the only viable option, given that mitigation would result in health care capacity being overwhelmed many times over. However, they noted the uncertainty in whether a suppression approach could be achieved, as well as the uncertainty in modelling estimates.

2.1.2 Early modelling analysis from Australia

A modelling analysis, published as a pre-print, conducted by Australian researchers, Chang et al (27)suggested that the best intervention strategy is a combination of restriction on international arrivals to Australia, case isolation, and social distancing with at least 80-90% compliance for a duration of 13 weeks. They noted that compliance levels below this would lengthen the duration of required suppression measures. They also note that resurgence of disease is possible once interventions cease, and their analysis does not attempt to quantify the impact of measures beyond the 28-week horizon of analysis.

Another Australian pre-print analysis by Di Lauro et al (28) reviewed the optimal timing for “one shot interventions”, interventions that are assumed to only be able to implemented once in the course of an epidemic and for a finite time period. This suggested that optimal timing depended on the aim of the intervention; that to minimise the total number infected the intervention should start close to the epidemic peak to avoid rebound once the intervention is stopped, while to minimise the peak prevalence, it should start earlier, allowing two peaks of comparable size rather than one very large peak.

2.1.3 Modelling the impact of physical distancing interventions in China

Using a stochastic transmission model and publicly available data, Kucharski et al (29), estimated the effect of the distancing interventions introduced in China on the 23rd of January. the median daily reproduction number (Rt) in Wuhan declined from 2·35 (95% CI 1·15–4·77) 1 week before travel restrictions were introduced on Jan 23, 2020, to 1·05 (0·41–2·39) 1 week after.

An pre-print analysis by Lai et al (30) suggested that without the non-pharmaceutical intervention implemented in China (early detection and isolation of cases, travel restrictions and reduction of interpersonal interactions) the number of infections in Wuhan would have been many fold higher. They suggested that had the NPIs been conducted one week, two weeks, or three weeks earlier in China, cases could have been reduced by 66%, 86%, and 95%, respectively. They also suggested that social distancing interventions should be continued for the next few months to prevent case numbers increasing again after travel restrictions were lifted on February 17, 2020.

A pre-print analysis by Prem et al (31) reviewed the impact of China's interventions on social-mixing patterns and estimated the effects of different approaches to lifting the interventions. They suggested that control measures aimed at reducing social mixing can be effective in reducing the magnitude and delaying the epidemic peak. They suggested the interventions would have the most impact if continued until April, and if return to work was staggered. These results were sensitive to the duration of infectiousness and the infectiousness of children.

2.2 Modelling the potential impact of case isolation and contact tracing

An analysis by Hellewell et al (32) considered the possibility of controlling a COVID-19 outbreak with contact tracing and case isolation alone. Under some parameter assumptions it was possible to control the outbreak without the need for physical distancing measures. However, the probability of controlling the outbreak in this way decreased with an R0 of 2.5 or 3.5, when there was a larger initial infectious population, a longer delay to case detection and a larger proportion of pre-symptomatic transmission. The study concludes that "in most plausible outbreak scenarios, case isolation and contact tracing alone is insufficient to control outbreaks, and that in some scenarios even near perfect contact tracing will still be insufficient, and further interventions would be required to achieve control."

A pre-print analysis by Kretzschmar et al (33), suggests it is unlikely that case isolation and contact tracing alone could control a COVID-19 outbreak. They note that if delay between onset of infectiousness and isolation is more than 4 to 6 days, or the proportion of asymptomatic cases is greater than 40% the outbreak cannot be controlled even with perfect tracing. However, they note that contact tracing efforts can still be a valuable tool in mitigating the epidemic impact.

2.3 Modelling the impact of school closures for COVID-19

An early report from Di Domenico et al (34), used data from three French towns with COVID-19 outbreaks and assumed children had a susceptibility to COVID-19 of 20% relative to adults and relative infectiousness of 50%. With these assumptions they suggested that school closure alone would have limited benefit in reducing the peak incidence (less than 10% reduction with 8-week school closure for regions in the early phase of the epidemic). However, when coupled with 25% adults teleworking, 8-week school closure would be enough to delay the peak by almost 2 months with an approximately 40% reduction of the case incidence at the peak.

3. Evidence on physical distancing measures for pandemic influenza

There are important differences between the COVID-19 pandemic and previous influenza pandemics. Three important differences are:

- It is well established that school children play a major role in spreading influenza virus because of higher person-to-person contact rates, higher susceptibility to infection, and greater infectiousness than adults. In contrast, children have accounted for fewer cases in the COVID-19 pandemic and their role in transmission is unclear.
- Pandemic influenza is thought to have a shorter incubation period (approximately 2 days) compared to COVID-19 (approximately 5 days).
- There is likely a greater proportion of severe and critical cases of COVID-19, than in pandemic influenza. (35)
- However, the evidence regarding physical distancing measures on influenza pandemics may still provide some insight into the role they may play in the response to COVID-19.

A recent review (prior to the COVID-19 outbreak) by Fong et al (36) surveyed the evidence for NPIs in pandemic influenza, in particular the effects of school closures, workplace measures and avoiding crowding.

3.1 School closures

They found compelling evidence that school closure can reduce influenza transmission, especially among school aged children. However, the duration and optimal timing of closure were not clear because of heterogeneity of data, and transmission tended to increase when schools reopened.

A correlation analysis between weekly mortality rates and interventions (which included school closure) during the 1918–19 pandemic in cities in the United States estimated that early and sustained interventions reduced mortality rates by ≤25%. (37)

Two studies conducted in Hong Kong as a public health response to the 2009 influenza A(H1N1) pandemic estimated that school closures, followed by planned school holidays, reduced influenza transmission. (38,39)

Two studies conducted in Japan estimated that due to reactive school closures the peak number of cases and the cumulative number of cases in the 2009 pandemic were reduced by ≈24% (40) and 20% (41). However, two studies (one evaluating the response to the 2009 pandemic and the other seasonal influenza) estimated that reactive school closures had no effect in reducing the total attack rate and duration of school outbreaks, and the spread of influenza. (42,43)

It is important to note that school closures can have a disproportionate impact on vulnerable groups (eg low-income families), particularly when meals are provided by schools. This could be ameliorated by dismissing classes but allowing some children to attend schools for meals or enable parents to work. It has also been noted that school closures may have an impact on health workforce availability, as health care workers may have to care for children.

3.2 Workplace interventions

A systematic review of workplace measures by Ahmed et al (44) concluded that there was evidence, albeit weak, to indicate that such measures could slow transmission, reduce overall attack rates or peak attack rates, and delay the epidemic peak. In this review, epidemiological studies reviewed the effects of segregating persons into small subgroups and working from home. Modelling studies most frequently simulated the effects of workplace measures as reducing contacts by 50%.

In this review, for studies modelling R0 ≤ 1.9, workplace social distancing measures alone (single intervention) showed a median reduction of 23% in the cumulative influenza attack rate in the general population. Workplace social distancing measures combined with other nonpharmaceutical interventions showed a median reduction of 75% in the general population. However, the effectiveness was estimated to decline with higher R0 values, delayed triggering of workplace social distancing, or lower compliance.

Paid sick leave could improve compliance with a recommendation to stay away from work while ill. (45,46)

3.3 Avoiding crowding

The review by Fong et al (36) identified three studies that assessed the effects of measures to avoid crowding (such as bans on public gatherings, closure of theatres) in pandemic influenza. These suggested that such measures helped to reduce excess mortality in the 1918 pandemic and a natural study comparing the effect of accommodating pilgrims for World Youth Day in smaller groups rather than a large hall reduced transmission in 2008.

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Appendix 3 – Physical distancing international comparison

This will be updated by Nathan Jilich / Bridget Williams in due course.

Appendix 4 – Hotel Isolation Medical Screening Form

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								

Appendix 5 – Welfare Survey

Survey questions – daily check-in

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 with every 24 hours 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 /N0

Health questions

4. Have you had contact with a medical staff nurse whilst in quarantine? If yes, can you please provide details and is it being monitored?

5. 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)?

6. Do you or anyone you are with have any medical conditions that require immediate support? (ie smokers requiring nicotine patches)

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

8. Do you have any chronic health issues that require management?

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

10. Are you keeping up regular handwashing?

11. 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

12. How is everything going with your family or the people you are sharing a room with?

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

14. 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 10 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

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

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

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

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

19. 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?

20. 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

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

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

23. Do you have any other concerns?

End of survey

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

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.

Appendix 6 – Scripts for physical distancing call centre

Detail to be added about certain scenarios, including for funeral-related questions.

Appendix 7 – Direction and detention notice – Solo Children

DIRECTION AND DETENTION NOTICE

SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1. Reason for this Notice

(2) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.

(3) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) (the **Act**), because of the serious risk to public health posed by COVID-19.

(4) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.

(5) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.

(6) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.

(7) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.

(8) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

Note: These steps are required by sections 200(7) and (9) of the Act.

2. Place and time of detention

(9) You will be detained at:

Hotel: _____ *(to be completed at place of arrival)*

Room No: _____ *(to be completed on arrival at hotel)*

(10) You will be detained until: _____ on ____of _____2020.

3. Directions — transport to hotel

(11) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

(12) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

4. Conditions of your detention

(13) **You must not leave the room in any circumstances**, unless:

(c) you have been granted permission to do so:

(i) for the purposes of attending a medical facility to receive medical care; or

(ii) where it is reasonably necessary for your physical or mental health; or

(iii) on compassionate grounds; or

(d) there is an emergency situation.

(14) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

(15) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

(16) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.

(17) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

5. Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

Note: This review is required by section 200(6) of the Act.

6. Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

(a) We will check on your welfare throughout the day and overnight.

(b) We will ensure you get adequate food, either from your parents or elsewhere.

(c) We will make sure you can communicate with your parents regularly.

(d) We will try to facilitate remote education where it is being provided by your school.

(e) We will communicate with your parents once a day.

7. Offence and penalty

(19) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

(20) The current penalty for an individual is $19,826.40.

_____

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Appendix 8 – Guidelines for Authorised Officers (Unaccompanied Minors)

Guidelines for Authorised Officers - Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

Your obligations under the *Charter of Human Rights and Responsibilities Act 2006*

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

Relevant human rights
The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of **children** to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
    - You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
    - You should ask the child if they have any concerns that they would like to raise with you at least once per day.
    - You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
    - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
    - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
    - You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to **liberty** (s 21) and **freedom of movement** (s 12), and the right to **humane treatment when deprived of liberty** (s 22). As the Solo Child Detention Notices deprive

children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.

- **Freedom of religion** (s 14) and **cultural rights** (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons form holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to **recognition and equality before the law**, and to **enjoy human rights without discrimination** (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly** and **association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

General welfare considerations

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices. If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a

person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

Additional welfare considerations for children

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs. Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances. Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

Appendix 9 – Authorised Officer Occupational Health and Safety

Purpose

The purpose of this document is to provide an occupational health and safety procedure for authorised officers when attending off site locations during the current State of Emergency.

Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, you will be placed on call to exercise your authorised powers pursuant to section 199 of the *Public Health and Wellbeing Act 2008* ***(Act)***. **Your compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact with an offender suspect must be manage by Victoria Police**.

OHS

Occupational Health and Safety is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns, incidents with: REDACTED

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. Officers can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

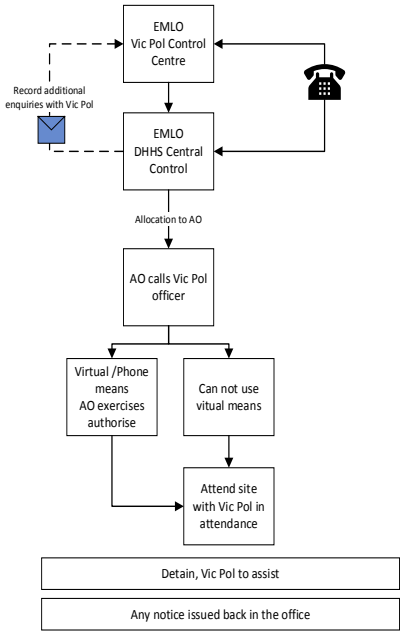
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

Fatigue

Officers will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, officers should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator: http://www.vgate.net.au/fatigue.php

Officers are required to hold a valid motor vehicle license and are required to adhere to the requirements of the departments driving policy. Information about the departments policy can be found on the DHHS intranet site.



Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend a site, they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the offender(s) a positive case of COVID-19?
- Has the offender(s) been recently in close contact with a positive case of COVID-19?
- Has the offender(s) recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Face mask (N95 or equivalent)
- Gloves
- Hand Sanitizer

The following is only a guide for officers to consider.

PPE	Guide
Face mask	When there is known case of COVID-19, or an offender has been recently been exposed to COVID-19
Gloves	Always
Hand Sanitizer / Soap	Always
Social Distancing of at least 1.5 meters	Always

Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties Use fatigue calculator http://www.vgate.net.au/fatigue.php
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agen		Follow personal protective measures

COVID-19 – Interim Healthcare and Welfare Mandatory Quarantine Plan

11 April 2020

Contents

Purpose

This plan is intended to:

- Describe the roles and responsibilities of all parties involved in the mandatory quarantine process
- Outline the healthcare and welfare protocols in place
- Outline the legal requirements
- Describe the policy and procedures of DHHS authorised officers (AOs)

Authorising environment

Emergency Management Commissioner and State Controller

State Controller (Class 2) is appointed to coordinate the overall response, working within the emergency management arrangements.

Chief Health Officer and Deputy Chief Health Officer

Under a state of emergency declared by the Victorian Government, the Chief Health Officer and Deputy Chief Health Officer have exercised powers to make a range of Directions that reflect physical distancing controls in Victoria.

Governance of mandatory quarantine policy within the DIMT

A Mandatory Quarantine Cell will be chaired by the Deputy Public Health Commander – Physical Distancing and Planning, on behalf of the Deputy Chief Health Officer (Public Health Commander). There will be a Mandatory Quarantine operations lead (an executive lead for compliance), and a policy and strategy lead.

Direction

The direction and detention notice issued by the Deputy Chief Health Officer states that people travelling to Victoria from overseas, on or after midnight on 28 March 2020 will be detained at a hotel for a period of 14 days.

The direction and detention notice is available on the department's website: https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/detention-notice-signed-2020-03-28.pdf

Cabinet

Advice was provided by the AHPPC to National Cabinet on 25 March 2020. On the 27 March 2020 National Cabinet, agreed to take action to further restrict reduce the spread of coronavirus in Australia, by introducing mandatory quarantine for all returning travellers coming from overseas.

Victoria Police

Victoria Police will provide assistance with compliance with directions.

Compliance and enforcement for mandatory quarantine

Purpose of this section

The purpose of this compliance protocol is to set out the compliance approach in relation to Deputy Chief Health Officer (D/CHO) directions under *Public Health and Wellbeing Act 2008* (PHWA).

Scope of compliance and enforcement

The scope of enforcement and compliance activity will include persons under quarantine for returning from overseas.

Strategy for compliance and enforcement

The outcomes being sought are to reduce the transmission COVID-19 through mandatory quarantine for 14 days of those returning from overseas. The focus of activity will be on implementation of a mandatory detention program for new arrivals from overseas.

Data management to support compliance and enforcement

Authorised officers are responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes. This upload will occur under the accountability of the Director of Health Regulation and Reform.

Plan for people returning from overseas to Victoria

Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by creation of a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at https://www.dhhs.vic.gov.au/state-emergency

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection;
- To ensure effective isolation of cases should illness occur in a returned traveller;
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days;
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required;
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database;
  - A requirement to undertake checks every 24 hours by an authorised officer during the period of detention;
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

Governance and oversight of the mandatory quarantine (detention) intervention

Lead roles

The Chief Health Officer and Deputy Chief Health Officer have instituted a policy, in keeping with a conclusion from National Cabinet, that leads to issuance of detention orders for people returned from overseas.

The following lead roles are involved in the oversight of the mandatory detention intervention:

- Oversight report to EMC - REDACTED
- State compliance and public health stream – Deputy Chief Health Officer (Annaliese van Diemen)

  - Deputy Chief Health Officer – overall lead and authorising environment for the mandatory detention scheme, decision to issue a detention notice or not;
  - Deputy Public Health Commander Planning – delegate of DCHO for these arrangements including initial advice to DCHO/PHC on requests where a decision is needed whether to grant leave (permission) or not detain, and for public health advice regarding the detention regime;
  - Director Health Regulation and Reform – is the Compliance Lead, for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention orders (for example including moving a person from one room to another);
- Health and welfare stream – State Health Coordinator (Euan Wallace)
  - Deputy State Health Coordinator – lead for healthcare provision to persons in detention;
  - Director Health Protection and Emergency Management – lead for welfare and implementation of healthcare provision to persons in detention;
- Logistics including accommodation and transport stream – Executive DHHS Lead for Accommodation (Pam Williams)
  - Department of Health and Human Services Commander – lead for logistics for provision of mandatory detention involving transport and accommodation.
  - DJPR lead.

Information management for people in mandatory detention

A business system is being developed by BTIM to assist with the management of the healthcare and welfare for people included in this intervention. That system articulates with the PHESS database through a common link key. Critical information about people in mandatory detention will be uploaded to PHESS at two points in the day as a download from the business system to be used.

To be determined: the master source of who has exited the airport in mandatory detention.

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention.

The Enforcement and Compliance section will ensure identities and basic compliance information of all persons in detention are entered onto PHESS through the twice daily upload process from the completed business system.

As a parallel system, Isolation Declaration Card (IDCs) are collected at the airport and batched and sent to an Australia Post call centre. The data is entered into a spreadsheet and sent to DHHS for cross entry into PHESS. This process takes approximately 24 hours. This can then be reconciled with any passenger list or persons in detention list.

Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

The Director of Health Regulation and Compliance role is responsible for:

- Overall public health control of the detention of people in mandatory quarantine;
- Oversight and control of authorised officers administering detention;
- Administration of decisions to detain and decision to grant leave from detention.

Authorised officer* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

DHHS staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the CHO. This authorisation under s.199 has an applicable end date; relevant AOs must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the DHHS Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on DHHS authorised officers including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

** DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.*

Required authorised officer actions at the airport

The lead for this situation is the Compliance Lead through a lead Authorised Officer.

DHHS Authorised Officers*:

- declare they are an Authorised Officer and show AO card [s.166] **(mandatory AO obligation)**
- must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:
  - explain the reasons for detention [s. 200(2)] **(mandatory AO obligation)**
  - warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply [s. 200(4)] **(mandatory AO obligation)**
- ensure the Direction and Detention Notice:
  - contains the hotel name at which the person will be detained
  - states the name/s of the person being detained
- record issue and receipt of the notice through a scanned photograph and enter into business system
- if necessary, facilitate a translator to explain the reasons for detention

- facilitate any reasonable request for communication, such as a phone call or email [s. 200(5)] **(mandatory AO obligation)**
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.
- use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.
- check the vehicle transporting detainees is safe (in accordance with the review of transport arrangements procedure)

If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.

*DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

Authorised Officer review of transport arrangements

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and detainees?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not, then vehicle must be cleaned in accordance with DHHS advice (business sector tab).
- Ensure the driver has adequate PPE
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each detainee to complete on route or at the hotel?

People who are unwell at the airport

The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Diseases).

Any person who is unwell at the airport will be assessed by a DHHS staff member (nurse) and biosecurity officer at the airport. After discussion with the Human Biosecurity Officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The Human Biosecurity Officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment;
- The authorised officer from DHHS at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc.) can be organised to return to the hotel;
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed;
- If the person is well enough to be discharged, they should return to the hotel through an arrangement by the authorised officer, (comments as above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

- It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation.
- Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

Requirement for review each day

- DHHS AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] **(mandatory AO obligation).**
- DHHS AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - any other issues that have arisen.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO[1] becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches.

- AO going onto the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc.
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

Charter of Human Rights considerations in decision-making process

AO should consider the Charter of Humans Rights when exercising emergency powers and reviewing a person's detention every 24 hours, namely:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment –** This includes protecting detainees from humiliation and not subjecting detainees to medical treatments without their consent
- **Right to freedom of movement –** While detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – This includes protecting the personal information of detainees and storing it securely
- **Right to protection of families and children –** This includes taking steps to protect facility and children and providing supports services to parents, children and those with a disability
- **Property rights –** This includes ensuring a detainee's property is protected
- **Right to liberty and security of person –** this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** - This includes treating detainees with humanity

Mandatory reporting (mandatory AO obligation)

A DHHS AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

Possible release from detention based on review

The daily review by the lead AO could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander.

In the first instance the AO should contact the specialist area if needed (i.e. Mental Health)

Based on specialist advise, there will be a recommendation to the Compliance Lead and Public Health Commander/CHO.

Grant of leave from detention

Grant of leave from the place of detention

This is a different legal test to that which applies after the notice is issued. It relates solely to the granting of leave (permission) and requires a different process and set of considerations.

The detention notice provides for a 24-hour review (which is required by legislation) to assess whether ongoing detention is needed, and, in addition, a person may be permitted to leave their hotel room on certain grounds, including compassionate grounds.

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Potential mechanisms for grant of leave from detention

Noting that there are broadly two mechanisms available to the authorised officer on behalf of the Compliance Lead / Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the authorised officer (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained.

The Public Health Commander could determine that detention should be served in an alternative location to a hotel, by writing a detention order to that effect.

Potential reasons for permission to grant leave from detention

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be exceptional and always based on an individual review of circumstances.

In the following circumstances there could be consideration of permission grant after an application to the Deputy Chief Health Officer however this will require permission:

- A person who has a medical treatment in a hospital;
- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- An unaccompanied minor (in some circumstances – see below);
- Instances where a person has a reasonably necessary requirement for physical or mental health or compassionate grounds to leave the room, as per the detention notice.

Note that the last category is highly subjective. This means it is the expectation of the authorising environment that exemption applications on those grounds are made on exceptional circumstances.

Process for considering requests for permission to leave or not have detention applied

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become

arbitrary. The process outlined here reflects their ability to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in REDACTED and Ed Byrden.

Considerations

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function, and should always be funnelled through the COVID Directions inbox. That will allow that inbox to be a complete repository of all categories of requests for permission, exceptional circumstances requests and advice / exemption requests.

There should then be a presumption that these requests are forwarded immediately (within two hours) to COVID-19.vicpol@dhhs.vic.gov.au for review by an Authorised Officer working directly to the Director lead for compliance and enforcement, as these are a high priority category of request.

Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

1. **For the purpose of attending a medical facility to receive medical care**

- D/CHO or Public Health Commander will consider circumstances determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- In particular circumstances, an on-site nurse may need to determine if medical care is required and how urgent that care may be. DHHS AO officers and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Regulation and Compliance officer to assist in determining urgency and whether temporary leave is needed.
- Where possible, on-site nurses should attempt to provide the needed medical supplies.

2. **Where it is reasonably necessary for physical or mental health; or**

See policy on permissions and application of mandatory detention

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention.*AO must be informed so they are aware.
- If approval is granted:
  - the AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, DHHS authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which detainees are temporarily outside their premises at any one time.

3. **On compassionate grounds;**

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. *See Policy on permissions and application of mandatory detention*
- The AO must be notified if a detainee has been granted permission to temporarily leave their room and under what circumstances.

4. **Emergency situations must also be considered.**

- DHHS authorised officers and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to detainees
- if deemed that numerous detainees need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- the accompanying DHHS authorised officer or a Victoria Police officer should ensure that all relevant detainees are present at the assembly point by way of a register of detainees.

The process for a person not yet in detention is:

- Members of the public who wish to ask for detention not to be applied, or permission to be granted to leave, have the option of submitting a request in writing to the COVID Directions inbox;
- Authorised officers should also use the COVID Directions inbox to submit requests for detention not to be applied or permission to be assessed so that the COVID Directions inbox is a complete funnel for handling these requests;
- All requests for permission that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management (lead for COVID-19 Directions) who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether the application should proceed to the next step. There is a policy view – outlined in this Plan – that exceptional circumstances are generally required for the Authorised Officer to NOT issue a notice of detention for an overseas arrival;
- If a request is determined to require to proceed, it should then be sent to COVID-19.vicpol@dhhs.vic.gov.au for review by the AO reporting directly to the Direct E+C;
- The Compliance Lead will seek legal advice and a discussion with the Deputy Public Health Commander urgently if required;
- The outcome will be recorded in writing and communicated back to the COVID Directions team and requestor in writing.

Policy on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly;
- Person can easily contact parent / guardian;
- Has adequate food;
- Remote education is facilitated.

A draft detention notice is being put together by Legal Services should this be required.

When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

Whilst it may be acceptable for older children (16 – 18 year old) to be in quarantine without their parent(s) or guardian, it's likely to be unacceptable for younger children (12 or 13 years old or younger) and in that situation it's more appropriate to defer an alternative arrangement (i.e. parents join them in quarantine or quarantine at home).

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

Authorised officers monitoring unaccompanied minors have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at Appendix 1.
- A guideline for authorised officers in this respect is found at Appendix 2.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and department.

Working with Children Checks and Child Safe Standards

DHHS will work with Department of Justice and Community Safety to facilitate Working With Children Checks for Authorised Officers.

Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division: https://services.dhhs.vic.gov.au/child-protection-contacts. West Division Intake covers the City of Melbourne LGA: REDACTED
- contact after hours child protection team on REDAC if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

Release from mandatory quarantine (detention) after 14 days

The fourteen-day period is calculated from the day following arrival of the person in Australia and ends at midnight fourteen days later.

DHHS Authorised Officer prior to release should:

- review the case file and ensure the 14 day detention has been met.
- liaise with on-site nurse to check the detainee meets the following – i.e. no symptoms of COVID-19 infection.
- any physical checks of the room (damage, missing items, left items etc).

Supporting detainee to reach their preferred destination:

- DHHS organise for the detainee to be transported to their destination by completing a cab charge, Uber or appropriate mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

DHHS AO to update the business systems database with details of release.

Options to facilitate compliance

DHHS authorised officers should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide an DHHS authorised officer:

- explain the important reasons for detention, that is this action is necessary to reduce the serious risk to public health **(mandatory obligation)**
- provide the person subject to detention with a fact sheet and give opportunity to understand the necessary action
- provide the person subject to detention opportunity to communicate with another person, including any request for a third-party communicator (such as translator), family member or friend (**mandatory obligation)**
- seek assistance from other enforcement agencies, such as Victoria Police, to explain the reason for detention and mitigate occupational health and safety concerns
- discuss matter with on-site nurse to ascertain if there are any medical issues that may require consideration or deviation from the intended course of action
- issue a verbal direction to comply with the Direction and Detention Notice

- advise that penalties may apply if persons do not comply with the Direction and Detention Notice
- recommend that Victoria Police issue an infringement notice if there is repeated refusal or failure to comply with a direction
- recommend Victoria Police physically detain the non-compliant individual for transfer to another site.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches the direction.

Transfer of uncooperative detainee to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to uncooperative detainees to hotel or other for 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the DHHS authorised officer should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, DHHS authorised officer should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches a direction.

Occupational health and safety for Authorised Officers

See **Appendix 3** for Occupational health and Safety measures.

Logistics for Mandatory Quarantine

Deliverables of the logistics function

The Director of the Office of the Secretary in DJPR role is responsible for:

- contract management with accommodation providers;
- transport arrangements from the airport;

- material needs including food and drink.

Airport and transit process

The lead for this situation is the DHHS Authorised Officer.

Passengers pass through immigration, customs and enhanced health checks before being transferred to their hotel.

- Every passenger is temperature checked by a registered nurse (RN) contracted by DHHS.
- Every passenger is handed a copy of the direction and a detention notice by a DHHS Authorised Officer (AO) authorised under the emergency provisions of the *Public Health and Wellbeing Act 2008*.
- Every passenger is provided an information sheet by DHHS.
- Passengers are met by VicPol/Border Force and escorted to organised buses for transport to the hotel.
- Every passenger is given a single-use facemask to wear while in transit to their hotel room.
- Every passenger is given a welfare survey to fill out on the bus or at the hotel.

Health and Welfare for Mandatory Quarantine

This section of the plan outlines the arrangements in place to provide welfare and medical, nursing and mental healthcare to individuals detained in mandatory quarantine.

Deliverables of the health and welfare function

The Deputy State Health Coordinator role is responsible for:

- provision of healthcare to detainees;
- provision of welfare to detainees through the Director Health Protection and Emergency Management;
- ensuring the safety and wellbeing of detainees and staff;
- ensuring a safe detention environment at all times.

Welfare in mandatory quarantine

Potential threats to health and wellbeing of people in mandatory detention

Potential risks associated with detention of returned travellers for compulsory 14-day quarantine can broadly be divided in physical or mental health risks.

Physical risks	Mental health risks
Transmission/development of COVID-19	Family violence
Transmission of other infectious diseases	Depression
Other medical problems	Anxiety
Diet – poor/imbalanced diet, food allergies/intolerances, over-consumption	Social isolation/loneliness
Lack of exercise	Claustrophobia
Lack of fresh air	Drug and alcohol withdrawal
Smoking – nicotine withdrawal, risk of smoking within rooms/fire hazard	Self-harm
Injury	

Tiers of risk for persons in mandatory detention

- Residents will be triaged into three tiers of risk. The type of welfare check will depend on the tier the passenger falls into.
- For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.
- Automated text messages are sent to all passengers in tier 3 via Whispir.
- Residents may be moved between risk tiers throughout their quarantine period as need dictates. The following table is an initial framework for triaging the type and frequency of welfare check required.

Risk Tier	Risk factors	Welfare check type
Tier 1	Residents with suspected or confirmed COVID-19 Families with children < 18 years	Daily phone call

	Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions) Residents with a history of mental illness	
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispir)

Arrival at hotel – check in

At hotel check-in:

- Detainee provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Detainee provides completed Direction and Detention Notice to authorised officer to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify detainees with medical or special needs. The AO must refer this information to the nurse or doctor if needed.
- AO to note detainees with medical or special needs, such as prescription and medical appointments, significant medical history or mental health history, or history of anaphylaxis (this list is not extensive).

Persons will be sent to their allocated room and informed that a person will contact them in the afternoon or next day (if non-urgent).

Welfare and health service provision

Welfare checks are being undertaken on residents. The welfare checking process includes phoning a subset of residents each day and conducting long and short surveys. Referrals to the nurse, social supports, the concierge and the department's Authorised Officers are taking place as a result. An on-call Complex Care Team is also in place to support residents with more complex needs.

- Residents will have a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email covid-19.vicpol@dhhs.vic.gov.au and authorised officer individually to alert authorised officers of medical and welfare issues.
- Residents will be provided with a resident satisfaction survey to complete each week. Any concerns raised on the survey will be escalated and managed as appropriate.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available to detainees at all sites. This will initially be provided by a Field Emergency Medical Officer (FEMO), and subsequently through a locum general practice service.

- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments: 24 hour access to general practitioners;
  - Prescription provision;
  - 24 hour access to nursing assessment;
  - Access to mental health services as needed.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

Conduct of a welfare check

A welfare check will allow passengers to be assessed for medical and social issues, and concerns flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. A welfare check will be conducted by a DHHS officer which is included as a script at **Appendix 4.** Welfare checks are made from the DHHS welfare call centre.

Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone or in person if required with appropriate PPE.
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- If there is deemed to be an acute risk to the detainee, Mental Health triage at RMH/the Alfred can be contacted.
- If the person is acutely unwell, at serious risk, at risk of self-harm or expressing suicidal ideations, or if the nurse/doctor requests this, urgent ambulance should be arranged by calling 000 to take the person to the emergency department.
- If mental health concerns, at least once daily welfare check phone calls should be implemented thereafter if not already implemented.

Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Request nurse or medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about mental state/mental illness, escalate for urgent medical review.

Diet

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.

- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with staff.
- Ensure access to additional food if required.
- Ensure that food allergies are recorded and communicated to the catering providers.

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/meditation 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.

Social and communications

- All residents should have access to **free** wifi/internet where at all possible.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.
- Toys and equipment should be provided for small children if possible.

Care packages for people in detention

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in detention. The care package should be provided to the hotel reception or other party for conveyance to the person in detention and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes

to the person in detention without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

Smoking policy for people in detention

As part of the emergency response to COVID-19, individuals have been confined within hotels while under quarantine. The movement of these people has been restricted to hotel rooms, without access to outdoor spaces, where they can smoke.

Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an ”enclosed workplace”, however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

In many cases, hotels have implemented their own smoke-free policies in rooms as the smoke is likely to enter the centralised air conditioning systems resulting in occupants of other rooms and staff being exposed to the smoke. Smoke also remains on the surfaces of the room and permeates soft furnishings meaning that it remains in the room and exposes staff cleaning the room to the remaining residual smoke. The Department of Health and Human Services supports and encourages hotels to designate their rooms smoke-free.

If smokers were to be permitted to leave their rooms for supervised cigarette breaks, they would need to be taken to an area that does not constitute an enclosed workplace. This might be a balcony, roof top or other outdoor area. This area should preferably be away from open windows, doors and air conditioning intake points.

COVID-19 and smoking

The World Health Organization (WHO) has advised that any kind of tobacco smoking is harmful to the bodily systems, including the cardiovascular and respiratory systems, and puts smokers at greater risk in the context of COVID-19. Information from China, where COVID-19 originated, showed that people with cardiovascular and respiratory conditions, including those caused by smoking, were at higher risk of developing severe COVID-19 symptoms and death.

The Victorian Chief Health Officer has recommended that quitting smoking reduces the health risks associated with COVID-19.

Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable smoke. This includes mental health facilities, prisons and, if people are unable to leave, hospitals. In these circumstances, individuals are supported to manage cravings using pharmacotherapies such as nicotine replacement therapies.

Victoria's Charter of Human Rights and Responsibilities

Removing the ability to smoke would be compatible with the *Charter of Human Rights and Responsibilities Act 2006 (the Charter)*, as it would be for the purposes of protecting the right to life. Section 9 of the Charter states that “Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life.”

Options

Option 1: Provide support for smokers to quit or manage cravings (Recommended)

The preferred option, for both the benefit of the individual and broader community would be to support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

This could be easily managed through the provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. Quit Victoria has recommended a box of patches and an intermittent form of NRT such as a spray. These items are available for purchase without a prescription from a range of retailers including pharmacies and some big supermarkets.

Other pharmacotherapies, like zyban or champix, would require a prescription from a GP and are designed to help people completely quit as opposed to a short-term measure for people who are forced to stop smoking abruptly. These medications can take a while to take effect and, with champix, the advice is to continue smoking until it starts to impact on your cravings which means that it would not be an appropriate option for the circumstances.

Addiction to cigarettes includes both nicotine dependence and a behavioural and emotional dependence, which is why counselling plus pharmacotherapy is required. Someone who is heavily addicted will crave a cigarette every 45-60 minutes.

Telephone counselling is available via the Quitline - 13 78 48

Even if someone doesn't want to quit, Quitline can help them reduce the number of cigarettes they smoke.

People can also contact their regular general practitioner via telehealth.

Option 2: Relax no smoking restrictions for the hotel rooms

While it would be legally possible to enable people in quarantine to smoke in their rooms, this option is not recommended. This would have an adverse impact on hotels and their staff and goodwill in the circumstances. It would also increase the health risks of individuals potentially already at risk of COVID-19.When sharing a room with children, smoking should not be allowed.

Option 3: Accompany individuals to leave the room to smoke

While it would be possible to create a smoking area for people wishing to smoke, such as in an outdoor drinking area attached to a bar or restaurant facility, this option is not recommended. Allowing people to leave their hotel rooms to smoke undermines the quarantine restrictions being put in place. The individuals would need to be accompanied by security guards and might need to travel floors via lifts to access an outdoor area or leave the building.

Even if we assume, that the hotel is not currently operating for other customers, movement in the hotel creates an increased risk for staff and a need for greater vigilance in cleaning and maintaining distance.

<u>Current policy for smokers in mandatory quarantine</u>

The following actions should occur –

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;
- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
  - They return immediately to their hotel room.

Other health and wellbeing issues

- All residents should be given the contact information for support services such as Lifeline and Beyond Blue at the beginning of their quarantine period (the information sheet they are provided with at the airport should also have these contact numbers).
- Residents should have access to fresh bedlinen and towels as required.
- Care packages may be permitted for delivery to residents (via hotel reception).
- Residents can be provided with up to three standard drinks per day if there is a risk of alcohol withdrawal (this is in preference to prescribing benzodiazepines for withdrawal).
- Other residents can also request alcoholic drinks as part of their food and drink provisions.
- Smoking breaks or NRT should be offered to all smokers if feasible.
- Residents may request help with cleaning and room hygiene if needed.
- Provision of resources to facilitate education and online learning for children

All reasonable requests should be facilitated where possible, to ensure that persons in detention are as comfortable as possible during their mandatory quarantine period.

Medical care in mandatory quarantine

Coordination of medical care

Due to the large number of detainees, the high risk environment and length of time in detention, and the potentially complex needs of detainees, a **Medical Lead** should be appointed to oversee the medical care of all detainees, as provided by the doctors and nurses contracted. The Medical Lead should have a healthcare background and have experience managing complex programmes such as this. They will oversee the staffing of the various sites, reassess medical workforce needs, provide advice to staff, and ensure the minimum standards of care are being met.

They should identify any risks or issues and refer these to the Compliance Lead to urgently address. They should be a senior point of contact for the Compliance Lead, the State Emergency Controller / DHHS Commander, and the Public Health Commander and Deputy Public Health Commander for Physical Distancing.

Standards of care

The health and welfare of persons in detention is the highest priority and the main purpose of this plan. Mandatory detention for 14 days is not without health and mental health risks and requires a high standard of medical care to be provided to persons in detention at all times to mitigate this risk.

Medical records

Each detainee must have a medical record accessible to all health care providers who require access to it and who are providing care. This record must state the person's significant medical history, current medications, allergies and any other significant components of the medical history. Each time health care is requested **and** provided it must be documented in this record. This record is confidential and should only be accessed by persons coordinating and providing care for the person. If the Authorised Officers require information, they can take this from the welfare survey the detainee completes when they first enter detention.

Accurate and comprehensive medical record keeping is essential for the health and safety of all detainees and will ensure continuity of care for healthcare providers in subsequent shifts. These records should be stored securely and should not be accessed by anyone not providing medical care. If medical

notes are recorded on paper, these should be stored securely and uploaded on to the information management system as soon as is practicable.

Physical examination standards

When a detainee requires medical assessment, they are entitled to receive the highest standard of medical care including physical examination if indicated. It is not appropriate to defer or delay physical examination (if it is indicated), because the person is in mandatory quarantine. All requests for, and findings from physical examinations should be documented in the medical record, as described above. If a healthcare provider refuses to see a patient that the have been requested to see, the reason should be record in the notes.

Sufficient and appropriate PPE should be provided. If this is not available, it should be flagged immediately to the team leader/site manager to arrange for urgent stock to be delivered from another site. If appropriate PPE is worn and used correctly, there should be no additional risk to the health care provider, or the patient (detainee).

Phone consults or telemedicine should not be used as a substitute for direct clinical review if it is clinically indicated. If healthcare providers are concerned for their own safety, the case should be escalated to the Medical Lead. Security may be able to assist if necessary.

Triage and waiting times

On-site medical care is provided by nursing staff and general practitioners. Requests for medical care must be actioned within a determined time frame, in keeping with the acuity of the issue and the availability of services. Where staffing allows the doctor may see patients before the nurse, particularly if the request is deemed urgent. Where appropriate, non-urgent issues

- For emergency medical care see below.
- For physical medical issues requiring urgent medical review but not 000, the detainee must be reviewed within 30 minutes by the hotel nurse (by contacting the hotel nurse direct line) who should review the patient in person and alert the on-call doctor to arrange urgent review if required. The GP should attend as soon as possible and within 2 hours.
- For matters requiring medical review (require assessment and management) that is not classified as urgent or emergency, the detainee must be reviewed by a nurse (within 4 hours) first then the on-call doctor must be contacted to arrange review depending on the acuity of the issue but within an 8 hour period.
- For urgent mental health issues, the patient should be reviewed by the nurse or doctor-on-call within 1 hour. Where a detainee may pose a risk of harm to themselves or others, a full risk assessment must be conducted by the doctor-on-call and escalation as per current policy – see safety and mental health section.
- For all other issues, review by the on-call doctor should be arranged within 24 hours.
- For new prescriptions of regular medications, these should be arranged within a 24-hour turnaround period.
- For urgent prescriptions required same day, these should be arranged within 8 hours.

Acuity of issue	**Time frame for response**
Minor health issue, non-urgent	Phone review as soon as practicable Nurse assessment within 8 hours GP review (if required) within 24 hours
Non-urgent issue requiring review and management	Nurse review within 4 hours GP review (if required) within 12 hours

Urgent request by detainee or mental health concerns	Nurse / mental health nurse review as soon as practicable (within 30 minutes) GP review within 2 hours
Emergency: serious health concern / life-threatening issue	Call 000 ASAP

Access to essential medications

All detainees should have timely access to the medication they require, be it prescription or over the counter (OTC) medications.

Audit of medical care

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. The audit process may consist of, but is not limited to, the following:

- Assessing waiting times for delivery of care
- Record-keeping and review of medical records
- Detainee medical care satisfaction surveys
- Number of repeat requests for medical care/escalation
- Number of risks reported
- Feedback from authorised officers and other organisations involved/staff.

Personal protective equipment

As above, PPE stocks should be checked regularly by the team leader/ manager, and urgently requested if needed. Regular stocktake should be undertaken to pre-empt additional orders. A supply of P2/N95 masks and gowns should be maintained, in addition to single-use face masks and gowns.

Healthcare providers and workforce

In addition to the above, doctors and nurses must report any risks or concerns to the Medical Lead, for individual patients/detainees or from the general environment. Doctors and nurses should report to the Medical Lead if they feel additional workforce are required for their site.

Test results

It is the responsibility of the doctor who orders the test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they cannot/ if they will not be available to do so, they must handover this task to the next doctor and record this in the medical record or test log book. A list of all detainees who have had COVID-19 swabs should be sent to the department each day. This will also serve as a safety net for the department to notify the patient if the treating doctor hasn't already.

Clean rooms

Though not directly medical care, all detainees have the right to a safe and comfortable room and environment. Detainees may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the detainee with cleaning their room. In rare instances the detainee may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the detainee is not capable of doing so themselves.

Models of care

The following care models will be continually assessed, audited and scaled up accordingly.

Emergency Health Care

In a medical emergency, an ambulance should be called on 000. This call may be made by anyone - a resident, nurse, GP or other staff member on site. **There is no requirement for residents to access or notify on-site staff prior to calling 000 in an emergency.** Ambulances attending the hotels should be given free access to the patient for whom the ambulance has been called. In the event the transport of a patient is necessary, refer to "Transports to hospital" below.

Nursing

Agency nurses suppled from "Your Nursing Agency" (YNA) are in place at each hotel on a 24/7 basis. The required nursing complement is continually reviewed according to the caseload and case types being reported at each hotel.

The current nursing complement at each hotel is:

- One Emergency Department (ED) trained registered nurse available 24/7
- Two general registered nurses available from 7.00am to 9.30pm
- One general registered nurse available from 9.00pm to 7.30am

In addition, mental health registered or enrolled nurses are being engaged at hotels where a growing mental health caseload is being identified. Currently, this is in place at Crowne Plaza, Crown Metropol and Crown Promenade with a view to rolling out to all quarantine sites.

A department-supplied mobile phone is provided to the nurses at each site. Residents can access the nurse either directly by phone, or via the hotel concierge.

The complement of nurses can be increased or decreased according to demand, by contacting the Public Health Logistics unit (publichealth.logistics@dhhs.vic.gov.au).

Primary care

General Practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24/7 medical support to residents. GPs are currently being engaged at a ratio of one GP per two quarantine sites, with twice-weekly teleconferences between the Deputy State Health Coordinator and the directors of Medi7 and Doctor Doctor to review workload and vary this ratio if necessary.

GPs attend in person from 8.00am to 6.00pm daily and revert to telehealth arrangements at night.

GPs are currently available at the following locations:

- Crown Promenade – 2 GPs
- Park Royal, Tullamarine – 1 GP
- Rydges on Swanston – 1 GP
- A further GP will be on-site at Crown Promenade from Saturday 11 April to provide support to the extra hotels opening in the vicinity, and another on Monday 13 April.

GPs are contactable via the nurses at each location. After hours, the nurse may contact the on-call GP on REDACTED from 6.00pm each night). The on-call GP can provide telehealth services as required or attend the relevant hotel.

Over long weekends and public holidays, a fleet of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

Mental Health

Mental health services are available through the following sources:

- Nurse on site for initial assessment
- Doctor on-call for non-urgent or urgent review
- NorthWestern Mental Health triage service
- Call 000, urgent ambulance to emergency department
- Calling lifeline or beyond blue
- Detainees can also be assisted to contact their usual mental health providers (psychologists, counsellors, psychiatrists or other) via telehealth

Nurses and doctors can review persons with mental health concerns upon request by the detainee or other sources (e.g. if concern flagged by the welfare check, the authorised officer, security, other residents etc.). Mental state examinations can be carried out on site by general practitioners and an initial assessment made.

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March to provide specialist mental health support through direct or secondary consultation for persons in quarantine. Nurses and residents can contact **1300 TRIAGE** (**1300 874 243**) for specialist mental health support.

If there is concern about a mental health emergency in a detainee (i.e. acute suicidal ideation, thoughts of self-harm, or psychosis), and there is a delay in contacting the psychiatric triage team (**1300 TRIAGE**), the detainee should be reviewed by the doctor on-call as a matter of urgency and have a risk assessment completed. The doctor on call should then assess the detainee to determine if transfer to hospital via ambulance is required for urgent psychiatric assessment or if psychiatric advice can be obtained over the phone. If the detainee is deemed as needing urgent psychiatric review and is not willing to be transferred for assessment, the doctor on call will need to decide if enacting the mental health act is appropriate.

As per other medical emergencies, the AO, reception or other parties do not need to be contacted before 000 is called.

Refer to the "Nursing" section above for further information on mental health nursing presence in the hotels.

Detainees can also contact Beyond Blue (**1300 22 4636**) and Lifeline (**13 11 14**) whilst in detention but must also be reviewed by the on-call doctor and a risk assessment performed. The department's Mental Health and Drugs Branch is exploring further proactive mental health resources with Beyond Blue.

Who can alert the welfare team to mental health concerns of a detainee?

A detainee, authorised officer, nurse or doctor, security, Vic Police, family members, or anyone else who has a concern about the mental health or wellbeing of a detainee can raise this concern to the welfare team. All concerns should be escalated as necessary and documented/recorded in the welfare system.

Chain of escalation for mental health issues

Situation	Responded to by	Escalated to	Reported to
Non-urgent mental health concern	Nurse or GP Regular healthcare provider by telemedicine	Mental health nurse Psych triage	Medical lead
Repeated mental health concerns / acute mental health concern	Mental health nurse or GP, urgent review Psych triage urgent review Daily physical welfare review thereafter	Ongoing mental health nurse management	Welfare lead Medical lead Compliance lead
Risk of self-harm / serious mental health concerns	Immediately phone 000 → Emergency Department Call GP/nurse to attend urgently	Emergency rnpatient tertiary care	Welfare lead Medical lead Compliance lead DPHC / PHC

Escalation to leads

Escalation to leads (Compliance, Medical, Welfare, DPHC, PHC, CHO) should be triggered in the following scenarios:

•

Pharmacy arrangements

The following pharmacies have been engaged to support the healthcare of detainees:

- Core Pharmacy Tullamarine, servicing Park Royal and Holiday Inn at Melbourne Airport
- Southgate Pharmacy, servicing Crown Metropol, Crown Promenade and Crowne Plaza
- Core Pharmacy Brunswick, servicing the remainder of sites and any new sites that come online into the future

These pharmacies will accept prescriptions emailed by the resident's usual GP or made by the on-site GP and have delivery arrangements in place to the relevant hotel.

These pharmacies have a billing arrangement in place with the department.

Southgate Pharmacy will be operating over the long weekend. The Core Pharmacies will be available in the event of urgent scripts being required, and Southgate Pharmacy can be used for urgent scripts from any hotel.

Should the existing complement of pharmacies prove incapable of meeting demand, extra pharmacies will be sought through engagement with the Pharmacy Guild.

Core Pharmacy Tullamarine: contact REDACTED 195 Melrose Dr Tullamarine. Email REDACTED

Southgate Pharmacy: contact REDACTED 3 Southgate Ave Southbank. Email REDACTED

Core Pharmacy Brunswick: contact REDACTED 69 Sydney Rd Brunswick. Email REDACTED

Pathology arrangements

Each site has a twice-daily pathology courier pickup, transporting swabs taken from that site to VIDRL.

Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by RE REDACTED

The marking requirements for each swab in order to ensure appropriate delivery of results and prioritisation of testing are as follows:

- The pathology request slip must be clearly marked as a hotel quarantine swab – this could be included in the clinical details section or at the top of the form (e.g. “Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234”)
- There must be three identifiers on every swab and pathology request (name, DOB, address)
- The address must be listed as the hotel where the person is being quarantined, not their usual home address
- A phone number must be provided for every patient being swabbed
- The name and phone number of the testing clinician **and** the responsible Authorised Officer for the hotel should be included

A daily record of all detainees who have had swabs done and their details should be forwarded to publichealth.operations@dhhs.vic.gov.au each day.

Transport to hospital

Refer to “Process for transferring quarantined passengers to hospital”, April 2020.

In summary:

- Unplanned transfers occur via a phone call to Ambulance Victoria via 000 from the nurse or doctor. The nurse or doctor then notifies an Authorised Officer of the transport, who provides an information sheet to stay with the patient throughout the journey. The patient is then treated and transported by AV or Non-Emergency Patient Transport (NEPT) to hospital.
- Planned transfers occur via clinical staff at each hotel notifying the Authorised Officer of the transport and arranging transport via the most appropriate transport provider (e.g. AV, NEPT, Clinic Transport Service etc). The transport then occurs to the relevant location.

For all emergencies call 000 immediately.

Specific health issues

Severe allergies / anaphylaxis

Where detainees have severe allergies and a history of anaphylaxis, this must be recorded and flagged in the welfare survey completed on the way to or at the hotel. All detainees who require medications including antihistamines, corticosteroids and epipens should have an adequate supply of these. If they require an additional prescription for these this should be facilitated by the healthcare providers at the hotel and the nominated pharmacy as a matter of urgency. If a person reports that they are having an anaphylactic reaction, 000 should be called immediately. This does not need to be escalated to an AO (or any other member of staff, medical or non-medical) first – the urgent ambulance should be called immediately by whoever is first aware of the situation. The health of the detainee and the provision of

urgent healthcare is the priority in this medical emergency. The authorised officer can be informed as soon as is practicable thereafter.

Note: detainees may call 000 themselves in the event of an emergency, they do not need to do this via an AO, a nurse or reception in an emergency.

Food allergies

Detainees should report all allergies in their initial health and welfare survey, and indicate if they are severe, have a history of anaphylaxis, or have been prescribed Epipens. This must be filled out by every detainee. If no allergies are reported, they should record “no known allergies”. Detainees dietary requirements should be carefully recorded and communicated to the catering providers. It is the responsibility of the welfare team to ensure that food safety arrangements are in place and that this information is communicated to the catering staff.

Please refer to food safety plan.

Detection and management of COVID-19

Actions to detect and test for COVID-19 amongst people in mandatory quarantine

The following are the actions to enact this:

- Detainees will be asked daily (via phone or text) if they have symptoms consistent with COVID-19. These include but are not limited to fever, cough, shortness of breath and fatigue.
- The nurse onsite will be notified. The nurse will call the detainee (patient) and assess them over the phone. If face to face assessment is required, the nurse will assess them in the room with appropriate PPE.
- Security staff in PPE (masks and gloves) will accompany all nurses visiting hotel rooms. They will wait outside unless requested to enter by the nurses (full PPE is required to enter rooms).
- The nurse will assess the patient for symptoms of coronavirus. If deemed necessary, they will take swabs to test for COVID-19.
- If the patient is well enough, they can remain in quarantine at the hotel to await the test results. If they are sharing a room with another resident, they should be moved to a separate room if feasible and according to availability of rooms. If separation is not possible, they should practise physical distancing as far as is possible.
- If the test is positive and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required, depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

Testing for COVID-19 in detainees

The following requirements relate to how testing is conducted by nursing (or medical) staff:

- That the pathology request slip be clearly marked that this is a hotel quarantine swab – this could go in the clinical details section or at the top of the form (as long as it’s included somewhere) –
  e.g. swab for a person in mandatory quarantine in hotel xx, room xx.
- That there be 3 identifiers on every swab and pathology request (name, DOB, address).
- That the address be listed as the hotel where the person is being quarantined (not their usual home address, as this will result in notification to a different health department).
- That a phone number is provided for every patient being swabbed.

- That the name and phone number of the testing clinician **and** the responsible AO for the hotel be included.

Record of testing

Within each hotel there should be a spreadsheet, case list or other record of all detainees who have had COVID-19 testing carried out. This should record the following details as a minimum dataset for each swab taken:

- Testing doctor (and time)
- Name of detainee tested
- Date of birth
- Usual address
- Contact number
- Email address
- Hotel address and room number
- Date of arrival
- Date of expected release from detention

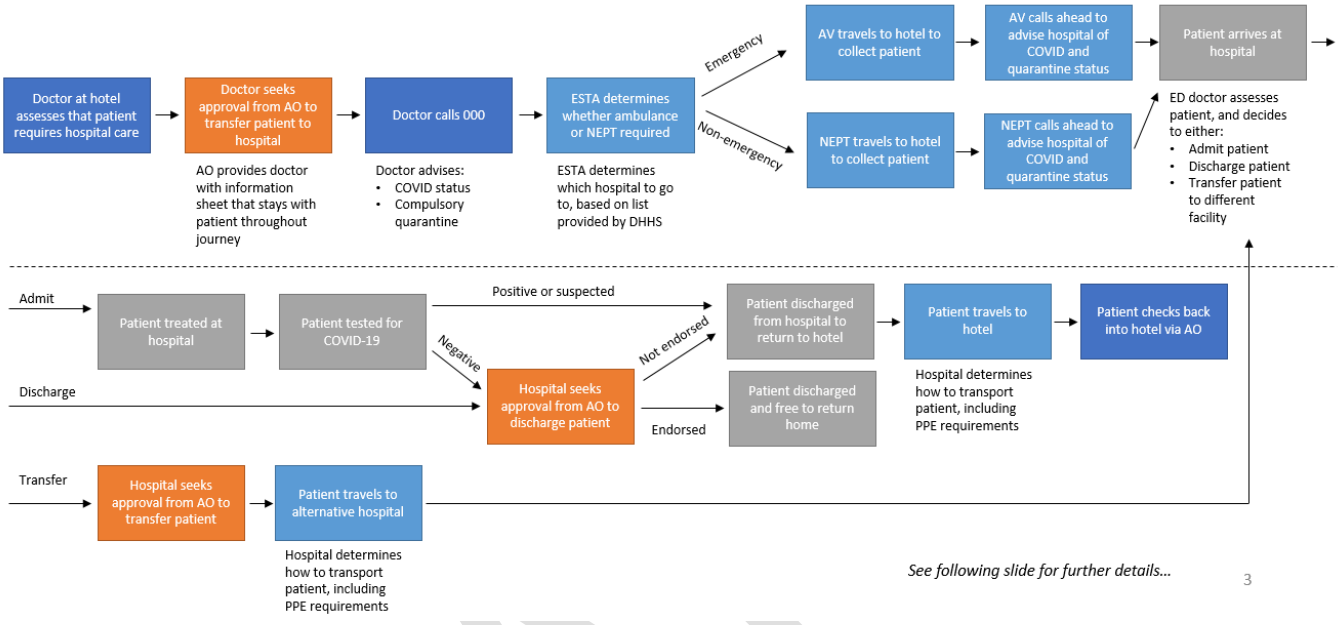
All COVID-19 swabs taken should be documented in this spreadsheet, even if the person has already had swabs taken while in quarantine. This spreadsheet should be sent to the COVID-19 operations team daily by emailing publichealth.operations@dhhs.vic.gov.au. This is so the Operations team are aware of the pending test results and can look out for them, and so that if details are missing from the swab/pathology slip, the specimen details can be cross-checked with this information, so the test is not lost.

Hospital transfer plan

- Passengers requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is non-urgent, the nurse, doctor or AO may assist in arranging the transfer.
- If the hospital transfer is urgent, call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Contact the Admitting Officer at RCH/RMH/the Alfred and inform the hospital of patient and details.
- Staff should don full PPE (droplet and contact precautions) and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer (but this should not delay the provision of urgent medical assistance or the request for an ambulance if needed).
- AO must view appropriate authorisation.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine droplet and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room. Further PPE considerations should be determined by the treating doctors.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.

A flowchart for a process to transfer passengers to hospital in an unplanned manner is below.

Process to transfer passengers to hospital (unplanned)



LEGEND

- Patient at hotel
- Patient in transit
- Patient at hospital
- AO decision

HOSPITALS IN SCOPE

People subject to a direction and detention order will be housed in hotels in the Melbourne CBD. As such, it will only be practicable to transfer patients to hospitals in the inner-Melbourne area.

The following hospitals are in scope for unplanned presentations:

- Royal Women's Hospital
- Royal Children's Hospital
- Royal Melbourne Hospital
- The Alfred
- St Vincent's Hospital

INFORMATION SHEET

When the AO approves the patient to be transferred to hospital, the AO provides the hotel doctor with an information sheet that must stay with the patient throughout their journey.

The information sheet contains information to support AV/NEPT and the hospital to ensure the patient's compliance with the direction and detention notice, including:

- Key notice requirements (e.g. period of enforced quarantine)
- Room arrangements (e.g. single room only)
- Visitor requirements
- Security requirements
- Instructions for seeking AO endorsement to transfer or discharge the patient

Actions for confirmed cases of COVID-19 in people in mandatory detention

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE.**
- A designated COVID-19 hotel may also be available at times during this response.

Personal protective equipment (PPE)

Staff who engage with monitoring or assisting persons in mandatory detention in person:

1. Apply standard infection prevention and control precautions at all times:
    a. maintain 1.5 metre distance

   b. wash your hands or use anti-bacterial agents frequently
   c. avoid touching your face.
2. Every situation requires a risk assessment that considers the context and client and actions required.
3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
   a. fluid-resistant surgical mask (replace when moist or wet)
   b. eye protection
   c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

Cleaning of rooms

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room. Rooms that have been vacated will not be repurposed during the quarantine period.

Managing confirmed cases of COVID-19 entering mandatory quarantine

Persons may be diagnosed with COVID-19 while in mandatory quarantine. These cases will be managed as per the above procedures. They can be released from mandatory quarantine when they meet the current DHHS criteria for release from home isolation, with permission from the Compliance lead.

Confirmed cases of COVID-19 entering mandatory quarantine may arise in two different scenarios. A person may be:

1. Diagnosed before they arrive in Victoria from overseas, but they are still infectious / requiring isolation when they are detained (current infectious cases)
2. Diagnosed and meeting the criteria for release from isolation before they arrive in Victoria from overseas (recovered cases)

Current infectious cases

- In the situation that an arriving passenger is a current infectious case of COVID-19, they will still be handed the detention notice and will be placed in mandatory quarantine.
- They will be given a single use face mask to wear and will be kept separate from the other passengers where possible.
- At the hotel, they will be asked to provide confirmation of their diagnosis. If there is any doubt surrounding the certainty of the diagnosis of COVID-19, they may be tested again.
- These cases will be considered for release from detention once they meet the department's release from isolation criteria.

Recovered cases

- In the situation that a passenger states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.
- The onus on them is to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.

- If they meet the criteria for release from isolation (see below) and provide the necessary evidence, they can be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation. The process for requesting non-ordering of detention in these cases is as per 'the process for a person not yet in detention outlined above.'

Release from isolation of confirmed cases in mandatory quarantine

Criteria for release from isolation

Confirmed cases of COVID-19 will be considered for release from mandatory quarantine, once they meet the department's criteria for release from isolation of a confirmed case:

- the person has been afebrile for the previous 72 hours, and
- at least **ten days** have elapsed after the onset of the acute illness, and
- there has been a noted improvement in symptoms, and
- a risk assessment has been conducted by the department and deemed no further criteria are needed

Clearance testing is not required for release from isolation, either in the home or in mandatory quarantine.

Process for release from isolation

As per the DHHS guidelines for health services and general practitioners, the department will determine when a confirmed case no longer requires to be isolated in hospital or in their own home, in consultation with the treating clinician.

- In this case, the treating clinician is considered the medical practitioner looking after the cases in that hotel.
- Every confirmed case that is diagnosed in Victoria is notified to the department, and assigned a case and contact officer (CCO), regardless of whether they are diagnosed in detention or outside of detention. Every confirmed case receives daily contact from the case and contact team.
- The CCO will advise when it is appropriate for consideration for release from isolation, and will issue a clearance certificate (via email) to the case when they meet the criteria for release from isolation.

Nurses looking after confirmed cases in detention should temperature check and review symptoms of confirmed cases daily. The date of acute illness onset should be clearly documented in their records.

If a confirmed case is due for release from mandatory quarantine, but does not meet the department's criteria for release from isolation, they will not be detained longer than the 14-day quarantine period. They will be released from detention at the agreed time, but will be required to self-isolate at home or at other accommodation until they meet the required criteria. In this case they will be subject to the self-isolation direction. They will be given a single-use face mask to wear when checking-out from the hotel and in transit to their next destination. They will be provided with a 'confirmed case' information sheet.

Authorised Officer Protocols

Authorised officer* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the department's Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on departmental AOs including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

** A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

Use of a Business System – Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.
Support email for users: **ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au**
Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly

Authorised officers and powers

Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

AOs are encouraged to read Part 9 and seek advice if they are unsure in the administration of their powers.

Authorised officer obligations:

Produce your identity card - s166

Before exercising powers provided to you under the PHWA:
At any time during the exercise of powers, if you are asked to show your ID card
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

Inform people of their rights- s167

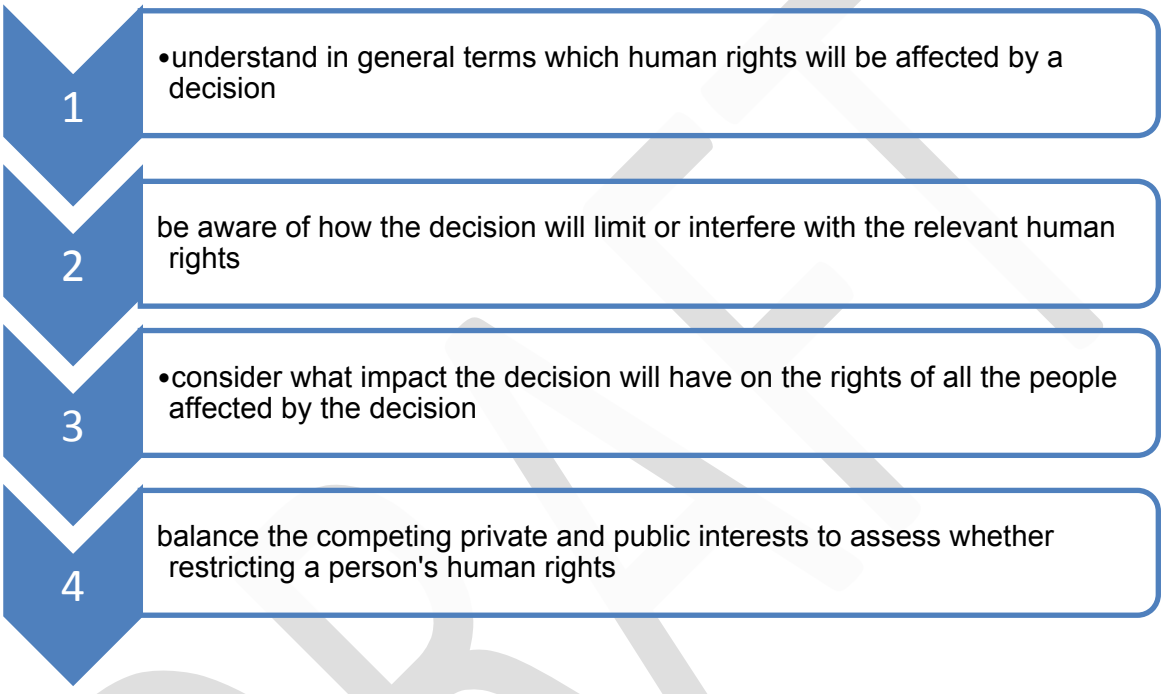
You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.
But you must first advise the person that they may refuse to provide the information requested.

Charter of Human Rights obligations

Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment –** This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
- **Right to freedom of movement –** while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – this includes protecting the personal information of persons in detention and storing it securely
- **Right to protection of families and children –** this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
- **Property rights –** this includes ensuring the property of a person in detention is protected
- **Right to liberty and security of person –** this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** – this includes treating persons in detention humanely.

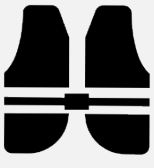
Airport

Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers*:

Responsibility		Mandatory obligation	Section (PHWA)
	• must declare they are an Authorised Officer and show AO card	Yes	Section 166
	• must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and: – explain the reasons for detention – warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply	Yes. If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.	Section 200(2) and 200(4)
	• ensure the Direction and Detention Notice: – states the name/s of the person being detained – states the name of AO – contains signature of person being detained – contains signature of AO – contains the hotel name at which the person will be detained – contains date the person will be detained till.		
	• record issue and receipt of the notice through a scanned photograph and enter into business system[1] • request person subject to		

Responsibility		Mandatory obligation	Section (PHWA)
	detention present to AO at hotel		
	• facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (need to provide VITS number)	Yes	Section 200(5)
	• provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)		
	• record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.		
	• use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.		
	• check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).		

** DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

Additional roles

Authorised Officer review of transport arrangements to hotel

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport.
- Adequate physical distance between driver and persons being detained should be ensured.
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then the vehicle must be cleaned in accordance with departmental advice (business sector tab).
- Ensure the driver has adequate personal protective equipment (if required).
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each person to be detained to complete enroute or at the hotel?

Other airport issues

People who are unwell at the airport

The Compliance lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (refer to points above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

Arrival at hotel – check in

Key responsibilities

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.
- AO to note any allergies of detainees, including history of anaphylaxis or if no allergies are known

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded on the database/spreadsheet? Or is this covered below?
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

Regular review of detention

Requirement for review each day

- The AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] **(mandatory AO obligation).**
- The AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to 'Charter of Human Rights' obligations
  - any other issues that have arisen.

Decision making

To inform decision-making, an AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

Mandatory reporting (mandatory AO obligation)

A departmental AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

Grant of leave or release from detention

Mechanisms for grant of leave from detention

There are broadly two mechanisms available to the AO on behalf of the Compliance Lead / Public Health Commander to grant leave or release a person from mandatory detention:

- The daily review by the AO could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the AO (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained for various reasons outlined below.

Process for considering requests for permission to leave or not have detention applied

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects the ability of an AO to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in REDACTED REDACTED and Ed Byrden REDACTED

Considerations

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

1. For the purpose of attending a medical facility to receive medical care

AO should refer to the '*Permission for Temporary Leave from Detention'* guide at **Appendix 5.**

- AO will consider circumstances to determine if permission is granted.
- An on-site nurse may need to determine if medical care is required and how urgent that care may be. Departmental AOs and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Health and Human Services Regulation and Reform (Lead

Executive – COVID-19 Compliance) to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- AO to be informed of decision
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form / and enter into business system, **Appendix 6**
- AO should complete a register for Permission Granted / enter into business system,
- AOs should follow the Hospital Transfer Plan below.

2. Where it is reasonably necessary for physical or mental health

AO should refer to the *'Permission for Temporary Leave from Detention'* guide at **Appendix 5.**

- AO will consider circumstances to determine if permission is granted.
- AO should request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form and enter into business system, **Appendix 6**
- AO should complete a register for Permission Granted / enter in business system,
- If approval is granted:
  - the on-site AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, the department's authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which persons are temporarily outside their premises at any one time.

3. On compassionate grounds:

AO should refer to the *'Permission for Temporary Leave from Detention'* guide at **Appendix 5.**

- AO will consider circumstances to determine if permission is granted.
- AO may request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form/new system, **Appendix 6**
- AO should complete a register for Permission Granted / enter into business system

4. Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be

accompanied at all times by a department authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to

- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.

Procedure for a person in detention / 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. Details must be recorded on new system.

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well,
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room,
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room,
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations,
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.

The procedure for the security escort is:

- Don a single-use facemask (surgical mask);
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands;
- Maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water as the end of each break.

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.

In addition:

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. The bold highlight AO interactions.

1. Nurse/doctor assess that patient requires hospital care
2. **There is also a one pager to explain to AO how to grant permission at Appendix 5 Permission to temporarily leave. Leave should be recorded on the business system or register.**
3. **All relevant staff including AO must be notified prior to the transfer.**
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity **(note children should be transferred to the Royal Children's Hospital).**
5. If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
6. Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
9. The patient should be managed under routine droplet and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
10. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
11. All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
12. Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
13. Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
14. **Hospitals will need to contact the AO at hotels (a mobile will need to be sourced that stays at each hotel across shifts) then the AO Team lead will advise Lead Executive Compliance to obtain any necessary approvals)**

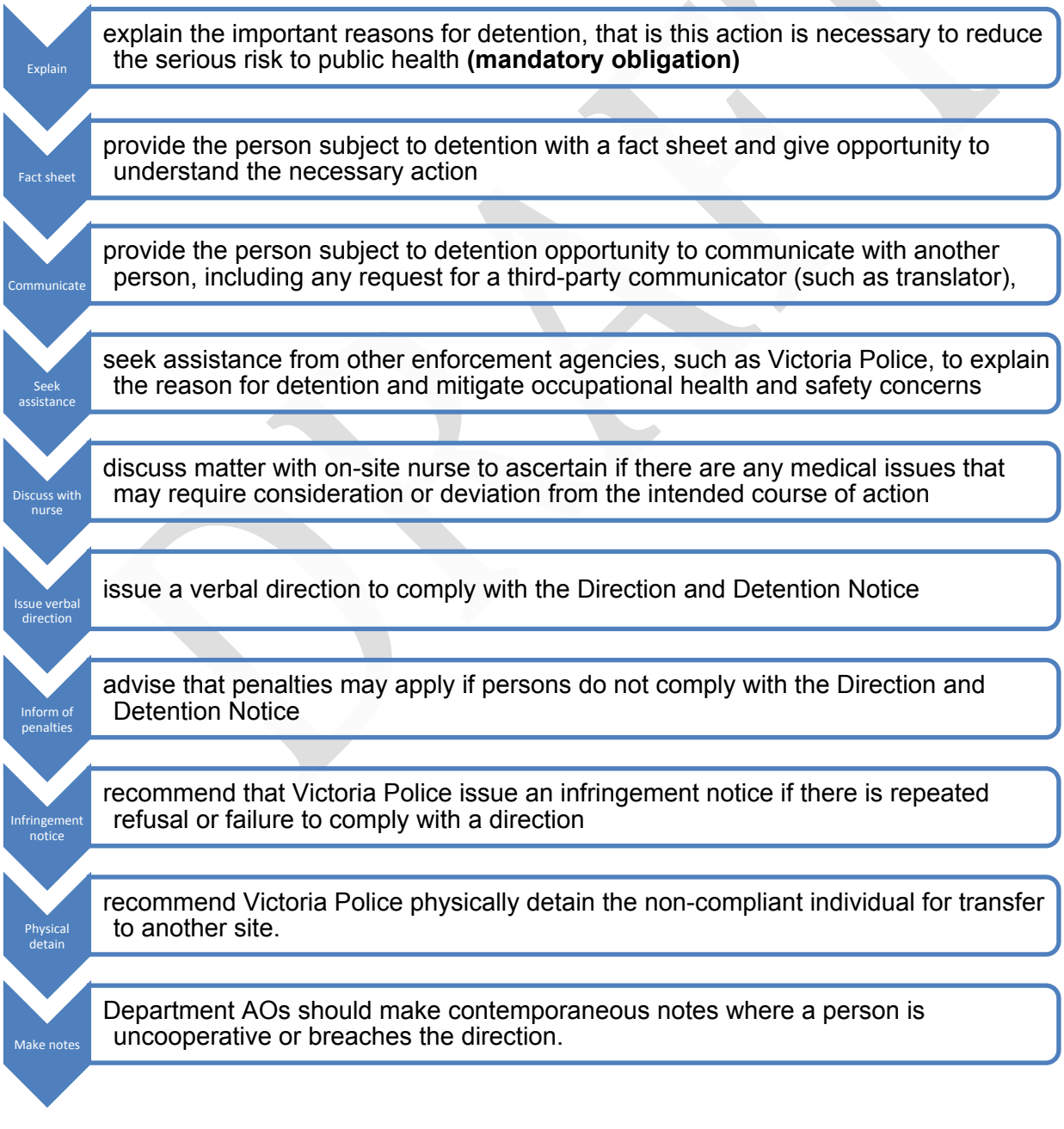
The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

Compliance

The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA, Any arrests, including moving people into detainment or physical contact with a person must be managed by Victoria Police.

Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide AOs:



Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the AO should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, the AO should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

Table 1 List of infringements

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units PU
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 without a reasonable excuse.	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

DRAFT for review - This process is under development.

Departure – release from mandatory detention

Background

Prior to release of a person being detained, they will be provided with an end of detention letter (End of Detention Notice) or End of Detention Notice (confirmed case or respiratory illness symptoms) that confirms release details and specifies requirements to follow other relevant directions post release, dependant of the outcome of their final health check. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

Responsibilities

Departmental staff/Department of Jobs, Precincts and Regions to notify the person in detention that:

- they will be due for release from detention in 48 hours
- a health check to determine their status is recommended
- provide information for people exiting quarantine on transport and other logistical matters.

Health check

- In accordance with section 200(6) of the PHWA, the daily health check will be used to review the persons continued detention. In order to assess whether the person has fulfilled their 14-day quarantine period as required under the direction and detention notice.
- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- Prior to the departure of people being detained, they will be given a compliance form with their documented end date and time of detention. The DHHS authorised officer will confirm the period of detention with people being detained and will ask them to sign the compliance form. They need to be signed out by a DHHS authorised officer before you they can leave.
- Transportation will be organised for you.

Reporting and evaluation on mandatory quarantine

A report will be prepared to summarise the activity of the program, and provided to the Deputy Chief Health Officer on a regular basis in confidence.

Appendix 1 – Direction and detention notice – Solo Children

DIRECTION AND DETENTION NOTICE

SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1. Reason for this Notice

(2) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.

(3) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) (the **Act**), because of the serious risk to public health posed by COVID-19.

(4) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.

(5) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.

(6) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.

(7) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.

(8) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

Note: These steps are required by sections 200(7) and (9) of the Act.

2. Place and time of detention

(9) You will be detained at:

Hotel: _____ *(to be completed at place of arrival)*

Room No: _____ *(to be completed on arrival at hotel)*

(10) You will be detained until: _____ on ____of _____2020.

3. Directions — transport to hotel

(11) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

(12) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

1. Conditions of your detention

(13) **You must not leave the room in any circumstances**, unless:

(c) you have been granted permission to do so:

(i) for the purposes of attending a medical facility to receive medical care; or

(ii) where it is reasonably necessary for your physical or mental health; or

(iii) on compassionate grounds; or

(d) there is an emergency situation.

(14) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

(15) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

(16) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.

(17) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

2. Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

Note: This review is required by section 200(6) of the Act.

3. Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

(a) We will check on your welfare throughout the day and overnight.

(b) We will ensure you get adequate food, either from your parents or elsewhere.

(c) We will make sure you can communicate with your parents regularly.

(d) We will try to facilitate remote education where it is being provided by your school.

(e) We will communicate with your parents once a day.

4. Offence and penalty

(19) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

(20) The current penalty for an individual is $19,826.40.

_____

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Appendix 2 – Guidelines for Authorised Officers (Unaccompanied Minors)

Guidelines for Authorised Officers - Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

Your obligations under the *Charter of Human Rights and Responsibilities Act 2006*

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

Relevant human rights
The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of **children** to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
    - You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
    - You should ask the child if they have any concerns that they would like to raise with you at least once per day.
    - You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
    - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
    - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
    - You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to **liberty** (s 21) and **freedom of movement** (s 12), and the right to **humane treatment when deprived of liberty** (s 22). As the Solo Child Detention Notices deprive

children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.

- **Freedom of religion** (s 14) and **cultural rights** (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons form holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to **recognition and equality before the law**, and to **enjoy human rights without discrimination** (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly** and **association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

General welfare considerations

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices. If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a

person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

Additional welfare considerations for children

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs. Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances. Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

Appendix 3- Occupational health and safety for Authorised Officers

Purpose

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police**.

OHS

Occupational Health and Safety is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns, incidents with: REDACTED

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

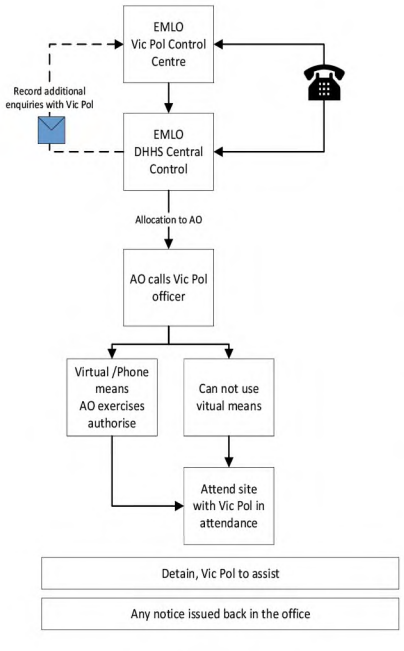
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator: http://www.vgate.net.au/fatigue.php

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk

of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Face mask (N95 or equivalent)
- Gloves
- Hand Sanitizer

- The following is only a guide for AOs to consider. AOs going onto hotel the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).

PPE	Guide
Face mask	When there is known case of COVID-19, or an a person subject to detenti has been recently exposed to COVID-19
Gloves	Always
Hand Sanitizer / Soap	Always
Social Distancing of at least 1.5 meters	Always

Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures

Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties Use fatigue calculator http://www.vgate.net.au/fatigue.php
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agents		Follow personal protective measures

Appendix 4 – Welfare Survey

Survey questions – daily check-in

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 with every 24 hours 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 /N0

Health questions

4. Have you had contact with a medical staff nurse whilst in quarantine? If yes, can you please provide details and is it being monitored?

5. 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)?

6. Do you or anyone you are with have any medical conditions that require immediate support? (ie smokers requiring nicotine patches)

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

8. Do you have any chronic health issues that require management?

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

10. Are you keeping up regular handwashing?

11. 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

12. How is everything going with your family or the people you are sharing a room with?

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

14. 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 10 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

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

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

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

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

19. 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?

20. 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

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

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

23. Do you have any other concerns?

End of survey

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

Office use only

5. Referral details

Nurse	
Authorised officer	
Complex Client Specialist	
Other	

6. NOTES:

7. **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.

Appendix 5 - Permission for temporary leave from detention

PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

Temporary leave

(21) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

(22) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

Reason/s for, and terms of, permission granting temporary leave

(23) Permission for temporary leave has been granted to: _____ _____ [insert name] for the following reason/s [tick applicable]:

(f) for the purpose of attending a medical facility to receive medical care:

☐ **Name of facility:** _____

Time of admission/appointment:_____

Reason for medical appointment:_____

☐ (g) where it is reasonably necessary for physical or mental health:

Reason leave is necessary:_____

Proposed activity/solution:_____

☐ (h) on compassionate grounds:

Detail grounds:_____

(24) The temporary leave starts on _____

and ends on _____ [insert date and time].

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Conditions

(25) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.

(26) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.

(27) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.

(28) When you are outside your room you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.

(29) When you are outside your room you must, **at all times**, comply with any direction given to you by the Authorised Officer escorting you.

(30) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.

(31) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

(32) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

Specific details

(33) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions **at all times** while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).

(34) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the **period of time** noted at paragraph 2 of this Permission.

(35) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the

period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

Offences and penalties

(36) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.

(37) The current penalty for an individual is $19,826.40.

Appendix 6 - Guidance Note: Permission for Temporary Leave from Detention

How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

Before you provide the Permission for Temporary Leave from Detention

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

When you are provide the Permission for Temporary Leave from Detention

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

NB If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

Appendix 7 – Hotel Isolation Medical Screening Form

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								

Appendix 8 - Factsheet for use by healthcare workers in the event a detainee develops symptoms of COVID-19 whilst in mandatory hotel quarantine

In an emergency

In a medical emergency, an ambulance should be called on 000. This may take place from a resident (detainee), nurse, GP or other staff member on site. **There is no requirement for residents (detainees) to access or notify on-site staff prior to calling 000 in an emergency.** Ambulances attending the hotels should be given free access to the patient that called them. The 000 operator should be notified that the **patient is suspected COVID-19 and in compulsory hotel quarantine**

Nursing presence in hotels

Agency nurses suppled from "Your Nursing Agency" (YNA) are in place at each hotel on a 24/7 basis. The required nursing complement is continually reviewed according to the caseload and case types being reported at each hotel.

The current nursing complement at each hotel is:

- One Emergency Department (ED) trained registered nurse available 24/7
- Two general registered nurses available from 7.00am to 9.30pm
- One general registered nurse available from 9.00pm to 7.30am

In addition, mental health registered or enrolled nurses are being engaged at hotels where a growing mental health caseload is being identified. Currently, this is in place at Crowne Plaza, Crown Metropol and Crown Promenade with a view to rolling out to all quarantine sites.

A department-supplied mobile phone is provided to the nurses at each site. Residents can access the nurse either directly by phone, or via the hotel concierge.

The complement of nurses can be increased or decreased according to demand, by contacting the Public Health Logistics unit (publichealth.logistics@dhhs.vic.gov.au).

Medical presence in hotels

General Practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24/7 medical support to residents.

GPs are currently being engaged at a ratio of one GP per two quarantine sites, with twice-weekly teleconferences between the Deputy State Health Coordinator and the directors of Medi7 and Doctor Doctor to review workload and vary this ratio if necessary.

GPs attend in person from 8.00am to 6.00pm daily and revert to telehealth arrangements at night.

GPs are currently available at the following locations:

- Crown Promenade – 2 GPs
- Park Royal, Tullamarine – 1 GP
- Rydges on Swanston – 1 GP
- A further GP will be on-site at Crown Promenade from Saturday 11 April to provide support to the extra hotels opening in the vicinity, and another on Monday 13 April.

GPs are contactable via the nurses at each location. After hours, the nurse may contact the on-call GP on REDACTED (from 6.00pm each night). The on-call GP can provide telehealth services as required or attend the relevant hotel.

Over long weekends and public holidays, a fleet of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

Appendix 9 - COVID-19 testing procedure for healthcare workers in hotels

1. Patient reports **possible COVID-19 symptoms** to hotel nurse either directly or via hotel concierge OR symptoms are identified during daily phone or text message checks by DHHS (as per Finn's guide- unclear if this is the same as welfare checks). (Symptoms include but are not limited to: fever, cough, sore throat, shortness of breath, fatigue).
2. Nurse on site to call the patient (detainee) and assess them **over the phone**
3. If face to face assessment is required, the nurse on site should assess the patient with appropriate PPE. **Droplet and contact PPE** is required for the nurse to enter the patient's room.
4. Security staff with appropriate PPE to accompany all nursing staff who are required to assess a patient in their hotel room. Security staff to wait outside unless requested to enter the room by nursing staff.
5. The nurse should then assess the patient for symptoms of COVID-19 to ensure they meet **current criteria for testing** (insert link to current case definition) and perform a nasopharyngeal swab (refer to swab guide/ one pager?)
6. Details of the detainee who has been swabbed must then be entered into a 'COVID-19 testing record form' (insert link) to be forwarded to DHHS at the end of each day.
7. The following details must be marked on **ALL** swabs taken from detainees:
    - Three identifiers: name, date of birth and address of detainee (address must be the hotel address of the detainee NOT their usual home address)
    - The swab must be clearly marked as a 'hotel quarantine swab' either in the clinical details section or on the top of the form e.g. "Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234".
    - The name and phone number of the **referring doctor** AND the **authorised officer** for the hotel **must** be listed on the pathology request form for each swab taken

    Each site has a twice-daily pathology courier pickup, transporting swabs taken from that site to VIDRL.

    Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by REDACTED
8. If the patient is assessed as having only mild symptoms, they can **remain in their hotel room** in quarantine until the results of swabs are known.
9. If the detainee is deemed as needing medical assessment by a doctor, the nurse on site should contact the **doctor on call/ on site** for review.
10. If the detainee is deemed by the doctor on site to need assessment in hospital, the **AO must approve transfer of the detainee to hospital**. See "Process for transferring quarantined passengers to hospital".
11. The doctor who has assessed the patient must call 000 to arrange transfer to hospital and notify the 000 operator that the **patient is suspected COVID-19 and in compulsory hotel quarantine**.
12. The AO must provide the hotel doctor with a **form that must stay with the patient at all times** to assist AV/patient transport and hospital staff. This form details the period of enforced quarantine, instructions for how to accommodate the patient (single room only), visitor requirements, security requirements and how to seek AO endorsement for discharge or transfer the patient from hospital.
13. If the detainee being tested is well enough to await their results in their room but are sharing a room with another resident, they should be moved to a **separate room** if feasible and according to availability of rooms. If separation is not possible, they should practise **physical distancing** as far as is possible.
14. If the test is **positive** and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required,

depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

15. For confirmed cases, they will be contacted daily by the department of health and advised when they can come out of mandatory quarantine.
16. It is the responsibility of the **referring doctor** to follow up the results of any swabs taken from detainees.
17. Hotels have also been asked to complete a daily tally of swabs conducted with details of detainees so these can be traced by the department (insert link to test record form).
18. **The referring doctor must notify the department of confirmed cases as soon as practicable by calling 1300 651 160, 24 hours a day.**
19. If the swab is negative, the patient must remain in hotel quarantine until they have completed their 14 day quarantine period and been assessed as having no symptoms of COVID-19 before release from detention.
20. For specific criteria for release from mandatory quarantine, see “release from mandatory quarantine criteria” section in main document.
21. Detainees with potential symptoms of COVID-19 who initially test negative, will be considered for repeat testing should they have **persistent symptoms** or **deteriorate** whilst in mandatory quarantine.

Appendix 10- COVID 19 Return Travelers Testing at VIDRL

VIDRL CONTACTS

- VIDRL Specimen Reception
- Operations Manager, Anna Ayres
- VIDRL registrar - Brian Chong

REDACTED

REQUEST FORMS

- VIDRL will be providing a pre-printed pathology request slips and specimen bags- please use these and not the agency forms
- Please ensure you include **Patient name, DOB, typical residential address** and **mobile phone** number (so DHHS can contact patients if needed)

The details of the Hotel have been added to the sender field (this is how we will identify where the reports are being sent from)**SWABS**

- Nasopharyngeal **and** throat swab for COVID-19 PCR. This can be on whatever swab you routinely use for respiratory viral testing i.e. dry/flocked/with VTM.
- Please ensure name and DOB are on the swab collected from each patient
- Place swab and pathology slip into specimen bag.
- Please bag all samples into provided zip lock bag when sending swabs to VIDRL
- We have also provided a foam Esky for the safe transportation of samples and to comply with the NPAAC guidelines for triple packaging (we will try to send Eskies back to you)

RESULTS

- **ALL** Return Travelers COVID testing results from **ALL** hotels will be faxed to the following fax number REDACTED **(Pan Pacific Hotel)**
- **Positive results will be notified to DHHS and to thethe Clinician/Nurse stationed at each Hotel**

Hotels	Nurses Phone	Hotels	Nurses Phone
▪ **Crowne Metropol**	REDACTED	▪ **Four points Hotel**	REDACTED
▪ **Plaza**		▪ **Park Royal (Airport) Hotel**	
▪ **Crowne Promenade**		▪ **Holiday Inn (Airport Hotel)**	
▪ **Pan Pacific**		▪ **Travel Lodge**	Pending notification
▪ **Mercure**		▪ **Ridges/Novatel**	Pending notification

PLEASE NOTE: DO NOT ADVISE PATIENTS TO CONTACT VIDRL DIRECTLY FOR RESULTS

FW: UPDATE PLAN

From: "Finn Romanes (DHHS)" <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=4d4fcb68f99b4a5495a683d3bc7a0c22-from1710">
To: REDACTED @dhhs.vic.gov.au>
Date: Thu, 16 Apr 2020 10:26:55 +1000
Attachments: UPDATED DRAFT COVID-19 Mandatory Quarantine Healthcare Welfare and Compliance Plan 11 April 2020.tr5 (322 bytes); UPDATED DRAFT COVID-19 Mandatory Quarantine Healthcare Welfare and Compliance Plan 11 April 2020.DOCX (471.98 kB)

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED
REDACTED

Department of Health and Human Services
State Government of Victoria

From: Annaliese Van Diemen (DHHS) <REDACTED
Sent: Wednesday, 15 April 2020 11:25 PM
To: Finn Romanes (DHHS) REDACTED
Subject: FW: UPDATE PLAN

Hi Finn,

Touching base before tomorrow to work through actions for the day. A lot of things have been untangled, but we have not made quite as much progress as we would have liked. Things are getting close though.

I will try and be in early enough to discuss this in the morning before all the meetings begin.

Key agreements and understandings as we move forward are:

1. Governance
    a. Public Health IMT to be responsible for the creation of policy and associated procedures for health and welfare of passengers
    b. The Emergency Operations Centre will be responsible for the operationalising of all policy and procedures – including logistics and rostering at hotels etc.
    c. The custodianship of the database is still under discussion but likely to be PHIMT
2. We need a significantly expanded cell of people under the physical distancing team going forward, which started today and will increase tomorrow – see below list of proposed people and tasks/roles in the PD team tomorrow

Proposed Thursday tasks/people to undertake

Physical Distancing exec lead – Finn Romanes
Operation Soteria support – REDACTED
Officers:
- REDACTED
-
- Claire Harris
- Nurse Practitioner from SCV

Tasks for this team
- H&WB plan review – attached document
    - Needs to have all operational details (eg YNA nurses) generified/removed – needs to just spell out what is needed, in what quantities or ratios, rather than *__who__* is doing

it – this is for the EOC to determine and manage
    - Pull out appendices/refer to individual guidance pieces more so things can be referred to in isolation
    - Separate AO work from H&WB
- Clinical care pathway/map including outcome for each interaction (care complete/further medical care or review or referral/requires consideration of alternative quarantine location)
- List of required protocols/quick guides to sit as appendices to H&WB plan/map
- Plan for linking policy group with operations group for reviews, trouble shooting etc

Ports – REDACTED
Epidemiologist/s – TBC
- Tasks –
    - data management/reporting plan
    - Determine who needs access to database

Case and contact liaison/protocol – TBC from Naveen's team
- Tasks - Look at/finalise protocol for COVID 19 cases and contacts in the H&WB plan and the paired one for the case and contact team

See you in the morning

Cheers

Annaliese

Dr Annaliese van Diemen MBBS BMedSc MPH FRACGP FAFPHM
Public Health Commander- COVID-19 Department Incident Management Team
Deputy Chief Health Officer (Communicable Disease)
Regulation, Health Protection & Emergency Management
Department of Health & Human Services | 14 / 50 Lonsdale St
e REDACTED
health.vic.gov.au/public-health

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: Simon Crouch (DHHS) <REDACTED
Sent: Sunday, 12 April 2020 4:01 PM
To: Annaliese Van Diemen (DHHS) <REDACTED
Subject: FW: UPDATE PLAN

From: Finn Romanes (DHHS) REDACTED
Sent: Saturday, 11 April 2020 11:10 PM
To: Annaliese Van Diemen (DHHS) REDACTED
Cc: Simon Crouch (DHHS) <REDACTED
Subject: FW: UPDATE PLAN

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency
REDACTED

REDACTED
Department of Health and Human Services
State Government of Victoria

From: REDACTED >
Sent: Saturday, 11 April 2020 10:39 PM
To: Finn Romanes (DHHS) REDACTED
Subject: UPDATE PLAN

REDACTED
Health Protection Branch | Regulation, Health Protection and Emergency Management
Department of Health and Human Services | 50 Lonsdale Street, Melbourne, Victoria 3000
e. REDACTED
w. www.dhhs.vic.gov.au

For urgent matters out of business hours please call REDACTED

Saved in TRIM For Information / Holding pattern - Draft Healthcare and Welfare Plan for Operation Soteria

From: "Finn Romanes (DHHS)" <REDACTED

To: "Annaliese Van Diemen (DHHS)" <REDACTED

Cc: REDACTED REDACTED REDACTED , "Claire Harris (DHHS)" REDACTED "Andrea Spiteri (DHHS)" >, "Jason Helps (DHHS)" "Meena Naidu (DHHS)" , "Brett Sutton (DHHS)"

Date: Fri, 17 Apr 2020 21:21:18 +1000

Attachments: Protocol for AO - Direction and Detention notice.DOCX (1.16 MB); Draft Mandatory Quarantine Health and Welfare Plan - 17 April 2020.docx (344.06 kB); Protocol for AO - Direction and Detention notice.tr5 (274 bytes); Draft Mandatory Quarantine Health and Welfare Plan - 17 April 2020.tr5 (292 bytes)

Hi Annaliese and Andrea and Jason

The team has drafted and we have worked over a draft Healthcare and Welfare Plan for Mandatory Quarantine.

Tomorrow, I understand REDA and Claire will come in and do some more work to locate and flesh out the appendices, but the body of the document is now in good shape, re-ordered and policy positions refreshed and duplications within the document removed.

Once they have finished, and have cross-checked against the Protocol for AOs plan (also attached for reference), then both are ready for a check-over by Meena, the Case and Contact Management Sector and then for State Health Coordinator.

They could then be reviewed by all the parties in the EOC that will use them or need them, and be ready for your endorsement and Andrea/Jason/REDACTED endorsement.

But as holding policy, they contain what the DPHC-Planning cell thinks is the current position on everything to do with healthcare and welfare, including recent policy calls on exit arrangements for COVID-19 positives etc, in case required in the next 24 hours.

Thanks for the chance to work on this, and hope the product we provide you all tomorrow afternoon / evening meets your needs, and safeguards the wellbeing of the people in detention.

Many kind regards

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED
REDACTED

Department of Health and Human Services
State Government of Victoria

COVID-19 Policy and procedures – Mandatory Quarantine (Direction and Detention Notice) V1

Authorised Officers under the *Public Health and Wellbeing Act 2008*

15 April 2020 Version 1

Working draft not for wider distribution

For URGENT operational advice contact

On call (as per the roster) DHHS Team leader

VICTORIA State Government | Health and Human Services

Working draft not for wider distribution

For URGENT operational advice contact

On call (as per the roster) DHHS Team leader

COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)

Authorised Officers under the *Public Health and Wellbeing Act 2008*

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

Available at insert web site or web page name and make this the live link <web page address>

Contents

Purpose

This purpose of this document is to:

- assist and guide departmental authorised officers (AOs) undertake compliance and enforcement functions and procedures for the direction and detention direction issued under the *Public Health and Wellbeing Act 2008* (PHWA).
- provide clarity about the role and function of AOs.

Processes may be subject to change

It is acknowledged that the covid-19 response is a rapidly evolving situation and matters are subject to fluidity and change. This is particularly the case for the direction and detention notice and the use of hotels to facilitate this direction.

To this end, this document will not cover every situation and will be subject to change. For example, the process for collecting data and signed direction and detention notices may change.

This document aims to describe key responsibilities and provide a decision-making framework for AOs. AOs are encouraged to speak to compliance leads for further advice and guidance.

Direction and detention notices

An initial notice was issued on 27 March 2020, which ordered the detention of all persons who arrive into Victoria from overseas on or after midnight on 28 March 2020, requiring they be detained in a hotel for a period of 14 days. A second notice (No 2) was issued on 13 April 2020 that requires the detention of all person who arrived into Victoria from overseas on or after midnight on 13 April 2020, requiring they be detained in a hotel for a period of 14 days.

The directions are displayed on the department's website at https://www.dhhs.vic.gov.au/state-emergency and were made by the Deputy Chief Health Officer or Chief Health Officer:

More information can be obtained from:

https://www.dhhs.vic.gov.au/information-overseas-travellers-coronavirus-disease-covid-19

AO Operational contacts

For URGENT operational advice contact the on call (as per the roster) DHHS Compliance management.

DHHS Compliance lead	Title	Contact details
Anthony Kolmus REDACTED	Human Services Regulator Health and Human Services Regulation and Reform Regulation, Health Protection and Emergency Management Department of Health and Human Services	p REDACTED e. REDACTED
REDACTED	State-wide Manager - Regulatory Compliance & Enforcement Human Services Regulator | Health & Human Services Regulation & Reform Branch Regulation, Health Protection & Emergency Management Division Department of Health & Human Services	REDACTED
REDACTED	Manager Environmental Health Regulation & Compliance Environmental Health Regulation & Compliance Unit Health Protection Branch Regulation, Health Protection & Emergency Management Division Department of Health and Human Services	REDACTED REDACTED

At a glance: Roles and responsibilities

The role of an AO is primarily focussed on compliance and meeting obligations under the PHWA.

AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the *Public Health and Wellbeing Act 2008*.

Table 1 is a high-level description of the responsibilities of each role not a specific list of functions.

Table 1 Roles and responsibilities of staff at hotels

Role	Responsibility	Authority
Authorised Officers under the *Public Health and Wellbeing Act 2008* at airport and hotels	Primary responsible for: • administration of, and ensuring compliance with, the Direction and Detention Notices (27 March 2020 and 13 April 2020) • meeting obligations under the PHWA (noting it is expected that the Compliance Lead conducts the review of those subject to detention). AOs are encouraged to keep records (written or electronic) of compliance and other issues they become aware of.	*Public Health and Wellbeing Act 2008* s199 Direction and Detention Notices (No 1 and No 2)
Hotel site lead	• Supports the health and well-being of staff, • Liaises with airport command and staff from other departments and agencies represented at the hotel • Provides situational awareness and intelligence to inform transport providers, state-level emergency management arrangements and airport operations • Provides a point of reference to all site-staff to help resolve operations, logistics or site-related issues and / or escalations required • Ensures appropriate records management processes are in place.	
Medical staff	• Provide 24 hour on-call medical support subject to demand • Provide welfare to detainees through a daily welfare check — welfare officers email covid-19.vicpol@dhhs.vic.gov.au and phone the site AO individually to alert AO of medical and welfare issues • Provide a satisfaction survey for residents to complete each week.	Contracted by DHHS.

Department and hotel staff	• Capture client personal needs, e.g. dietary, medication, allergies, personal hygiene needs • Deliver hyper-care (concierge) services onsite • Manage contracts with accommodation providers • Manage transport arrangements from the airport • Manage material needs including food and drink.	

AOs should be cognisant that persons subject to detention will be tired and stressed. AO may need to use conflict negotiation and mediation skills to help persons settle into the new environment.

Background

Key points

- The detention policy is given effect through the direction and detention notices.
- AOs should be clear on their authorisation before commencing enforcement activities.

Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by the Victorian Government, consistent with the Commonwealth Government (Department of Health Information for International Travellers) through a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. The policy is given effect through a direction and detention notice under the PHWA. See https://www.dhhs.vic.gov.au/state-emergency

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection
- To ensure effective isolation of cases should illness occur in a returned traveller
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database
  - A requirement to undertake checks every 24 hours by a department Compliance Lead during the period of detention
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention. This may be undertaken as part of a wholistic approach involving AOs, DHHS welfare staff, medical practitioners, nurses and other specialist areas if needed.

Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

The Physical Distancing Compliance Lead under the Covid-19 Public Health Incident Management Team [1] is responsible for:

- overall public health control of the detention of people in mandatory quarantine
- oversight and control of authorised officers administering detention
- administration of decisions to detain and decision to grant leave from detention.

Authorised officer* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

[1] Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance)[1]

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. The CHO has not authorised council Environmental Health Officers to exercise emergency powers.

Note: Any AO that is unsure as to whether you have been authorised under s. 199 should contact administrative staff in the department's Health Protection Branch prior to enforcing compliance with the Direction and Detention Notices.

Mandatory requirements for AOs

- AOs have mandatory obligations that must be followed before carrying out functions.
- AO must show ID card before carrying out actions/exercising powers
- AO must explain to the person the reason why it is necessary to detain them – if not practicable, it must be done as soon as practicable
- AO must warn the person that refusal or failure to comply without reasonable excuse, is an offence before carrying out actions/exercising powers
- AO must facilitate a reasonable request for communication
- Lead AO must review every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- AO must give written notice to the CHO that detention has been made and if it is reasonably necessary to continue detention to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

** A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

Use of a Business System –Quarantine and Welfare System COVID-19 Compliance Application

The Quarantine and Welfare System is comprised of two applications:

- COVID-19 Compliance Application - This application supports Authorised Officers to maintain Detainee and Detention Order records
- COVID-19 Welfare Application (not part of Authorised Officer responsibilities).

A **User Guide** is available to guide Authorised Officers.
Support email for users: ComplianceandWelfareApplicationSupport@dhhs.vic.gov.au
Support will be active between 8am and 8pm. You can email support for access issues, technical issues, application use questions. A **phone number** will also be provided shortly.

Authorised officers and powers

Key points

- AOs must only act within their legal authority.
- AOs must follow mandatory requirements before carrying out powers.

Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

AOs are encouraged to read Part 9 and seek advice from Compliance Lead if they are unsure in the administration of their powers

Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

Authorised officer obligations:

Produce your identity card - s166

Before exercising powers provided to you under the PHWA:
At any time during the exercise of powers, if you are asked to show your ID card
As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

Inform people of their rights and obligations

You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.
Before exercising any emergency powers, you must, unless it is not practicable to do so, warn the person that a refusal or failure to comply without a reasonable excuse, is an offence.

Charter of Human Rights obligations

Key points

- AO must act compatibly with human rights.
- AO must give 'proper consideration' to the human rights of any person(s) affected by an AO's decision.

Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

How to give 'proper consideration' to human rights

1. understand in general terms which human rights will be affected by a decision
2. be aware of how the decision will limit or interfere with the relevant human rights
3. consider what impact the decision will have on the rights of all the people affected by the decision
4. balance the competing private and public interests to assess whether restricting a person's human rights

The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

Charter Right	Obligation
Right to life	• This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
Right to protection from torture and cruel, inhuman or degrading treatment	• This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
Right to freedom of movement	• while detention limits this right, it is done to

Charter Right	Obligation
	minimise the serious risk to public health as a result of people travelling to Victoria from overseas
Right to privacy and reputation	• this includes protecting the personal information of persons in detention and storing it securely
Right to protection of families and children	• this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
Property Rights	• this includes ensuring the property of a person in detention is protected
Right to liberty and security of person	• this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
Rights to humane treatment when deprived of liberty	• this includes treating persons in detention humanely.

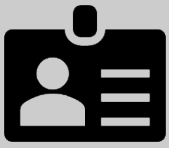
Airport

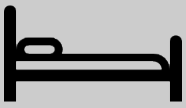
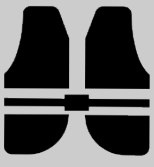
Key points

- AO must follow mandatory requirements first (e.g show ID card, etc).
- AO must check that a direction and detention notice is filled in properly.
- AO must provide factsheet and privacy collection notice to person.

Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers* Responsibility		Mandatory obligation	Section (PHWA)
	• must declare they are an Authorised Officer and show AO card	Yes	Section 166
	• must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and: – explain the reasons for detention – warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply – **remind the person they must keep their detention notice.** • if practicable at this time, provide the person with a copy of the department's privacy collection notice. If not practicable, this can be provided at the hotel.	Yes. If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.	Section 200(2) and 200(4)

	• ensure the Direction and Detention Notice: – states the name/s of the person being detained, date of birth and mobile phone number (if applicable) – states the name of AO – contains signature of person being detained – contains signature of AO – contains the hotel name at which the person will be detained – contains date the person will be detained till (14 days).		
	• record issue and receipt of the notice through a scanned photograph and enter into COVID19 Compliance application[2] • request person subject to detention present to AO at hotel		
	• facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (call Victorian Interpretation and translation service on 9280 1955. PIN code is 51034	Yes	Section 200(5)
	• provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)		
	• record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.		
	• use the list of arriving passengers to check off the provision of information to each arrival. • This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.		
	• check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).		

** DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

[2] The Business system referred to here is the Quarantine and Welfare System COVID-19 Compliance Application

Supplementary roles

Authorised Officer review of transport arrangements to hotel

While these matters are not mandatory compliance obligations, as a matter of good practice AO should check the following:

Direction and detention notice	Sufficient physical distance	Vehicle is sanitised	Is PPE required?
Check the person has been issued with the notice before boarding vehicle Check there are welfare check survey forms available for each person to be detained to complete enroute or at the hotel	Check the distance between the driver and person to be detained. If not sufficient, wait for next transport. Windows should be slightly open	Check vehicle has been sanitised before people board If the vehicle has not been sanitised, it must be cleaned in accordance with department advice	If physical distance of >1.5m can be maintained no PPE required. If this cannot be maintained, then mask and hand hygiene (no gloves).

Other airport issues

People who are unwell at the airport

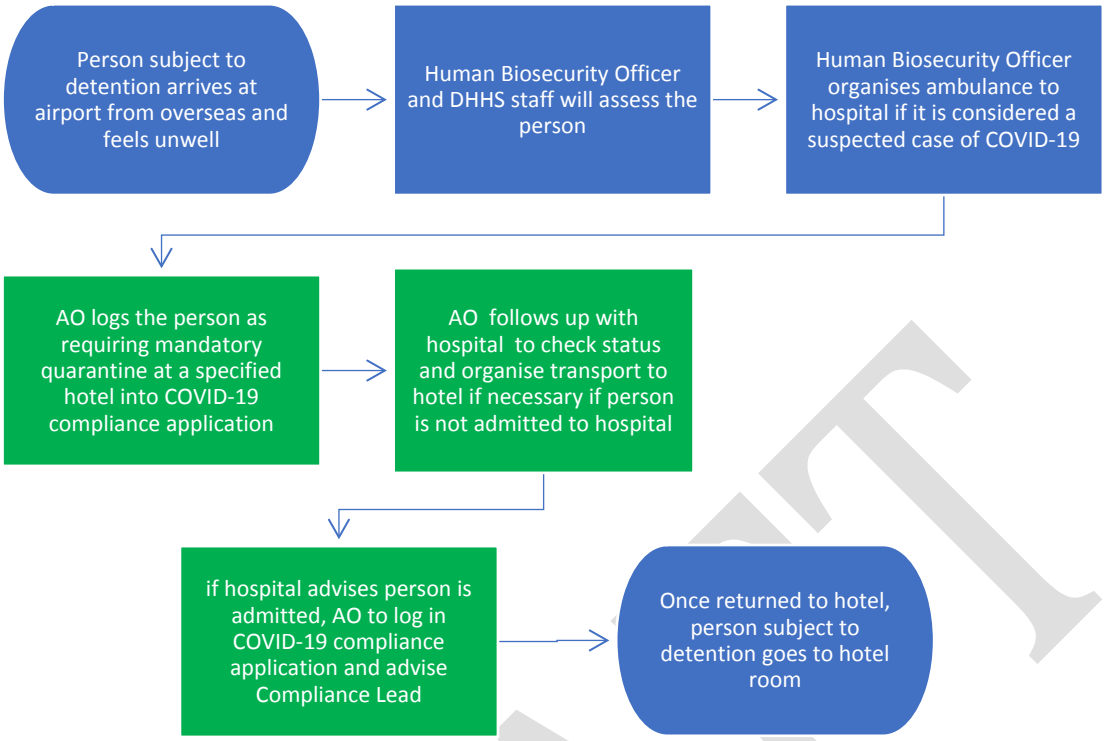
The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport.

After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the AO lead informed
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (refer to points above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19. An AO may need to make contact with the hospital to confirm arrangements.

Figure 1 – person subject to detention is unwell at airport (AO roles in green)



Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation. Contact Compliance Lead to discuss the situation and possibility of alternative transport.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

At the hotel

Key points

- AO reiterates detention requirements and the penalties that apply for non-compliance.
- AO oversees and provides advice on compliance and works with security, hotel staff, other staff and medical staff.

Key responsibilities at check-in

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO reiterates detention requirements
- AO retains the copy of the person's Direction and Detention Notice and enters details of this into COVID-19 Compliance Application (to be confirmed)*. Please note that this process may not be achievable at the current time and is to be confirmed. In future, data entry staff may undertake this process.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next day

AOs to make themselves known to on-site security.

Possible changes to hotel-check in process

As of 14 April 2020, DHHS is exploring using data entry staff at each hotel to input scanned copies of the direction and detention notice and data into the Compliance Application. This would mean that the AO at the hotel is primarily responsible for compliance related issues and associated notes.

Monitoring compliance related issues at the hotel

- AOs should check that security are doing some floor walks to encourage compliance and deter non-compliance.
- AO will oversee and provide advice on compliance-related issues such as requests for temporary leave, a person refusing to comply and a person demanding to be removed from detention. AOs may be called upon by security, hotel staff, or nursing staff to remind a person the reason for the detention and the penalties if they do not comply. There may be a need, in consultation with a nurse or medical

practitioner, to refer a person for a welfare check or further assistance. Help of this nature may support compliance and a person's wellbeing.

- AOs may need to answer questions from hotel staff, security and police as to what persons may be permitted or not permitted to do.
- AOs must facilitate any reasonable requests for communication. For translation, call Victorian Interpretation and translation service on REDACTED
- AOs are to make notes of compliance related issues and actions. The means of recording notes are dependent of the availability and use of technology and could include the Compliance Application, written contemporaneous notes in a notebook or other electronic records.
- AO should provide a handover (verbal and high-level information) to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded as high-level notes in the COVID 19 Compliance Application.

Non- compliance matters outside scope of Authorised Officer

- AOs should be aware that their role and scope is related to administration of, and compliance with, the direction and detention notice under the PHWA. Being aware of other non-compliance related issues in a hotel may be helpful, however they are outside the scope. Non-compliance related issues may include food quality, organising transport, removing items from care packs such as perishables and alcohol and ordering food such as Uber eats.
- AOs may request DHHS concierge staff escalate non-compliance related issues.

Compliance Lead to undertake review each day

- A Compliance Lead will – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] **(mandatory AO obligation).**
- A Compliance Lead will undertake an electronic review of detainment arrangements by viewing COVID-19 Compliance Application. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to 'Charter of Human Rights' obligations
  - any other issues that have arisen.

Decision making

To inform decision-making, the Compliance Lead should:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)

  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the **COVID-19 Compliance Application** . This allows ongoing assessment of each detainee and consideration of their entire detention history

To ascertain any medical, health or welfare issues, the Compliance Lead may need to liaise with on-site nurses and welfare staff and specialist areas within the department.

Mandatory reporting (mandatory AO obligation)

A Compliance Lead will give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

Possible release from detention based on review

The daily review by the Compliance Lead could identify that detention may no longer be required (with the approval of the Compliance Lead and Public Health Commander). These matters will be referred to the Physical Distancing Compliance Lead and Public Health Command for review and decision.

Grant of leave from detention

Key points

- AOs must be aware of how requests for exemption from quarantine are escalated.
- AO can make decisions on temporary leave for simple requests such as exercise.
- AO must complete Permission for Temporary Leave from detention form / enter in COVID-19 compliance Application and the Permissions Register must be filled in.

Considerations

Temporary leave from the place of detention (Detention notice)

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

For temporary leave, AOs are NOT required to escort people from and to their place of detention. Taxis should be organised for transport to and from their leave (unless an ambulance is required).

AO should refer to the '*Permission for Temporary Leave from Detention'* guide at **Appendix 2.**

There are four circumstances under the Direction and Detention Notice in which permission to leave the room may be granted:

1. For the purpose of attending a medical facility to receive medical care
2. Where it is reasonably necessary for physical or mental health
3. On compassionate grounds
4. Emergency situations

COVID-19 Escalation procedure for requests for leave from people in quarantine

Persons emailing covidquarantine@dhhs.vic.gov.au

People in detention should email their request, with as much detail as possible, to COVIDdirections@dhhs.vic.gov.au

- If the request relates to a person in a quarantine hotel seeking an exemption to complete their quarantine elsewhere or to be allowed to vary their quarantine (e.g. in order to go to hospital or to leave their room for a fresh air break), COVIDdirections staff will forward the request on to the COVIDQUARANTINE email address.
  - NB All requests from people in quarantine that do not relate specifically to requesting an exemption from quarantine as per the above will be dealt with by COVIDdirections staff.
- Staff on the COVIDQUARANTINE email will forward the request to the AO rostered on at the hotel. The AO should do an initial assessment of whether they are able to deal with the matter themselves or that the request requires more information (e.g. from nurses / EM staff) and escalation to be considered.

- If it is a basic request covered by the detention and direction notice (i.e. needing to go to hospital, wanting a fresh air break) the AO can make the decision and action accordingly. Where the decision requires transportation of the person, the AO is to inform the onsite Team Leader that transport will be required.
- More complex requests should be escalated by email to the relevant Compliance Manager assigned to that hotel (see AO Hotel Roster) and cc'd to COVIDQUARANTINE
- If the Compliance Manager;
  - makes a decision they delegate the implementation of that decision accordingly and cc COVIDQUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person the Compliance Lead will also cc SEMC.
  - does not believe they are authorised to make a decision on the request they should escalate it to the Compliance Lead (Anthony Kolmus) and cc COVIDQUARANTINE.
- If the Compliance Lead;
  - makes a decision on the request they delegate the decision accordingly and cc COVID QUARANTINE and the Compliance Lead. Where the decision requires the transportation of the person, the Compliance Lead will also cc SEMC
  - does not believe they have the authority to make the decision (e.g. any exemptions relating to travelling interstate or overseas must go to the CHO/DCHO), the matter is to be escalated directly to COVIDQUARANTINE with a recommendation and seeking a decision from the CHO/DCHO.
- Once a decision is received from the CHO/DCHO, they inform COVIDQUARANTINE who informs the Compliance Lead who delegates implementation of the decision and notifies SEMC as relevant.
- Details of the exemption given should also be forwarded to the COVID Policy area for consideration as a potential future protocol.

Recommendation for leave by on-site nurse, medical practitioner of welfare staff

Where the request for an exemption comes from or is recommended by the onsite nurses or EM welfare staff:

- The person recommending the exemption contacts the AO and outlines why they believe an exemption should be considered.
  - The default position is that the person on whose behalf the request has been suggested should be consulted about the request but there may be times where this is not appropriate.
- Remainder of process as per third dot point under "Persons emailing covidquarantine@dhhs.vic.gov.au' above.

Urgent medical attention

- If medical care is deemed urgent by an on-site nurse or medical practitioner, the AO should prioritise and approve leave immediately.
- Please see Hospital Transfer Plan.

Other requests

- Requests are also sometimes received from external sources such as Members of Parliament. These should be sent to COVIDQUARANTINE and triaged as per the above guidance.

Physical health (exercise) – see procedure at end of this chapter

- AO will consider the circumstances on a case-by-case basis to determine if permission is granted. Considerations include:
  - willingness and availability of security to facilitate exercise
  - site layout and capability to ensure persons are in a cordoned off area
  - maintaining infection control.

- AO may wish to seek advice from Compliance Lead for advice.
- AO to make decision and action accordingly.

Recording leave

If AO or Compliance Lead approves leave be granted, the AO:

- should complete a Permission for Temporary Leave from detention form for the person, **Appendix 1** and Register of leave form, **Appendix 10,** or
- enter in Compliance Application if available.

Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection prevention and control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.
- AO's should make notes.

Procedure for a person in detention / resident to leave their room for exercise or smoking

Request for temporary leave will be considered in the context of what other activities are being undertaken (arrivals/departures and staffing considerations) and may not always be able to be accommodated. This may be site and capacity dependant.

A person must be compliant and must not have symptoms before they could be allowed to have supervised exercise or a smoking break. Only well residents from the same room should be able to go out to exercise at the same time.

Role of AO

AO should:

- confirm security is prepared and available to facilitate exercise or smoking break
- instruct security on the dates and time permitted for leave
- provide procedural guidance to security and the person in detention, such as exercising in a cordoned off area not access by members of the public
- seek feedback on implementation of temporary leave and note any issued raised
- confirm appropriate infection control measures are in place
- advise on physical distancing requirements.

Guidance for person in detention

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well.
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room.

- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room.
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations.
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.
- They return immediately to their hotel room.

Guidance for security escort

Security escort should:

- Don a single-use facemask (surgical mask) if a distance of >1.5 metres cannot be maintained when escorting the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Remind the person they are escorting to not touch any surfaces or people within the hotel on the way out or when coming back in
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands);
- Wherever possible, maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water at the end of each break and when they go home
- Exercise should be undertaken in a cordoned off area with no public access or interaction.

Other considerations

Points to remember when using a single-use facemask (surgical mask):

- Always perform hand hygiene before donning the mask.
- Mould the metal clip over the bridge of the nose and ensure the bottom of the mask fits snuggly under the chin.
- Avoid touching or adjusting the mask once it has been donned.
- Unless damp or soiled, masks may be worn for the duration of a shift for up to four hours.
- Masks must be removed and disposed of for breaks and then replaced if needed.
- Masks must never be partially removed (for example, top tie undone and left dangling around the neck) and then re-worn.
- Perform hand hygiene immediately before and after removal of the mask.

There is no requirement to wear gloves and this is not recommended, as many people forget to take them off and then contaminate surfaces. Hand hygiene is one of the most effective ways to prevent the spread of infection and gloves should not be seen as a substitute for hand hygiene. If gloves are worn, remove the gloves immediately after the person is back in their room and then wash your hands.

In addition:

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

Supporting smokers to quit smoking

The preferred option is support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

Further work to support to support this approach would include provision of approved nicotine replacement therapies (NRT) with meal deliveries, accompanied by counselling through the Quitline. DHHS to explore opportunities to incorporate provision of NRT and counselling.

Hospital transfer plan

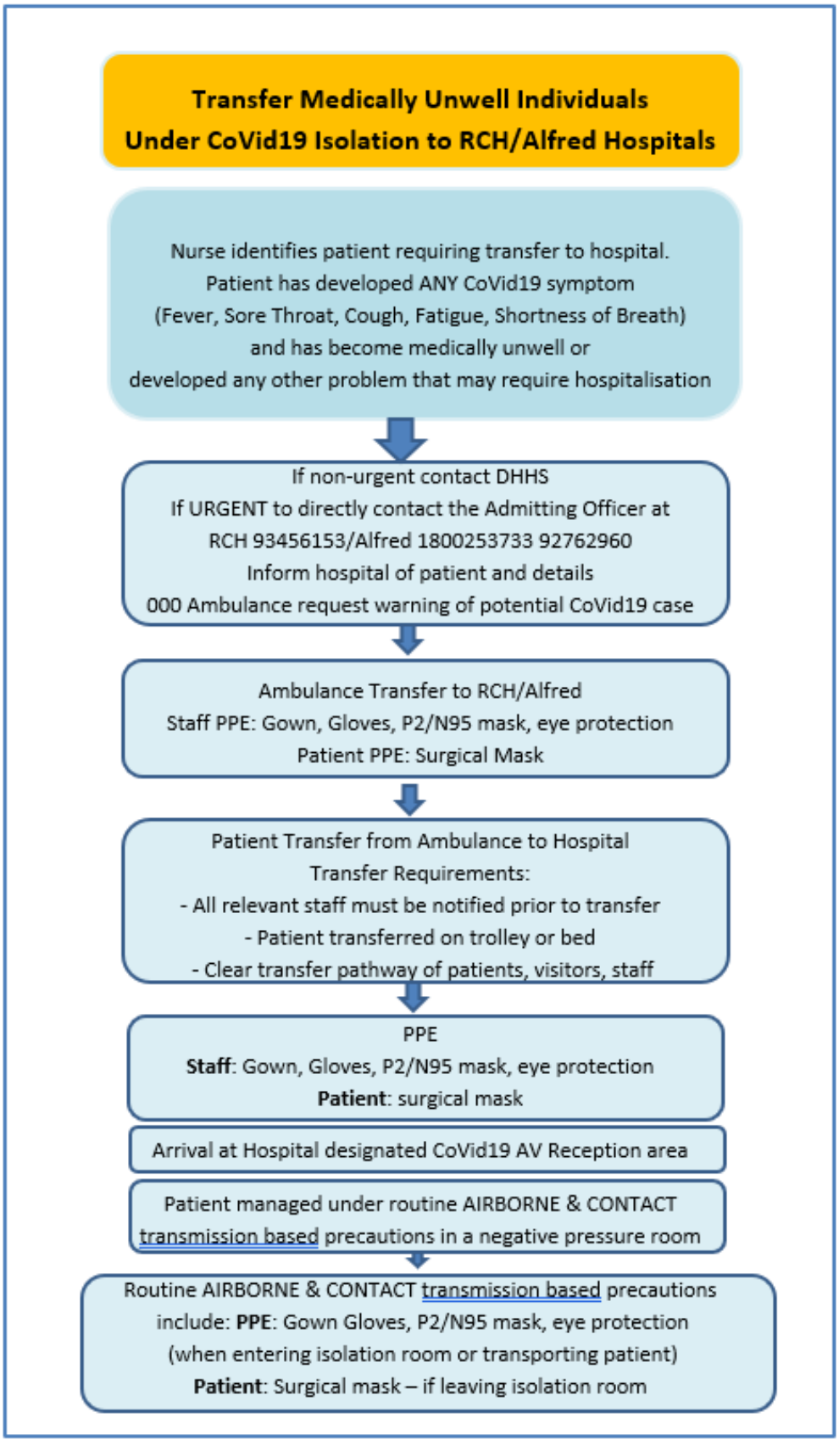
The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. AOs are not responsible for arranging transport.

The bold highlight AO interactions.

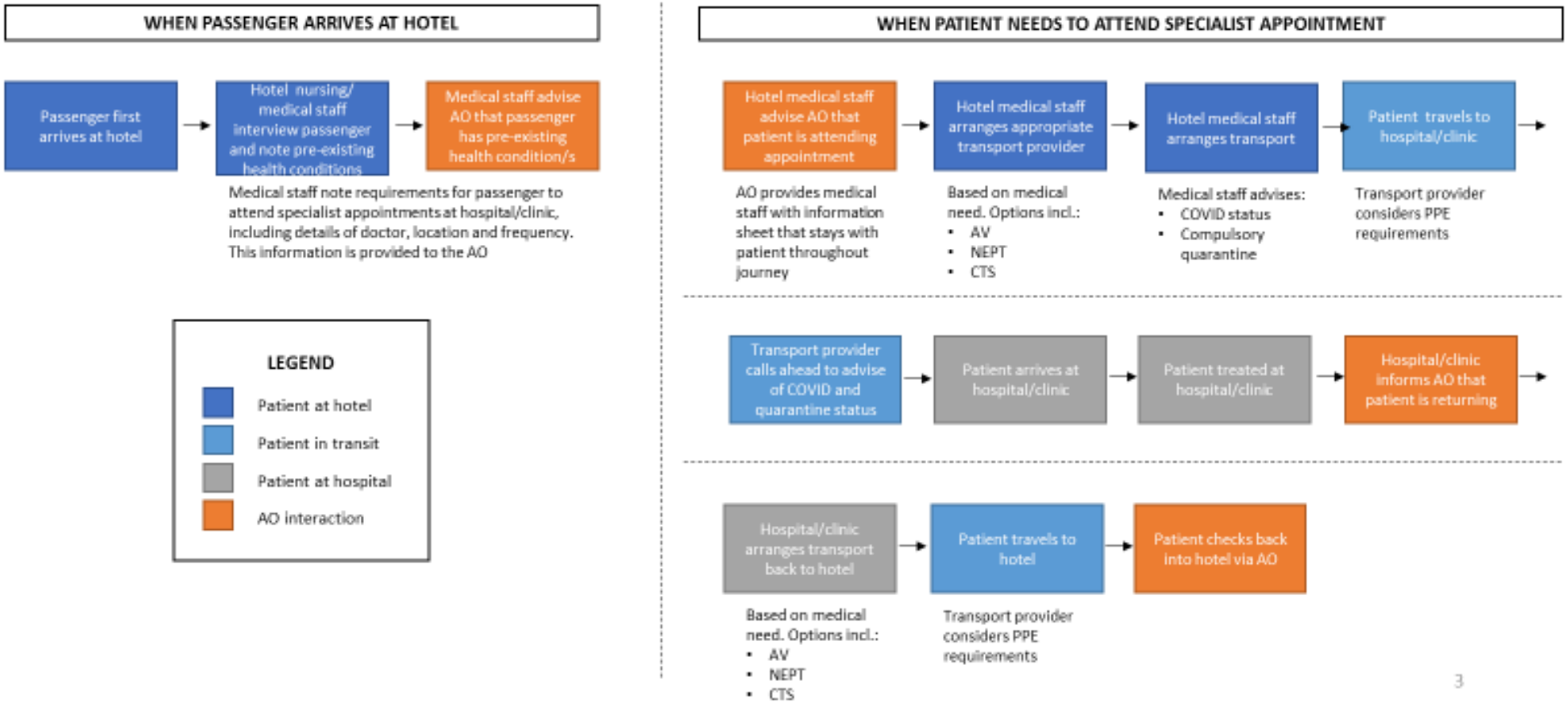
- Nurse/doctor assess that patient requires hospital care
- **There is also a one pager to explain to AO how to grant permission at Appendix 2 Permission to temporarily leave. Leave should be recorded on the COVID-19 Compliance Application or register.**
- **All relevant staff including AO must be notified prior to the transfer.**
- Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity **(note children should be transferred to the Royal Children's Hospital).**
- If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19. This takes priority over any AO requirements.
- Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
- Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
- Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
- Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
- AO to provide contact number of AO t update if the patients will return to the hospital.

The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

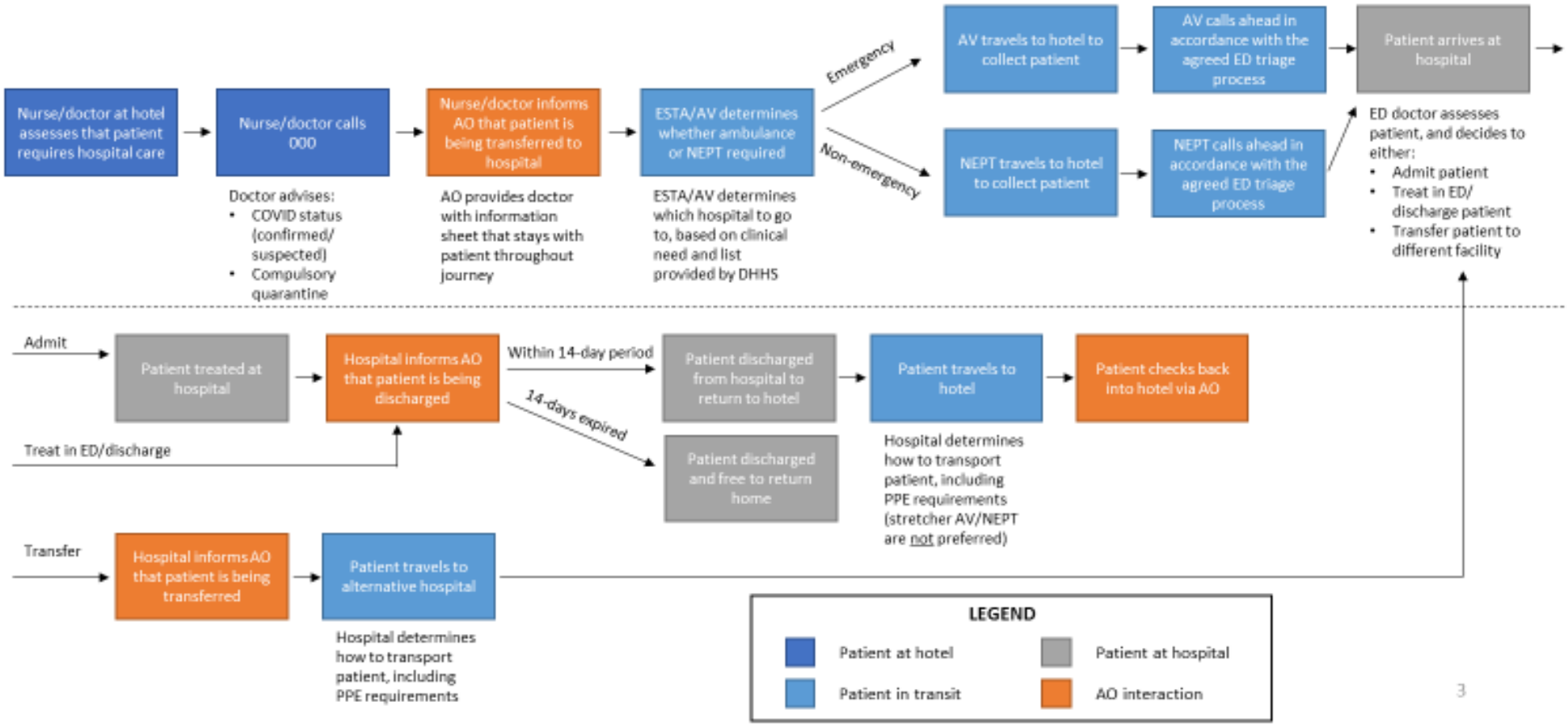
DHHS is endeavouring to organise patient transport arrangements.



Process to transfer passengers to hospital (planned)



Process to transfer passengers to hospital (unplanned)



Compliance

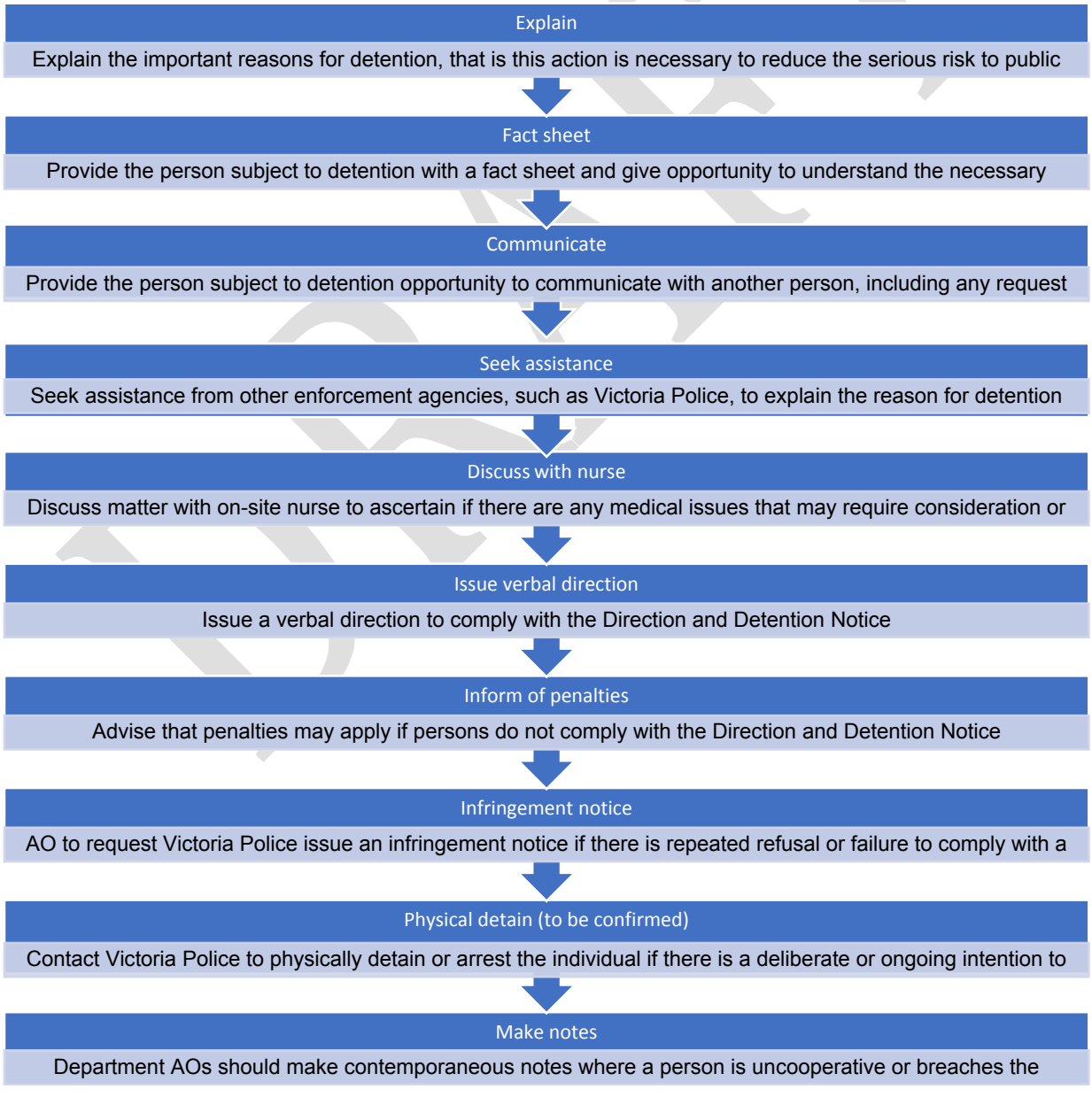
Key Point

- **The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA. We are seeking advice on any arrests, including moving people into detainment or physical contact with a person must be managed by Victoria Police.**

Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. Non-compliance could take the form of a person refusing to comply with the direction at the airport or hotel.

The following graduated approach should guide AOs:



Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the AO should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the compliance lead if the person subject to detention is not found

If the person is located, the AO should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

Table 1 List of infringements

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units (PU)
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 without a reasonable excuse.	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

Policy and procedure on unaccompanied minors

Key points

- unaccompanied minors will be dealt with on a case by case basis.
- If an unaccompanied minor is detained in a hotel without parents, specific processes must apply.

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly
- Person can easily contact parent / guardian
- Has adequate food
- Remote education is facilitated.

A detention notice for minors to undertake detention outside of a hotel will be supplied in this protocol shortly.

There is guidance for AOs on how to comply with the Charter of Human Rights in relation to unaccompanied minors at Appendix 4.

When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

An alternative arrangement (i.e. parents join them in quarantine or quarantine at home) to self detention is to be considered for an unaccompanied minor. Please also see **Appendix 3.**

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in

a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

AOs monitoring unaccompanied minors should have current Working with Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at **Appendix 5.**
- A guideline for authorised officers in this respect is found at **Appendix 4**.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and the department.

Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division: https://services.dhhs.vic.gov.au/child-protection-contacts. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

Departure – release from mandatory detention

Key points

- AOs are responsible for the compliance check out.

Background

Prior to release of a person being detained, they will be provided with an End of Detention Notice, **Appendix 8** or an End of Detention Notice (confirmed case or respiratory illness symptoms), **Appendix 9** that confirms release details and specifies requirements to follow. Detention is 14 days from the date of arrival and ends at 12am on the last day. No-one will be kept past their end of detention.

Pre check-out

- Exit Notices and associated materials prepared and dropped to hotel.
- Early hours releases transport booked (DJPR).
- Early hours releases documentation actioned by AO evening prior.
- Notices for all persons subject to detention placed under doors (by Security).

The person in detention will be:

- notified they are due for release from detention in 48 hours
- notified that a health check to determine their status is recommended
- provided information for people exiting quarantine on transport and other logistical matters.

Health check

- The health checks on the second last day prior to the 14-day period ending must be used to make an assessment of whether the person is well, symptomatic or positive.
- Everyone will be offered a voluntary temperature and symptom check by a nurse around 24 hours before release.
- If people being detained have a temperature or other symptoms of coronavirus before leaving or at the health check, this will not affect the completion of their detention. They will not be detained for longer than the 14-day quarantine period, even if they have symptoms consistent with coronavirus. However, if they do have symptoms at the health check, when they are released, they will need to seek medical care and self-isolate as appropriate, as do all members of the community.

Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location.

Checkout process

- The release process will consist of an organised check out procedure (the compliance check out). This will mean people being detained will be released in stages throughout a set time period on the day of release. Travelling parties will be brought down to reception in stages to complete the check out process. People being detained will also need to settle any monies owing to the hotel for additional meals and drinks if they have not already done so. Physical distancing must be maintained throughout this process.
- At check-out, the AO will:
  - request to see identification and the End of Detention notice
  - confirm the person's identification and room number on exit sheet

- confirm the period of detention and explain detention period has ceased, including highlighting other requirements
- site and sign the End of Detention notice and provide to the person
- mark the person off an exit list as being discharged and request that they sign the list confirming discharge
- provide cab charge
- update the Compliance Application (note this may be a data entry update after the process has been completed).

Occupational health and safety (OHS) for Authorised Officers

Key points

- OHS is a shared responsibility of both the employer and the employee. AOs must raise hazards, concerns and incidents.
- AOs must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible

Purpose

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police**.

OHS

OHS is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns and incidents with REDACTED

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

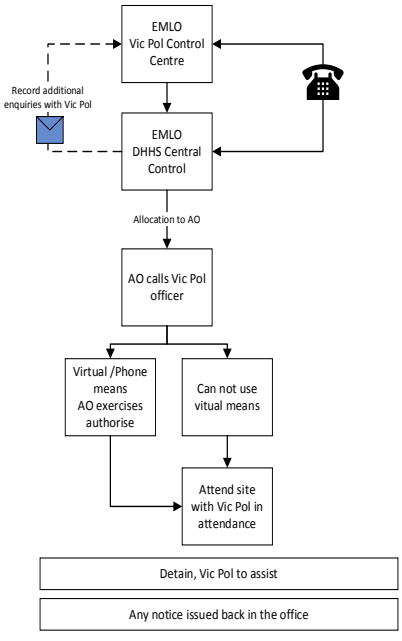
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator:
http://www.vgate.net.au/fatigue.php

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS Emergency Management Liaison Officer or DHHS management.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID

AO must take steps to protect themselves from transmission of covid-19 and adhere to physical distancing protocols wherever possible. Example include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Single-use surgical mask
- Gloves
- Hand Sanitizer.

AOs going onto floor of hotel

AOs going onto hotel the floors with persons subject to detention must wear masks. There should be P2/N95 respirators/masks for AO's at the hotels (in addition to the surgical masks).

AO's should not enter the room in which a person is being detained. Communication should be from the corridor or outside the room.

Relocating covid-19 positive person

- This process is lead by the nurses/medical staff, who are trained and prepared for it.
- The nurses and security staff are to go up to the patient's room and collect the patient in full PPE. Again, security are just there to ensure the nurses are safe.
- The AO will then go up in a SEPARATE lift in PPE and meet them on the new floor where the patient is going to be. From a safe distance (over 1.5 meters away, the AO is then to very briefly state that the patient was in room(x) and now has been moved to room(y) as a result of their positive result. The AO WILL THEN LEAVE IN A SEAPARATE LIFT TO THE SECURITY/NURSING STAFF.
- The Team Leader can assist in this process by facilitating the room change from an admin perspective and helping with coordinating the nursing staff etc.

Measures and guides to enhance occupational health and safety

PPE/measure	Guide
Single-use face mask (surgical mask)	When there is known case of COVID-19, or a person subject to detention has been recently exposed to COVID-19 and a distance of at least 1.5 metres cannot be maintained.
Gloves	If contact with the person or blood or body fluids is anticipated.
Hand hygiene / Hand Sanitizer Soap and water	Always
Physical distancing of at least 1.5 meters	Always

Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties Use fatigue calculator http://www.vgate.net.au/fatigue.php
Physical Injury	Low / Medium	Only attend a site with Victoria Police or with security.
Other infectious agents		Follow personal protective measures

Appendix 1 - Permission for temporary leave from detention

PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

Temporary leave

(1) You have arrived in Victoria from overseas, on or after midnight [on 28 March 2020 or 13 April 2020] and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

(2) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

Reason/s for, and terms of, permission granting temporary leave

(3) Permission for temporary leave has been granted to: _____ _____ [insert name] for the following reason/s [tick applicable]:

☐ (a) for the purpose of attending a medical facility to receive medical care:

Name of facility: _____

Time of admission/appointment:_____

Reason for medical appointment:_____

☐ (b) where it is reasonably necessary for physical or mental health:

Reason leave is necessary:_____

Proposed activity/solution:_____

☐ (c) on compassionate grounds:

Detail grounds:_____

(4) The temporary leave starts on _____

and ends on _____ [insert date and time].

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Conditions

(5) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.

(6) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.

(7) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.

(8) When you are outside your room you must, at all times, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.

(9) When you are outside your room you must, at all times, comply with any direction given to you by the Authorised Officer escorting you.

(10) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.

(11) Once you return to the hotel, you must proceed immediately to the room you have been allocated above in accordance with any instructions given to you.

(12) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

Specific details

(13) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict conditions outlined at paragraph 3. You must comply with these conditions at all times while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Public Health and Wellbeing Act 2008 (Vic).

(14) Permission is only granted to the extent necessary to achieve the purpose of, and for the period of time noted at paragraph 2 of this Permission.

(15) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

Offences and penalties

(16) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.

(17) The current penalty for an individual is $19,826.40.

Appendix 2 Guidance Note: Permission for Temporary Leave from Detention

How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

Before you provide the Permission for Temporary Leave from Detention

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

When you are provide the Permission for Temporary Leave from Detention

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

NB If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

Appendix 3 Guidance: Exemptions under Commonwealth law

Australian Government
Department of Health

Coronavirus disease (COVID-19)

Exemptions to the 14 day mandatory quarantine period for international travellers

The Australian Health Protection Principal Committee (AHPPC) recognise that there should be some exemptions from quarantine requirements for specific industry groups, provided they adhere to specified risk mitigations measures. These specific exemptions are recommended because of the industry infection prevention requirements, training these groups have undergone, and the vital role of these industries in Australia.

While these are national recommendations, mandatory quarantine is enforced under state and territory public health legislation. Individual states and territories may choose to implement additional requirements at the point of arrival.

Some jurisdictions may also have additional quarantine requirements upon entry to the state or territory. Depending on the jurisdiction, this could mean that an international traveller is required to go into mandatory quarantine at the first point of arrival into Australia, and further quarantine upon entry to another jurisdiction.

The following groups are recommended to be exempt from the 14 day mandatory quarantine requirements when entering Australia. While these groups are exempt from mandatory quarantine, **all** arrivals into Australia **must** continue to practise social distancing, cough etiquette and hand hygiene. Other requirements, such as self-isolation, may still apply and are outlined below.

Aviation crew

International flight crew (Australian residents/citizens)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Are not required to self-isolate.

International flight crew (foreign nationals)

- Are not required to undertake 14 days of mandatory quarantine on arrival.
- Are not required to complete the Isolation Declaration Card.
- Must self-isolate in their hotel on arrival until their next flight.
- Must use privately organised transport to transfer to and from hotels between flights.
- May fly domestically to their next point of departure from Australia if required.

Domestic flight crew

- Exempt from self-isolation requirements *except when a state or territory specifically prohibits entry.*

Maritime crew (excluding cruise ships)

- Are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Must proceed directly to the vessel on arrival.

Exemptions to the 14 day mandatory quarantine period, version 2 (06/04/2020)
Coronavirus Disease (COVID-19) 1

- If access to the vessel is not immediate, crew must self-isolate at their accommodation during any lay-over period.
- May travel domestically and/or take a domestic flight to meet their vessel at the next point of departure if required.
- At the completion of their shifts, they are not required to go into mandatory 14 days quarantine, but must undertake 14 days self-isolation.
- Time at sea counts towards the 14 days of self-isolation if no illness has been reported on-board. Therefore crew signing off commercial vessels that have spent greater than 14 days at sea, with no know illness on-board, do not need to self-isolate on arrival.

Unaccompanied minors

Unaccompanied minors will be allowed to travel domestically after entering Australia to self-quarantine with a parent or guardian at their home.

Transit passengers

- International transit passengers arriving into Australia are able to depart on another international flight if the following conditions are met:
  - If the individual has up to 8 hours until the departing international flight, they must remain at the airport and be permitted to onward travel, maintaining social distancing and hand hygiene.
  - If 8-72 hours before the departing flight, they must go to mandatory quarantine at the state designated facility until the time of the departing flight.
- No domestic onward travel is allowed, even if this is to meet a departing international flight. These people should go into mandatory quarantine at the state designated facility at the first point of arrival.

Diplomats

- Australia has legal obligations under the Vienna Convention to ensure diplomats freedom of movement and travel, and protection from detention. Diplomats are not required to undertake 14 days of mandatory quarantine on arrival into Australia. They are therefore not required to complete the Isolation Declaration Card.
- Diplomats should self-isolate at their mission or in their usual place of residence on arrival for 14 days.
- Diplomats must continue to practise social distancing, cough etiquette and hand hygiene.

Compassionate or medical grounds

Applications on medical or compassionate grounds should be submitted to the relevant state or territory who will consider requests on a case-by-case basis.

Contact details for state or territory public health agencies are available at www.health.gov.au/state-territory-contacts.

Where can I get more information?

For the latest advice, information and resources, go to www.health.gov.au.

Call the National Coronavirus Helpline on 1800 020 080. This line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

Appendix 4 - Guidance note: Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

Your obligations under the Charter of Human Rights and Responsibilities Act 2006

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of children to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
- You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
- You should ask the child if they have any concerns that they would like to raise with you at least once per day.
- You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
- You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
- You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to liberty (s 21) and freedom of movement (s 12), and the right to humane treatment when deprived of liberty (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- Freedom of religion (s 14) and cultural rights (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons form holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.
- The rights to recognition and equality before the law, and to enjoy human rights without discrimination (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly** and **association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily

restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

General welfare considerations

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices.

If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

Additional welfare considerations for children

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances.

Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child’s needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child’s mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV.

It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

Appendix 5 Direction and Detention Notice – Solo Children

To be added

Appendix 6 Other issues

Welfare and health service provision

- DHHS Welfare team to conduct a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email covid-19.vicpol@dhhs.vic.gov.au and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

Appendix 7: End of Detention Notice

Public Health and Wellbeing Act 2008 (Vic)

Section 200

Subject to the conditions below, this Notice is evidence that this detainee has completed their period of detention under a *Direction and Detention Notice* issued to reduce or eliminate the serious public health risk posed by COVID-19.

1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

2. Details of Detention Notice

Name of Detainee:_____

Date of Detainment and Detention Notice:_____

Place of Detention:_____

3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have made the following findings:

- you will have served the required detention period by _____[*insert date*]; and
- you have not started exhibiting any symptoms of COVID-19.

In consideration of the above circumstances, I have decided that your continued detention is not reasonably necessary to eliminate or reduce a serious risk to public health.

I advise that your detention pursuant to section 200(1)(a) of the *Public Health and Wellbeing Act 2008* (Vic) and the Notice will end on _____ [*insert date*] after you have been discharged by an Authorised Officer from _____ [*insert place of detention*] and have commenced transportation to your ordinary residence.

[*If lives in Victoria*] Although you are no longer to be detained pursuant to the Notice, you are required to comply with all directions currently in force in Victoria. This includes the Stay at Home Directions (No 2) (**Direction**), as amended from time to time. Pursuant to the Direction, you are required to travel directly to the premises where you ordinarily reside within Victoria, and remain there unless you are leaving for one of the reasons listed in the Direction.

[*If lives outside Victoria*] I note that you are ordinarily a resident in _____ [*insert State or Territory*] and that arrangements have been made for you to return home. While you remain in the State of Victoria, you are required to comply with all directions in operation in Victoria. Once you have returned home, you are required to comply with the Directions and/or Orders in place in your home jurisdiction, including any directions that may require you to isolate for a further 14 day period.

In the event that you start to experience symptoms of COVID-19, it is important that you self-isolate and, if necessary, contact your General Practitioner or local Public Health Unit.

4. End of Detention Instructions

Your detention **does not end** until the time stated in paragraph 0 of this notice. Until that time, at which you will be discharged from detention, you must continue to abide by the requirements of your detention, as contained in the Notice.

You **must not** leave your hotel room until you have been collected by an Authorised Officer [*OR*] You **must not** leave your hotel room until _____ [*insert time and date*], at which time you are permitted to travel to the hotel lobby to meet an Authorised Officer to be discharged from detention.

When leaving detention you **must** adhere to the following safeguards:

- if provided to you, you must wear personal protective equipment;
- you must refrain, as far as possible, from touching communal surfaces, such as handrails, elevator buttons and door handles;
- you must where possible, engage in social distancing, maintaining a distance of 1.5 metres from other people; and
- upon leaving your hotel room, you must go straight to the foyer for discharge and then immediately after travel to your transportation and travel directly to your ordinary residence.

These steps are to ensure your protection, and reduce the risk of you becoming infected with COVID-19 by any persons detained in the hotel, or in the community, who may have COVID-19.

Until your detention has concluded, you must follow instructions from Authorised Officer/s and any other conditions set out.

5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions set out in this notice, unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is $19,826.40.

_____ Signature of Authorised Officer

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Appendix 8: End of Detention Notice (confirmed case or respiratory illness symptoms)

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has decided to end your Direction and Detention Notice. This decision has been made following the mandatory review of your Direction and Detention Notice because you [*have returned a positive test for COVID-19*] *or* [*have started displaying symptoms of respiratory illness*].

1. Detention Notice

You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 or on or after midnight on 13 April 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

2. Details of End of Detention Notice

Name of Detainee:_____

Date Notice Made:_____

Date Notice Expires:_____

Place of Detention:_____

Medical Facility:_____
(if medical care is required)

COVID-19 Status or respiratory illness symptoms [tick applicable]:

COVID-19 confirmed: _____ *[insert date of test]*	☐	coughing	☐
fever or temperature in excess of 37.5 degrees	☐	sort throat	☐
congestion, in either the nasal sinuses or lungs	☐	body aches	☐
runny nose	☐	fatigue	☐

3. End of Detention Notice

In accordance with section 200(6) of the Public Health and Wellbeing Act 2008, I have reviewed your continued detention.

On review of the Notice, I have noticed that you [have been diagnosed with COVID-19] or [have exhibited the symptoms of respiratory illness, as outlined above at paragraph 2(8) *[delete as applicable*].

In consideration of the above, I do not believe that continued detention is reasonably necessary to eliminate or reduce a serious risk to public health because:

a) [*if applicable*] You have been confirmed to have COVID-19 and will be required to self-isolate in accordance with the Isolation (Diagnosis) Direction, in a premises that is suitable for you to reside in, or a medical facility, until such a time you are notified that you no longer need to self-isolate and a clearance from isolation (self-isolation) is given;

b) [*if applicable*] You are showing symptoms of respiratory illness and will be required to self-isolate in accordance with the Stay at Home Direction currently in force in Victoria and will need travel directly to your ordinary residence once you leave detention, and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction; and

c) You are ordinarily a resident in Victoria.

Compliance with Directions made by the Deputy Chief Health Officer is required to reduce or eliminate the serious risk to public health posed by COVID-19. It is essential that you [self-isolate in accordance with the Isolation (Diagnosis) Direction until such time as you are notified that you no longer need to self-isolate and a clearance from self-isolation is given] OR [return to your ordinary residence and remain there unless you are permitted to leave for a reason specified in the Stay at Home Direction. Please monitor your symptoms and seek appropriate medical care if required]. *[delete as applicable*].

The Notice is ended subject to the directions below under paragraph 4. Non-compliance with these directions is an offence.

4. Conditions

- You will be transited from the hotel where you have been detained to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility [*delete as appropriate*] by an Authorised Officer. You may / will [*delete as appropriate*] be supervised during transit.
- While you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility [*delete as appropriate*], you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility [*delete as appropriate*], you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer.
- You must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including any Authorised Officer escorting you.
- When you are transiting to your ordinary residence / Premises for Isolation pursuant to Isolation (Diagnosis) Direction / medical facility [*delete as appropriate*], you must, **at all times**, comply with any direction given to you by any Authorised Officer escorting you.

5. Offence and penalty

It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this notice and/or the Isolation (Diagnosis) Direction *[if applicable*], unless you have a reasonable excuse for refusing or failing to comply.

The current penalty for an individual is $19,826.40.

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Appendix 9: Guidance Note

How to conclude a person's detainment under a *Direction and Detainment Notice* if they have served the required period of detainment, become a confirmed case of COVID-19 or have symptoms of respiratory illness

What do you have to do before you issue an End of Detention Notice?

- if the person has served 14 days of detention you must decide how to administer the completion of that person's detention arrangements:
  - selecting a time for the person to attend a foyer after the 14 day period has concluded - it is recommended that this occur in small groups of people who are practicing appropriate social distancing and with sufficient time between groups to avoid crowds. This will ensure Authorised Officers can safely discharge each detainee
  - collecting a person from their hotel room after the 14 day period has concluded – this approach should be carefully administered to ensure Authorised Officers can safely discharge and escort each person to their transport
- if a person's detainment is concluding because they have a confirmed case of COVID-19 or symptoms of respiratory illness they must be discharged when it is safe to do so – e.g. when other detained people are in their rooms, under full supervision etc.
- complete all sections of the Notice, including clearly documenting the reasons for the end of detention and the details recorded on the Direction and Detention Notice
- update all the registers and relevant records about the person's detainment arrangements
- ensure the reference number is completed.

When should you issue an End of Detention Notice?

- It is preferable that an End of Detention Notice be issued the day before a person's detainment is set to conclude – this will give the person adequate time to prepare (e.g. to pack their belongings) and ensure the orderly discharge of large groups of people.
- A notice may be provided earlier but it creates a risk that a person may develop COVID-19 symptoms before the day the detainment period must end.

What do you have to do when you issue an End of Detention Notice?

When you issue an End of Detention Notice you must:

- explain the reason why detention has ceased and is no longer necessary to eliminate or reduce a serious risk to public health
- advise that person of the arrangements being made for their discharge from detention (e.g. at an allocated time at the foyer; when they are escorted from their room etc)
- notify they person that although they are no longer subject to detention when they are discharged and leave the premises of their detention, they are still subject to the directions which are in force in Victoria, including
  - if they are ordinarily resident in Victoria, they are required to return immediately to their ordinary residence, where they must remain, in accordance with the Stay at Home Directions (No 2)
  - if they have a confirmed case of COVID-19, they must isolate at home in accordance with the Isolation (Diagnosis) Direction

if the person is ordinarily resident outside of Victoria, notify the person of their travel arrangements and that they are to immediately travel to the airport to leave the State

Appendix 10: Release Process 'Running Sheet'

Evening prior to release

- Exit Notices and associated materials prepared and dropped to hotel
  [Separate process to be developed on preparation of materials]
- Early hours releases transport booked (DJPR)
- Early hours releases documentation actioned by AO evening prior, including signing of exit checklist
  If issues or lack of exit time, contact: _____
- Notices for all other exiting detainees placed under doors (by Security)

Day of release

- Security door knocks early departures and they can leave
- Security door knocks exiting detainees at agreed time and brings people to exit location

Release process

- AO to sight ID and notice (notice clearly states both items must be available at release. All parties incl infants should have a notice)
- Confirmation of ID check noted on exit sheet
- If any issues, a blank End of Detention Notice can be filled out and signed by the AO
- AO to inform detainee of release (highlight conditions etc)
- Detainee signs exit sheet
- Welfare staff provide cab charge, facilitate transport etc

Appendix 11 Register of permissions granted under 4(1) of the *Direction and Detention Notice*

Authorised officer:_____

Ref No.	Date	Name of detained person	Reason	Time-Out	Time-In

COVID-19 Mandatory Quarantine Health and Welfare Plan – Operation Soteria

17 April 2020

VICTORIA State Government | Health and Human Services

Contents

Introduction

Mandatory quarantine for all people arriving from overseas into Victoria was introduced on 28 March 2020.

Purpose

This plan outlines the policy for welfare and, medical, nursing and mental healthcare to individuals detained in mandatory quarantine.

Scope

This plan will outline healthcare and welfare arrangements for people in mandatory quarantine as part of Operation Soteria.

This should be read in conjunction with the *COVID-19 Policy and Procedure – Mandatory Quarantine (Direction and Detention Notice)* and the *Operation Soteria – Operational Plan.*

Audience

This document is intended for use by DHHS staff, all departments and organisations involved in Operation Soteria and the governing bodies described below.

Governance and oversight

Operation Soteria

A diagram indicating the governance of strategy / policy and operation of the mandatory quarantine program is described in **Appendix 1**.

Roles and responsibilities

The Public Health Commander (through the Deputy Public Health Commander / delegate) will take responsibility for approving this plan.

The State Controller Health (through the Deputy State Controller Health) operating through the Emergency Operations Centre (EOC) has operational accountability.

The Deputy State Health Coordinator is responsible for:

- provision of healthcare to individuals in mandatory quarantine;
- provision of welfare to individuals in mandatory quarantine (delegated to a Director Health Protection and Emergency Management);
- ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff;
- ensuring a safe detention environment at all times.

Co-ordination of medical care – Requirement for a DHHS Medical Lead

Due to the large number of individuals in mandatory quarantine, the high risk environment and length of time in detention, and the potentially complex needs of this cohort, a DHHS Medical Lead should be appointed to oversee medical care, including care through general practitioners and any nursing – including mental health nursing – care provided. The DHHS Medical Lead should have a healthcare background and have experience managing complex programmes for vulnerable populations. The DHHS Medical Lead should oversee the staffing of the various sites, reassess medical workforce needs, provide advice to staff, and ensure the minimum standards of care are being met.

The DHHS Medical Lead should identify any risks or issues and refer these to the Compliance Lead and State Control Centre Emergency Operations Centre for urgent action. They should be a senior point of contact in relation to medical and nursing care for the Compliance Lead, the State Emergency Controller / DHHS Commander, and the Public Health Commander and Deputy Public Health Commander for Physical Distancing.

Standards for healthcare and welfare provision

Meeting the needs of people in detention

The health and welfare of persons in detention is the highest priority and the main purpose of this plan. Mandatory detention removes some safeguards for health and welfare (such as free access to medical care of choice) and requires the highest standard of medical care at all times. This is in addition to the elevated risk of COVID-19 infection in returned travellers.

All reasonable requests should be facilitated where possible, to ensure that all people in detention are as comfortable as possible during their mandatory quarantine period.

Physical examinations and telemedicine

When a quarantined individual requires medical assessment, they are entitled to receive the highest standard of medical care including a physical examination if indicated. It is not appropriate to defer or delay physical examination (if it is indicated), because the person is in mandatory quarantine. All requests for, and findings from physical examinations should be documented in the medical record, as described above. If a healthcare provider refuses to see a patient that the have been requested to see, the reason should be record in the notes.

Sufficient and appropriate PPE should be provided. If this is not available, it should be flagged immediately to the team leader/site manager to arrange for urgent stock to be delivered from another site. It may be possible to contact a nearby quarantine hotel and arrange for urgent PPE stock to be brought over to that hotel. If appropriate PPE is worn and used correctly, there should be no additional risk to the health care provider, or the patient (quarantined individual).

Any request for medical review should be carefully considered before determining whether telemedicine or physical review is most appropriate in that scenario. Phone consults or telemedicine should not be used as a substitute for direct clinical review if it is clinically indicated. If healthcare providers are concerned for their own safety, the case should be escalated to the DHHS Team Leader.

Clinical handover

All clinical interactions must be documented, and important/ongoing issues handed over to the team covering the next shift. Nurses should hand over to the nurses on the next shift, and also the team leader so they are aware of the outstanding issues. GPs who review patients (over the phone or in person) must handover the outcome of the assessment and ongoing management plan to the nurses, and to the GPs on the next shift (or the clinical lead) if relevant. GPs contracted by Medi7 also have a Clinical Lead who is a Medi7 doctor acting as the coordinating point for these doctors. It would be advisable for a daily morning meeting to occur between the team leader, nursing cohort, medical officer and AO for every hotel. During this meeting, current issues that require escalation may be flagged to the team leader and escalated as appropriate. Documentation of the morning meeting and allocation of special tasks should be recorded in the DHHS notes.

Triage and waiting times

Requests for medical care must be actioned within a specific time frame, in keeping with the acuity of the issue and the availability of services. Where staffing allows the doctor may see patients before the nurse, particularly if the request is deemed urgent.

- For physical medical issues requiring urgent medical review but not 000, the quarantined individual must be reviewed within 30 minutes by the hotel nurse (by contacting the hotel nurse direct line) who should review the patient in person and alert the on-call doctor to arrange urgent review if required. The GP should attend as soon as possible and within two hours.

- For matters requiring medical review (require assessment and management) that is not classified as urgent or emergency, the quarantined individual must be reviewed by a nurse (within four hours) first, then the on-call doctor must be contacted to arrange review depending on the acuity of the issue but within an eight hour period.
- For urgent mental health issues, the patient should be reviewed by the nurse or doctor-on-call within one hour. Where a quarantined individual may pose a risk of harm to themselves or others, a full risk assessment must be conducted by the doctor-on-call and escalation as per current policy – see safety and mental health section. The mental health risk assessment form must be completed – see **Appendix XX**.
- For all other issues, review by the on-call doctor should be arranged within 24 hours.
- For new prescriptions of regular medications, these should be arranged within a 24-hour turnaround period.
- For urgent prescriptions required same day, these should be arranged within 8 hours.

Acuity of issue	Time frame for response
Minor health issue, non-urgent	Phone review as soon as practicable Nurse assessment within 8 hours GP review (if required) within 24 hours
Non-urgent issue requiring review and management	Nurse review within 4 hours GP review (if required) within 12 hours
Urgent request by quarantined individual or mental health concerns	Nurse / mental health nurse review as soon as practicable (within 30 minutes) GP review within 1 hour
Emergency: serious health concern / life-threatening issue	Immediate - call 000 ASAP

Information and data management

There should be a minimum number of secure databases used for the storage and handling of confidential data on people in detention. This is to prevent fragmentation of records management and to reduce the risk of critical information not being available to DHHS, health or welfare staff providing for the health and welfare needs of people in detention.

The following information management systems are authorised for use in this program:

- The Public Health Event Surveillance System (PHESS);
- The healthcare and wellbeing database for mandatory quarantine (Dynamic CRM Database);
- Best Practice general practice software;
- Paper records (until transitioned to systems above).

The State Controller Health (or delegate) and Public Health Commander (or delegate) should be able to access any record within these systems to enable oversight of the health and welfare of people in detention.

The Department of Jobs Precincts and Regions (DJPR) will provide a list of people arriving internationally that populates PHESS and the Dynamic CRM Database. In turn, medical information is then stored in PHESS and Best Practice. Welfare and Compliance information is stored in the Dynamic CRM Database. Within 24 hours of arrival, both the Dynamic CRM Database and PHESS will contain a complete list of people in detention. PHESS will be the complete record for all medical and compliance records for a person who was in detention in Victoria as part of this program.

An Intelligence Cell will be introduced into the EOC to oversee reporting arrangements.

Medical records

Requirement for accessible medical records

Each quarantined individual must have a medical record accessible to all health care providers who require access to it and who are providing care. This record should capture the person's significant medical history, current medications, allergies and any other significant components of the medical history, where these have been revealed by the person in detention or discussed as part of medical care provided to the person during detention. Each time health care is requested **and** provided it must be documented in this record.

Confidentiality and access to medical records

Any medical record created or held by DHHS for a person in detention is confidential and must only be accessed by persons coordinating and providing care for the person. These records should be stored securely and should not be accessed by anyone not providing care for the person. Specifically, these medical records must only be accessed or viewed by an AHPRA-registered health practitioner employed by DHHS to provide services to people in detention, an authorised officer, or the Public Health Commander or State Controller Health or their named delegate. Other persons involved in Operation Soteria should not access a medical record for an individual unless authorised on a named basis by the Public Health Commander (or delegate) or the State Controller Health (or delegate).

Accurate and comprehensive medical record keeping is essential for the health and safety of all individuals in mandatory quarantine and will ensure continuity of care for healthcare providers in subsequent shifts. If medical notes are recorded on paper, these should be stored securely and uploaded to the information management system as soon as is practicable and within 72 hours at most. If a doctor completes an assessment they must provide a written record of this to the nursing staff, either on paper or via email, if an electronic medical record system is not available.

Any medical records documents that are potentially contaminated with COVID (SARS-CoV-2) should be safely placed in plastic pockets to reduce the risk of infection transmission.

Follow-up of results

It is the responsibility of the doctor who orders any test (COVID-19 or otherwise) to follow up on the result and notify the patient in a timely manner. If they are not able to do so, they must handover this task to the next doctor on-call, inform the nurse, and record this in the medical record. A list/spreadsheet of all individuals in mandatory quarantine who have had COVID-19 swabs should be sent to the department each day by the DHHS Team Leader. This will also serve as a safety net for the department to notify the patient if the treating doctor hasn't already.

If a detainee has been reviewed by their personal GP or has received a specialist consult via telehealth whilst detained, a letter from the GP/specialist must be provided within four hours following the review and documentation of this consult, outcome and plan should be transcribed into the Best Practice medical record. The name of the external reviewing doctor, time and contact details must also be documented into the detainee's DHHS notes by the hotel general practitioner. There must be clear communication and documentation regarding who will follow up and review any plans made by external clinicians.

Provision of healthcare

Medical care

Access to regular general practitioners and specialists

A person in detention should be able to access care through their normal general practitioner and specialist through telehealth arrangements if they request it. If that is to occur, the person should indicate who their provider is and should provide the contact details of the general practitioner to the nursing lead / Team Leader for their time in detention, so that the general practitioner can act as an advocate for, and communicate with, the nursing team about the health of the person in detention.

Provider of general practice services

General practitioners (GPs) are provided by Medi7 and Doctor Doctor. **[MORE DETAILS – point of contact, contact information, ABN]**

General practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24-hour medical support to individuals in mandatory quarantine. GPs should be engaged at a ratio proportionate to the burden of healthcare problems across the hotels. The directors of the contracting companies should teleconference with the Deputy State Health Coordinator twice weekly to review workload and vary this ratio if necessary.

GPs attend in person from 8.00am to 6.00pm daily and revert to telehealth arrangements at night.

GPs are contactable via the nurses at each location. From 6pm on a weeknight, the nurse may contact the on-call GP. The on-call GP can provide telehealth services as required or attend the relevant hotel. Over weekends and on public holidays, a group of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

Medi7 is currently implementing a Best Practice medical record system for record-keeping. This will be uploaded to the DHHS Dynamic CRM Database.

Clinical lead for general practice services

Medi7 has now appointed a clinical lead to oversee and coordinate the doctors working across all hotels participating in mandatory quarantine each day. The number of doctors per cluster of hotels is reviewed each morning before determining where each doctor is allocated. The Medi7 GPs can report issues to the clinical lead and seek advice and additional support. The Medi7 clinical lead should update and report concerns to the Deputy State Health Coordinator.

Pathology and pharmacy services

Pharmacy arrangements

Specific pharmacies in proximity to each hotel should be engaged to allow for prompt procurement of necessary medications and equipment for quarantined individuals. The address, contact details, and operational hours of the pharmacy for each hotel should be distributed to all staff working in that hotel and should be easily accessible. Each hotel should know which pharmacy can be used for urgent scripts out of hours, if their usual pharmacy cannot provide this service.

These pharmacies will accept prescriptions emailed by the resident's usual GP or made by the on-site GP and will have delivery arrangements in place to the relevant hotel.

These pharmacies have a billing arrangement in place with the department.

Should the existing complement of pharmacies prove incapable of meeting demand, extra pharmacies will be sought through engagement with the Pharmacy Guild.

Prescriptions

Both prescribed and over-the-counter (OTC) medications can be ordered from the pharmacies described above. A record should be kept of all medications dispensed to quarantined individuals.

Prescribing benzodiazepines

When prescribing benzodiazepines for anxiety in mandatory detention, GPs should exercise a high degree of caution. Care should be taken to ensure that benzodiazepines are not prescribed to individuals who are consuming alcohol, or who have other contraindications to these medications. These medications should only be required after careful history taking and assessment, to individuals who are regularly prescribed them. If they are required to be prescribed, no more than four (5mg) tablets should be prescribed at any time. Repeat prescriptions for benzodiazepines should not be given unless there is clear justification.

All new medication prescriptions for benzodiazepines, opioids, anxiolytics and antipsychotics must be discussed with the medical clinical lead by the prescribing general practitioner. A risk assessment should be performed by the prescribing general practitioner and medication changes should be documented and followed up by the prescribing doctor or handed over to the shift doctor next on call. General practitioners will take full responsibility and indemnity for all new prescriptions or medication changes.

Pathology arrangements

Swabs

Each site should have a twice-daily pathology courier pickup, transporting swabs taken from that site to VIDRL.

Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by REDACTED

The marking requirements for each swab in order to ensure appropriate delivery of results and prioritisation of testing are as follows:

- The pathology request slip must be clearly marked as a hotel quarantine swab – this could be included in the clinical details section or at the top of the form (e.g. “Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234”);
- There must be three identifiers on every swab and pathology request (name, DOB, address);
- The address must be listed as the hotel where the person is being quarantined, not their usual home address;
- A phone number must be provided for every patient being swabbed;
- The name and phone number of the testing clinician **and** the responsible authorised officer for the hotel should be included.

Provision of swab information to public health

Within each hotel there should be a spreadsheet, case list or other record of all quarantined individuals who have had COVID-19 testing carried out. This should record the following details as a minimum dataset for each swab taken:

- Testing doctor (and time)
- Name of quarantined individual tested
- Date of birth

- Usual address
- Contact number
- Email address
- Hotel address and room number
- Date of arrival
- Date of expected release from detention

All COVID-19 swabs taken should be documented in this spreadsheet, even if the person has already had swabs taken while in quarantine.

A daily record of all individuals in mandatory quarantine who have had swabs done and their details should be forwarded by the DHHS Team Leader to publichealth.operations@dhhs.vic.gov.au each day.

Following up results

It is the responsibility of the requesting medical practitioner to chase the result of the test and to notify the department (in addition to the testing laboratory). If the COVID-19 operations team are provided with this information (see next section), then they will be able to follow-up the result too.

Negative swab results

Quarantined individuals who are suspected cases of COVID-19 may receive negative test results. This may lead to confusion and distress for the individual, as they may believe that they can now leave mandatory quarantine. In these situations, the nurse or doctor should explain to the person the implications of a negative swab, and reaffirm the public health need for the person to remain in mandatory quarantine.

Other pathology

Other pathology requests (such as routine blood tests) should be deferred if possible until after the quarantine period. If other tests are required (as per the treating clinician – on-site doctor or person's own GP), this should be coordinated by the team leader in consultation with the GP/nurse. Equipment for taking bloods should be available at (or available to be transported to) the hotel. These specimens should be labelled as per the procedure for labelling COVID-19 swabs (same requirement for identifiers). The preferred provider for these types of pathology specimen is Melbourne Pathology.

Nursing care

Minimum nursing requirement

Nurses (including mental health nurses) are provided by Your Nursing Agency (YNA).

Nurses should be onsite at each hotel across the full 24 hour period. The required nursing complement should be continually reviewed and adapted according to need. This should be based on the number of individuals in quarantine at that site, the current workload and burden of healthcare and mental health issues expected and reported at that site, and the skillset and experiences of the nurses rostered at that site.

There should be one emergency department (ED) trained nurse available 24 hours, two general registered nurses during the day, one general registered nurse on overnight, and one mental health nurse on during the day. Where nurses report that their workload is not safe and that additional nursing support is required, staffing should be reviewed and adapted as necessary.

There should be a nurse coordinator or nurse team leader each day at each site, who is rostered on a longer shift (e.g. 12 hours). This is to ensure the other nurses are adequately managed and supported, to

ensure continuity of care and handover of outstanding tasks / concerns. In general, longer nursing shifts are preferable for this reason.

Mental health care

Mental health nurses

Mental health registered or enrolled nurses should be rostered to each hotel. The number and coverage should be increased at hotels where a growing mental health caseload is identified.

Contacting a nurse at each site

A department-supplied mobile phone should be provided to all nurses at each site. Residents should be able to contact the nurse either directly by phone, or via the hotel concierge. The nurse phone numbers should be accessible on the hotel roster (accessible on Sharepoint). Where the nurse deems a quarantined person to have significant needs, significant requirement for medical care, or be at risk of mental health issues, they may give the quarantined individual their mobile number so that they can contact them directly if needed. Nurses may instigate daily, twice daily, or more frequent phone-calls to check up on the individual. This is in addition to any required welfare phone call. This provides an additional safety net for the health and welfare of quarantined individuals. If a person who normally frequently calls the nurse stops calling, the nurse for that individual needs to contact the individual to check on their health and welfare.

Summary of available mental health services

Mental health services are available to people in mandatory quarantine through the following sources:

1. Calling Lifeline or Beyond Blue;
2. Nurse or mental health nurse on site for initial assessment;
3. Doctor on-call for non-urgent or urgent review;
4. NorthWestern Mental Health triage service (phone 1300 TRIAGE);
5. Referral to CART (Complex Assessment and Referral Team) [Method for calling / contact];
6. Calling 000 for emergency care;
7. Quarantined individuals can also contact their usual mental health provider or be assisted to contact that provider. This includes a psychologist, counsellor, psychiatrist or other provider. Care can then be provided via telehealth.

Phone support services

Individuals in mandatory quarantine can contact Beyond Blue (1300 22 4636) and Lifeline (13 11 14) whilst in detention but must also be reviewed by the on-call doctor and a risk assessment performed if there are mental health concerns. The department's Mental Health and Drugs Branch is exploring further proactive mental health resources with Beyond Blue. [Update]

Nurses and doctors

Nurses and doctors can review persons with mental health concerns upon request from the individual or from other sources for example if a concern is flagged by the welfare check, the authorised officer, security or by another resident. Mental state examination and risk assessment should be performed by the general practitioner allocated to the hotel.

The mental health nurse may assist with this process but the outcome of the risk assessment must be reviewed by the hotel general practitioner unless the detainee has received urgent CATT assessment or has required a transfer to a mental health unit or hospital. Psychiatric input regarding additions or

changes to existing antipsychotic and anxiolytic medications may be required and should be sought by the hotel general practitioner as indicated.

Refer to the Nursing section above for further information on mental health nursing presence in the hotels.

NorthWestern Mental Health triage service

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March 2020 to provide specialist mental health support through direct or secondary consultation for persons in quarantine. Nurses and residents can contact **1300 TRIAGE** (**1300 874 243**) for specialist mental health support. The person making the initial referral should request the specialist priority line.

Complex Assessment and Referral Team

CART is a new service set up by DHHS which can provide advice and support for mental health issues, drug and alcohol problems, family violence and other concerns. This service is currently staffed by two clinicians, one working 8am-2pm, and the other 2pm-8pm. If a full assessment is required CART does not currently have the capacity to complete this, and if more than phone support/advice is required, they will have to refer back to the nurse to arrange for assessment and further management from another source (e.g. NorthWestern Mental Health triage).

Mental health emergency

If there is concern about a mental health emergency in a quarantined individual (i.e. acute suicidal ideation, thoughts of self-harm, or psychosis), and there is a delay in contacting the psychiatric triage team (**1300 TRIAGE**), the quarantined individual should be reviewed by the general practitioner as a matter of urgency and have a risk assessment completed within an hour.

The general practitioner should then assess the quarantined individual to determine if transfer to hospital via ambulance is required for urgent psychiatric assessment or if psychiatric advice can be obtained over the phone. If the quarantined individual is deemed as needing urgent psychiatric review and is not willing to be transferred for assessment, the doctor on call will need to decide if enacting provisions within the *Mental Health Act 2014* is required.

As for other medical emergencies, the authorised officer, reception or other parties do not need to be contacted before 000 is called. First responders should not be denied access to people in mandatory quarantine who make a 000 call.

Who can alert the welfare team to mental health concerns relating to a quarantined person?

A quarantined person, authorised officer, nurse or doctor, security, Vic Police, family members, or anyone else who has a concern about the mental health or wellbeing of a quarantined person can raise this concern to the welfare team. All concerns should be escalated as necessary and documented/recorded in the database.

Escalating medical, nursing or mental health concerns

See section on Escalation for situations requiring escalation.

Emergency services

In the case of an emergency, a nurse, doctor or DHHS staff member can call 000. As soon as is practicable the person should inform the operator that the call is from a mandatory quarantine hotel and

the person may be at increased risk of infection with COVID-19, so that appropriate precautions can be taken. The current hotels in operation are in the catchment of three major hospitals:

- The Alfred;
- Royal Melbourne Hospital;
- Royal Children's Hospital.

As per other medical emergencies, the authorized officer, reception or other parties do not need to be contacted before 000 is called. First responders must not be denied access to people in mandatory quarantine who make a 000 call.

Transport to/from hospital

Transfer to hospital for people with suspected of confirmed COVID-19

- Passengers requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is non-urgent, the nurse, doctor or AO may assist in arranging the transfer.
- If the hospital transfer is urgent, call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Contact the Admitting Officer at RCH/RMH/the Alfred and inform the hospital of patient and details.
- Staff should don full PPE (droplet and contact precautions) and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer (but this should not delay the provision of urgent medical assistance or the request for an ambulance if needed).
- AO must view appropriate authorisation.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine droplet and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room. Further PPE considerations should be determined by the treating doctors.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.

Unplanned transfers to hospital

Unplanned transfers occur via a phone call to Ambulance (AV) via 000 from the nurse, doctor, other staff member or quarantined person. The nurse or doctor then notifies an authorised officer of the transport. The authorised officer then provides an information sheet to stay with the patient throughout the journey. The patient is then treated and transported by AV or Non-Emergency Patient Transport (NEPT) to hospital.

Planned transfers to hospital

Planned transfers occur via clinical staff at each hotel notifying the authorised officer of the transport and arranging transport via the most appropriate transport provider (e.g. AV, NEPT, Clinic Transport Service etc). The transport then occurs to the relevant location.

Summary of hospital transfer

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, Authorised Officers (AOs), Ambulance Victoria (AV) and hospitals.

1. Nurse/doctor makes assessment that patient requires hospital care.
2. The AO grants permission for the individual to temporarily leave mandatory quarantine. Leave should be recorded on the business system or register.
3. All relevant staff including the AO must be notified prior to the transfer (however this should not delay the transfer if it is urgent/an emergency).
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity **(note children should be transferred to the Royal Children's Hospital).**
5. If the hospital transfer is urgent call 000 to request an ambulance and inform them that the passenger is a in mandatory quarantine. Let them know if the person is a suspected (or confirmed) case of COVID-19.
6. Contact the Emergency Department Admitting Officer at RCH/RMH/the Alfred to inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. The passenger should be transferred on a trolley or bed from the ambulance into the designated COVID-19 ambulance reception area.
9. The patient should be managed under routine droplet and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
10. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
11. All residents who are in high risk groups, unwell, breathless or hypoxic (O_2 sats <95%) should be considered for hospital transfer.
12. Assessment and diagnosis are made by the treating team at the hospital. A plan is made for either admission to the hospital or discharge back to the hotel (possibly for more appropriate medical care to be arranged at the hotel).
13. Prior to any movement of the patient out of the ED, a new plan or detention approval must be sought for either return to the hotel or admission to a different location in consultation with the compliance team (receiving hospital and compliance team).
14. Hospitals will need to contact the AO at the relevant hotel, then the AO team lead will advise Lead Executive Compliance to obtain any necessary approvals.

Discharge from hospital

Discharge from hospital should be at the behest of the treating team. Refer to the current 'Guidelines for health services and general practitioners.'

Transfers from hospital back to the hotel are arranged by the hospital in liaison with the DHHS Team Leader.

Anaphylaxis

Where individuals in mandatory quarantine have severe allergies and a history of anaphylaxis, this must be recorded and flagged in the welfare survey completed on the way to or at the hotel at the beginning of the stay. All individuals who require medications including antihistamines, corticosteroids and epipens should have an adequate supply of these. If they require an additional prescription for these this should be facilitated by the healthcare providers at the hotel and the nominated pharmacy as a matter of urgency.

If a person reports that they are having an anaphylactic reaction, 000 should be called immediately. This does not need to be escalated to an AO (or any other member of staff, medical or non-medical) first – the urgent ambulance should be called immediately by whoever is first aware of the situation. The health of the quarantined individual and the provision of urgent healthcare is the priority in any medical emergency. The authorised officer can be informed as soon as is practicable thereafter.

Note: persons may call 000 themselves in the event of an emergency, they do not need to do this via an AO, a nurse or reception in an emergency.

Provision of welfare

Airport screening process

At the airport, DHHS nurses and Department of Agriculture, Water and the Environment (DAWE) biosecurity officers will screen all passengers arriving from overseas for symptoms of COVID-19. Nurses will perform a temperature check on each passenger.

Management of an unwell person at the airport

Any passengers who screen positive on this health check will trigger the DAWE biosecurity officer to contact the Human Biosecurity Officer (HBO) on-call for the department. After discussion with the HBO, if it is determined that the person meets the criteria for a suspected case of COVID-19, the following actions should take place:

- The HBO should organise an ambulance transfer to the Royal Melbourne Hospital (or Royal Children's Hospital) for testing and assessment.
- The AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc.) can be organised to bring the person to the assigned hotel.
- If the person is unwell and requires admission to hospital, the Compliance Lead should be informed.
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the AO.
- If they are a confirmed case they should be placed on a COVID-19 floor. If they are not, they can be placed in a general part of the hotel.

Transfer of uncooperative individuals

It is recommended that a separate mode of transport to the hotel is provided for a person who is uncooperative/non-compliant. Ensure appropriate safety measures are taken (e.g. child locks on doors, a safety briefing for drivers etc.).

If a person refuses testing for COVID-19 at a hospital and they are well enough to return to the hotel, they should be transported back to the hotel and treated as if they are COVID-19 positive (i.e. they must be situated on the COVID floor of the hotel and the necessary precautions taken). Every effort should be made to encourage them to get tested before this happens. However, they cannot be forcibly tested.

If a person refuses testing and treatment at a hospital and is too unwell to be released from hospital, a Human Biosecurity Control Order (HBCO) may need to be considered.

Assessment at the hotel

All quarantined individuals will be given a survey to complete on the way to or at the hotel. This will include questions about past medical history, mental health history, allergies, medications, next of kin/emergency contact, dietary requirements, and other important health and welfare needs. A doctor and nurse will be available on site to urgently review anyone who reports illness or an urgent medical need on arrival at the hotel. Nurses will review the surveys and contact all individuals who are identified as having significant health needs, as soon as is practicable. After initial phone contact is made, further assessment/management can be organised as needed.

Initial information on options for accommodation

Policy on separation of people in travelling parties to promote effective quarantine

There are a number of options for people – such a couple or family – for rooms to promote effective quarantine. Because a person needs to commence a further 14 days of quarantine when a person within a party or group is identified as positive for COVID-19, there should be an option to separate people – if they consent – at various points in the quarantine journey.

Option 1 – Parties stay together

A couple or family stay together and share a suite or room. If a person becomes positive, an extension of quarantine will be required on a tailored basis for the other persons.

Option 2 – Parties separate from the outset

A couple or family are separated from the outset. If a person becomes positive, the other parties do not need to recommence 14 days of quarantine.

Option 3 – Parties are separated once one person becomes positive

A couple or family separate into different rooms (with no contact thereafter) after a person becomes positive for COVID-19. The non-infected persons then start a new 14 day quarantine period, which is served at home once they complete the mandatory 14 day period in the hotel.

Option 4 – Parties stay together after one person becomes positive

The parties stay together. At the end of the 14 day period, they both leave to home isolation, and the non-infected persons commence a further 14 day quarantine period, as long as they separate in the house to which they go.

Communication of these options to people in mandatory quarantine

The DHHS Team Leader should communicate these options to people at booking, with the default option being that parties stay together unless they indicate a preference to separate from the outset.

Assessment during detention

Medical care should be available 24 hours a day to individuals in mandatory quarantine.

The need for medical care can be identified through the following channels:

- Via the daily welfare check
- By the person contacting the concierge or nurse directly
- Nurse phone call to the individual
- The 1800 government services number (DJPR), the physical distancing hotline, the COVID hotline, or any other DHHS phone line
- Family members directly contacting the hotel/team/COVID quarantine inbox

Individuals in mandatory quarantine should be supported to contact their regular health care provider by phone or telemedicine if appropriate. In these instances, the healthcare provider should be provided with the contact details of the hotel nurse or GP so that the outcome of the assessment or management plan can be communicated with the medical team on site.

Tiers of risk for people in mandatory quarantine for welfare checks

Individuals in mandatory quarantine will be triaged into three tiers of risk. The type of welfare check will depend on the tier the person falls into.

The following table is an initial framework for triaging the type and frequency of welfare check required:

Table 1: Risk Characterisation for Welfare Checks

Risk Tier	Risk factors	Welfare check type
Tier 1	Residents with suspected or confirmed COVID-19 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions) Residents with a history of mental illness	Daily phone call
Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispr)

For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.

Automated text messages are sent to all passengers in Tier 3 via Whispr.

Individuals may be moved between risk tiers throughout their quarantine period as need dictates.

Requirement for a welfare check

As part of the welfare check process, quarantined individuals should be provided with a satisfaction survey (available at **Appendix XX**) to complete each week. This satisfaction survey is more comprehensive than the regular daily welfare check. Any concerns raised on the survey should be escalated to the DHHS Team Leader for action.

Each individual in mandatory quarantine should receive a welfare check each day by a DHHS welfare officer (employee or contractor). A welfare check will allow people in detention to be assessed for medical and social issues. Concerns can be flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. Referrals to the nurse, social supports, mental health and other services can be made as a result.

Welfare checks are made from the DHHS welfare call centre by a DHHS welfare officer – the script for these checks is in **Appendix XX**).

Smoking

Smoking is not permitted within the hotel rooms. The following actions should occur:

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;

- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
  - They return immediately to their hotel room.
- Smokers should be provided with the Quitline number to access telephone counselling - 13 78 48
- People can also contact their regular general practitioner via telehealth for support.

Fresh air and exercise

Individuals in quarantine should have access to fresh air where feasible.

- 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.

Exercise is important for physical and mental health, particularly in the mandatory quarantine environment. Requests for exercise equipment / yoga mats should be facilitated where possible, but equipment should be thoroughly cleaned and disinfected after use. Resources for exercise routines and yoga/meditation should ideally be provided to individuals in mandatory quarantine upon request.

Alcohol and drugs

Alcohol is permitted within hotels. Excessive alcohol consumption should be discouraged and should not be facilitated.

If there are concerns about alcohol or other substance abuse or withdrawal:

- Request nurse or medical review.
- Provide numbers for support services.
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.
- If there are concerns about acute alcohol withdrawal, confusion or mental state/mental illness, escalate for urgent medical review (consider calling 000).

Note: Alcohol should not be provided to persons who are under 18 years of age (including in the hotel room minibar).

Nutrition and food safety (including allergies)

Individuals in quarantine should be provided with a well-balanced and plentiful diet, with options provided for those with specific dietary requirements.

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.
- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with hotel staff.
- Ensure access to additional food if required.

- Ensure that food allergies are recorded and communicated to the catering providers.

If there are substantial concerns that someone is not eating, this should be flagged with the medical team, and appropriate review/referral arranged (e.g. for mental health assessment).

Food allergies

Individuals in mandatory quarantine should report all allergies in their initial health and welfare survey, and indicate if they are severe, have a history of anaphylaxis, or have been prescribed Epipens. This must be filled out by every quarantined individual. If no allergies are reported, they should record “no known allergies”. Dietary requirements should be carefully recorded and communicated to the catering providers. It is the responsibility of the welfare team to ensure that food safety arrangements are in place and that this information is communicated to the catering staff.

Food safety process

Food safety questionnaires (along with the welfare questionnaire) should be distributed to individuals at the airport. Individual with specific dietary requirements (who are eligible for this process) should be contacted and advised of the process for self-organising suitable meals (through uber eats and by submitting a claim following their stay). Uber Eats Drivers should drop meals off at the hotel, and security staff should deliver the meals directly to the requestors’ rooms. The Uber Eats Driver/Rider should not drop the delivery to the person’s room directly.

Please refer to the following documents for further details:

- Process for people with food allergies
- Food safety questionnaire

Care packages

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in mandatory quarantine. The reason for quarantine is to prevent risk of COVID-19 transmission from people in detention to other parties and does not mean a person needs to be prevented from receiving packages.

The care package should be provided to the hotel reception or other party for conveyance to the person in mandatory quarantine and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in quarantine without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

Safety and family violence

If there are concerns about family violence / the safety of women and children the following should occur:

- Arrange for separate rooms for the person to be assessed and access phone support services (separate rooms may also be indicated for the remainder of the quarantine period)
- Refer to CART
- Refer to phone support services
- Engage case worker to contact person and make an assessment

Social and communications

- All residents should have access to **free** wifi/internet.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.

- Toys and equipment should be provided for small children if possible.

Negative permission/exemption outcomes

When a person submits a request for release from detention (temporary or permanent) that is denied/declined, a CART team support worker should be present (on the phone) to provide support (if the person consents to this, and if CART are already working with the person).

- The CART team can support the person before and after the exemption discussion with the doctor which is a separate discussion, in anticipation of some emotional distress upon hearing the outcome.
- The CART worker can help the person gain insight into the public health risk, understand the information they are receiving, and provide insight into what they can and can't do whilst they remain a public health risk.
- This will also inform the doctor/nurse and CART team of further risk management and support required for the person going forth.

Assessment in preparation for exit

All persons departing mandatory quarantine will be offered a health check with a nurse 24-48 hours prior to exiting. This health check is voluntary. This will consist of questions about symptoms of COVID-19 and a temperature screening.
If a person screens positive on the health check:

- They will not be detained longer than the 14 day mandatory quarantine period
- A swab will be sent and they will be informed that they need to self-isolate after exiting, until the result of the swab is known
- If they do not have appropriate accommodation to self-isolate after release, they will be assisted to find such accommodation

If a person screens negative on the health check, no further action will be taken.

Infection control and hygiene

COVID floors/hotels

Each hotel should have a COVID-19 positive floor or area (a "**RED ZONE**"). Any person who is a confirmed case should be relocated to this area of the hotel when the test result is known. Appropriate signage, PPE and other consumables should be available at the entrance to this area of the hotel. Where there are large numbers of confirmed cases arriving on a flight, a COVID hotel may be considered. Where the infrastructure allows, suspected cases may also be moved to an area of the hotel away from well individuals.

Personal protective equipment

A supply of P2/N95 masks and gowns should be maintained, in addition to single-use face masks and gowns. PPE stocks should be checked regularly by the team leader/ manager, and urgently requested if needed. Regular stocktake should be undertaken to pre-empt additional orders.

PPE should be available in the donning section of the hotel. Biohazard bags for waste disposal, and hand hygiene stations, should be available at the doffing section of the hotel.

PPE protocols should be available to all staff working in the hotels, so that there is clear instruction on what type of PPE to wear and in what circumstances, how to don and doff it, and how to dispose of it.

Laundry

Staff may wear PPE when handling dirty laundry. Laundry should be washed on the highest possible setting and thoroughly dried before use. Staff should not overly handle the linen – it should be put straight into the washing machines. Staff should follow hand hygiene procedures after handling dirty linen.

Cleaning

Though not directly medical care, all quarantined individuals have the right to a safe and comfortable room and environment. Quarantined individuals may not be able to upkeep their rooms for various reasons, which may affect their physical and mental health. If cleaning cannot be regularly provided, all efforts should be made to assist the quarantined individual with cleaning their room. In rare instances the quarantined individual may need to be moved out of the room, and staff don full PPE to provide a rapid cleaning of the room. This should only occur in rare instances where the quarantined individual is not capable of doing so themselves. Any persons for whom there is a concern about room hygiene and safety should be flagged to the team leader.

Please refer to the department document 'Cleaning and disinfecting to reduce COVID-19 transmission'.

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room. Rooms that have been vacated will not be repurposed during the quarantine period.

COVID-19 in people in mandatory quarantine

Actions for confirmed cases of COVID-19 in people in mandatory detention

Overall actions

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers → the **RED ZONE.**
- A designated COVID-19 hotel should be available when there are large numbers of cases coming off of flights (e.g. high risk repatriation flights with a high burden of suspected or confirmed COVID-19).

Personal protective equipment (PPE)

Staff who engage with monitoring or assisting persons in mandatory detention in person:

1. Apply standard infection prevention and control precautions at all times:
    a. maintain 1.5 metre distance
    b. wash your hands or use anti-bacterial agents frequently
    c. avoid touching your face.
2. Every situation requires a risk assessment that considers the context and client and actions required.

3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
    a. fluid-resistant surgical mask (replace when moist or wet)
    b. eye protection
    c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

Current infectious cases

- In the situation that an arriving passenger is a current infectious case of COVID-19, they will still be handed the detention notice and will be placed in mandatory quarantine.
- They will be given a single use face mask to wear and will be kept separate from the other passengers where possible.
- At the hotel, they will be asked to provide confirmation of their diagnosis. If there is any doubt surrounding the certainty of the diagnosis of COVID-19, they may be tested again.

Recovered cases

- In the situation that an individual states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.
- The onus on them is to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- The department will decide on a case-by-case basis whether evidence from other sources (from testing done overseas) can be considered sufficient proof to inform clinical and public health decision-making.
- If they meet the criteria for release from isolation (see below) and the testing and medical reports provided are considered sufficient by the department, they may be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation.

Release from isolation

Criteria for release from isolation

Confirmed cases of COVID-19 will be considered for release from mandatory quarantine, once they meet the department's criteria for release from isolation of a confirmed case:

- the person has been afebrile for the previous 72 hours, and
- at least **ten days** have elapsed after the onset of the acute illness, and
- there has been a noted improvement in symptoms, and
- a risk assessment has been conducted by the department and deemed no further criteria are needed

Clearance testing is not required for release from isolation, either in the home or in mandatory quarantine.

Process for release from isolation

As per the DHHS guidelines for health services and general practitioners, the department will determine when a confirmed case no longer requires to be isolated in hospital or in their own home, in consultation with the treating clinician.

- In this case, the treating clinician is considered the medical practitioner looking after the cases in that hotel.
- Every confirmed case that is diagnosed in Victoria is notified to the department, and assigned a case and contact officer (CCO), regardless of whether they are diagnosed in detention or outside of detention. Every confirmed case receives daily contact from the case and contact team.
- The CCO will advise when it is appropriate for consideration for release from isolation, and will issue a clearance certificate (via email) to the case when they meet the criteria for release from isolation.

Nurses looking after confirmed cases in detention should temperature check and review symptoms of confirmed cases daily. The date of acute illness onset should be clearly documented in their records.

If a confirmed case is due for release from mandatory quarantine but does not meet the department's criteria for release from isolation, they will not be detained longer than the 14-day quarantine period. They will be released from detention at the agreed time, but will be required to self-isolate at home or at other accommodation until they meet the required criteria. In this case they will be subject to the self-isolation direction. They will be given a single-use face mask to wear when checking-out from the hotel and in transit to their next destination. They will be provided with a 'confirmed case' information sheet.

Exit planning for individuals with confirmed COVID-19

Non-emergency ambulance transport

When a confirmed case of COVID-19 who is considered still infectious but is stable is assessed as appropriate for transition to isolation in their home, Ambulance Victoria will be requested by the Operational lead for mandatory quarantine to provide a non-emergency patient transport for that person to a destination in Victoria that is the assessed appropriate home isolation location

If there are multiple persons to be transitioned to home isolation on the same day, subject to compliance-related logistics being able to be handled and any privacy considerations being met, it is permissible for two or more potentially infectious confirmed cases of COVID-19 to be transported together in one NEPT, i.e. to cohort confirmed cases

Room sharing - COVID incongruent couples

In instances where one person in a room share situation is a confirmed case and one person is COVID-19 negative, the confirmed case should self-isolate in a separate room away from the person who does not have COVID-19. The quarantine period (but not the mandatory detention period) for the COVID-negative person starts from their last contact with the confirmed case while the confirmed case is infectious. This may mean that they need to self-isolate for an additional number of days after the mandatory detention period ends, but they may do this in their own homes or in alternate accommodation, not in detention.

Room sharing - well persons

In instances where two or more well people who are not suspected or confirmed cases of COVID-19 wish to share a room in advance of check-in at the hotel, this can be facilitated.

If this request is made after the persons have been initially been in separate rooms for a period of time, they should be informed that this may increase their risk of infection with COVID-19 if the other person is incubating the infection, and that COVID-19 infection may result in serious illness and death in some

cases. If the persons still insist, then it must be documented in the database that the risks have been discussed with them (e.g. by a nurse), before facilitating this request.

Exit arrangements

The following table documents the exit management plans for quarantined individuals in different scenarios.

Scenario	Exit plan
Well person who has served 14 days of quarantine	• Can leave – gets end of detention notice (universal version).
Confirmed case of COVID-19 who has met criteria for release from isolation (i.e. is declared no longer infectious)	• Can leave – must not be prevented from leaving if the AO is aware they are cleared and the person demands to leave – they are non-infectious and therefore not a public health risk. • Gets clearance from isolation letter from PHC (as per Isolation (Diagnosis) Direction).
Confirmed case of COVID-19 who is still potentially infectious and has been in detention less than 14 days	• Must stay in detention.
Confirmed case of COVID-19 who is still potentially infectious but has reached the end of their 14 day detention period	• Can leave detention but is now subject to the Isolation (Diagnosis) Direction. • Safe travel should be arranged by EOC to place of home isolation in Victoria (mask, stay separate, go straight to home; but preferred travel by non-emergency patient transport with PPE'd ambulance officers) • Not permitted to travel interstate / not permitted to fly domestically but no detention order needed to prevent that (in keeping with all other confirmed cases) • If no place to isolate, DHHS should keep person in hotel voluntarily to reduce risk until cleared, or until safe home isolation environment identified
Well close contact of a confirmed case of COVID-19 (i.e. room-mate at hotel), where the room-mate has reached the end of their 14 day detention period	• Case and Contact Sector to do assessment, assign a new 14 day period (from date of last contact with infectious case) and issue a requirement to quarantine until that 14 days ends – factsheet, lodge new date in PHESS, reverting person to effective close contact status • No detention order required, and no legal order preventing flying, but must be advised by CCM Sector not to fly and needs to quarantine • If lives interstate, DHHS could offer hotel if person would otherwise be homeless.
Symptomatic suspected case of COVID-19 who has reached the end of their 14 day detention period.	• Allowed to leave detention safely (mask, separate; ideally NEPT transport to home isolation). • DHHS Case and Contact Management to follow-up result to convey (as DHHS oversaw this testing so is obliged to follow-through).

Reporting / escalating concerns

Principles

- Decisions about medical care should be left to the nurses and doctors and should not be determined by any other staff.
- In any emergency situation, the priority is to call 000 before notifying any other managing or governing figure.
- If there is any doubt over whether an issue or concern should be escalated to senior management, escalate the concern.

Clinical escalation

This is described in **Appendix 2**.

Escalation for mental health concerns

Chain of escalation for mental health concerns and issues

The following table indicates the chain of escalation for concerns about the mental health of people in mandatory quarantine.

Situation	Responded to by	Escalated to	Reported to
Non-urgent mental health concern	Nurse or GP Regular healthcare provider by telemedicine	Mental health nurse Psychiatric triage	Medical lead General practitioner
Repeated mental health concerns / acute mental health concern	Mental health nurse or GP, urgent review Psychiatric triage urgent review Daily physical welfare review thereafter	Ongoing mental health nurse management	Welfare lead Medical lead Compliance lead
Risk of self-harm / serious mental health concerns	Immediately phone 000 → Emergency Department Call GP/nurse to attend urgently	Emergency inpatient tertiary care	Welfare lead Team leader Medical lead Compliance lead Deputy Public Health Commander

Specific events to escalate

The following mental health-related events or situations should lead to an escalation to the Deputy Commander - Welfare at EOC who will also notify the Deputy Public Health Commander:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required.

Escalation for medical reasons

An escalation flowchart is at **Appendix 2**.

Nurse or doctor to escalate

In the following circumstances, the nurse / general practitioner should call the DHHS Team Leader:

- There is any practical issue arising from the medical consultation that needs the assistance of DHHS;
- A patient needs to access an alternative medical or welfare service such as mental health nursing, a medical specialist or acute hospital care;
- A patient needs to be admitted to hospital in an emergency;
- A patient has suffered any form of life-threatening injury or health event;
- A patient has died.

DHHS Team Leader to escalate

The following concerns or events must be escalated by the DHHS Team Leader to the Deputy Commander - Welfare at EOC within one hour, who will also notify the Deputy Public Health Commander within two hours:

- A person identified as high risk for mental health concerns due to a past history, medication or recent bereavement;
- Detainees with suicide or homicide risk or recent psychosis;
- Any instances where physical or chemical restraint have been required;
- A serious act of non-compliance;
- A new COVID-19 diagnosis;
- An acute medical deterioration;
- Any hospital admission or emergency transfer to hospital;
- A serious risk to the health and safety of a person in mandatory quarantine (or a staff member);
- Serious illness/harm/injury (including assault) to a person in mandatory quarantine;
- A severe allergic reaction (anaphylaxis);
- A death.
- An unauthorised absence from mandatory detention (a missing person)
- A fire or other emergency in a hotel;
- A potential outbreak of COVID-19 or another infectious disease.

Daily health and welfare report to Public Health Commander

A daily health and welfare report should be provided to the Deputy Public Health Commander for Physical Distancing. This is to ensure oversight and accountability for the mandatory quarantine process. This report should include but is not limited to the following:

- Total number of people in mandatory detention
- Total number of confirmed COVID-19 cases (cumulative and new)
- Total number requesting exemptions to leave mandatory quarantine (temporary and permanent)
- The number of persons in mandatory detention receiving:
  - A nurse review
  - A mental health assessment
  - A GP review
  - Referral to hospital

  - A 000 call
- The number of persons awaiting:
  - A mental health assessment
  - A GP review
- The number of persons in the following groups:
  - Significant psychiatric history - mild/moderate/severe mental health issues (as per the risk stratification)
  - Serious/life-threatening medical conditions (e.g. anaphylaxis, stage 4 cancer)
  - Age < 16 years or > 70 years
  - Pregnant women
- The number of calls from the hotels to:
  - 000
  - VicPol
  - Other DHHS phone lines
- The number of risk incidents logged in the database.
- Other major concerns flagged.

Audit

Healthcare audit

Medical care provided by doctors and nurses contracted by DHHS will be audited regularly. This should be reported to the EOC Commander and Deputy Public Health Commander. The audit process may consist of, but is not limited to, the following:

- Assessing waiting times for delivery of care;
- Record-keeping and review of medical records;
- Medical care satisfaction surveys;
- Number of repeat requests for medical care/escalation;
- Number of risks reported;
- Feedback from authorised officers and other organisations involved/staff.

Welfare audit

Audit of welfare procedures should be performed by the Welfare Lead at the EOC on a regular basis. The audit process may consist of:

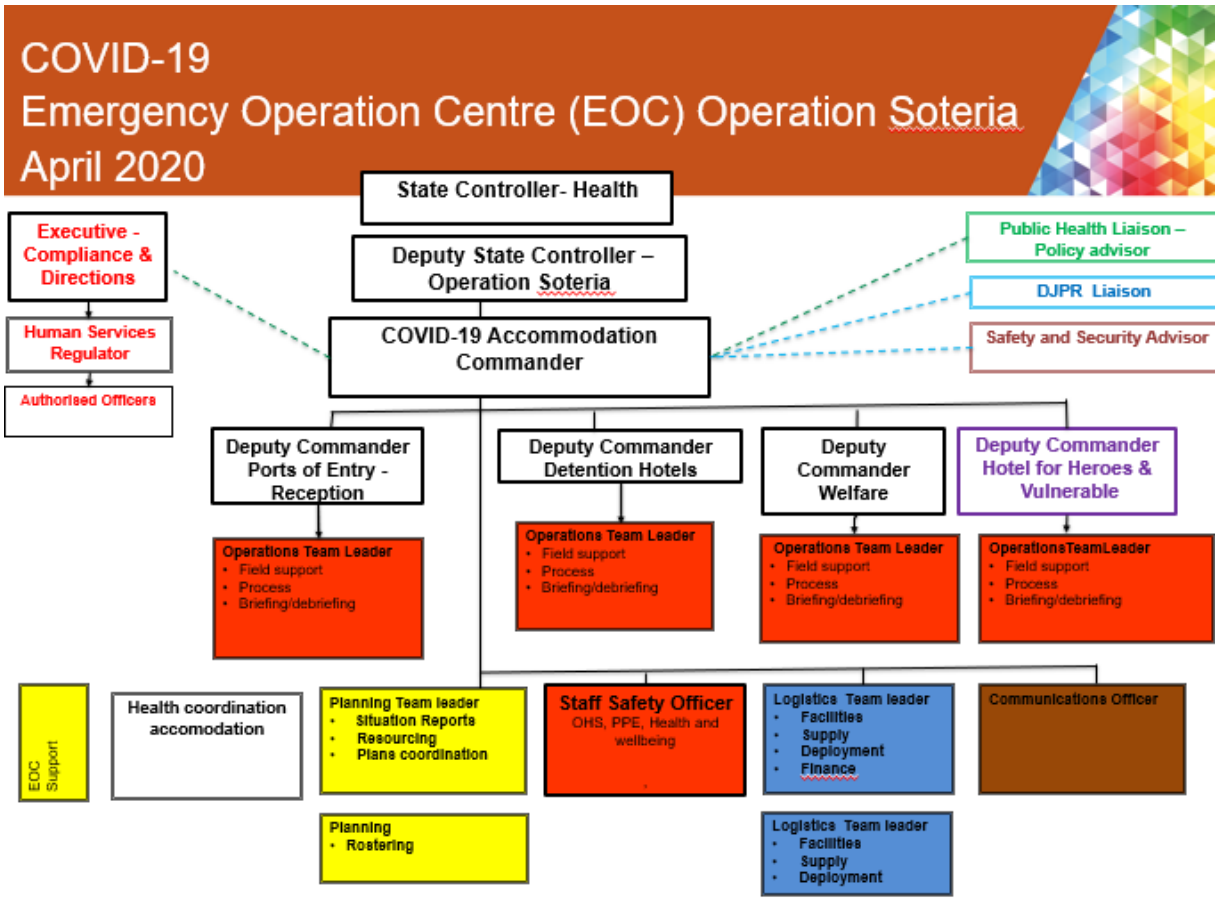
- Review of weekly satisfaction surveys;
- Feedback from staff;
- Audit of welfare check calls (review of a sample of recorded calls).

Appendices

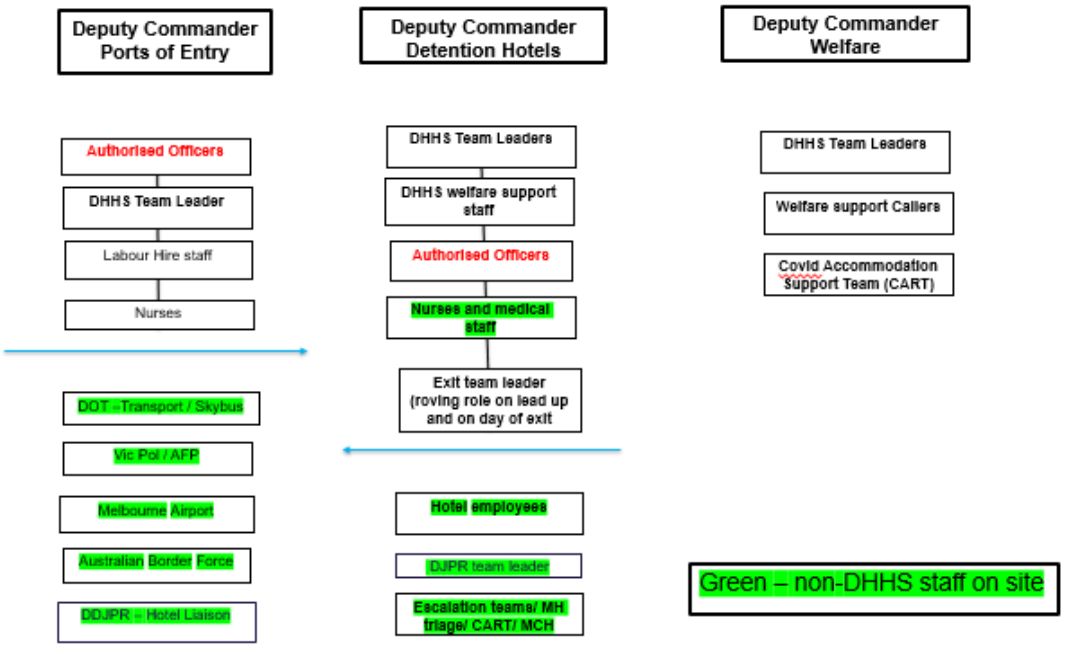
List of possible appendices / supporting documents to add:

- Compliance plan (Meena's team – AO operational guide)
- Nursing operational guide
- GP operational guide
- Team leader operational guide
- Sample daily health and welfare report
- Welfare survey
- Weekly satisfaction survey
- Welfare call centre guide / script
- Hotel isolation medical screening form
- COVID-19 assessment form
- Nursing documentation (from YNA)
- COVID-19 testing factsheet
- COVID-19 return travellers testing at VIDRL
- Swab record spreadsheet
- Escalation pathway/governance flow diagram
- Transfer to hospital flow chart
- Unwell passenger at airport flow chart
- HBO airport protocol
- Mental health documents
- Flow chart of command structure (EOC/PHC etc. etc.)

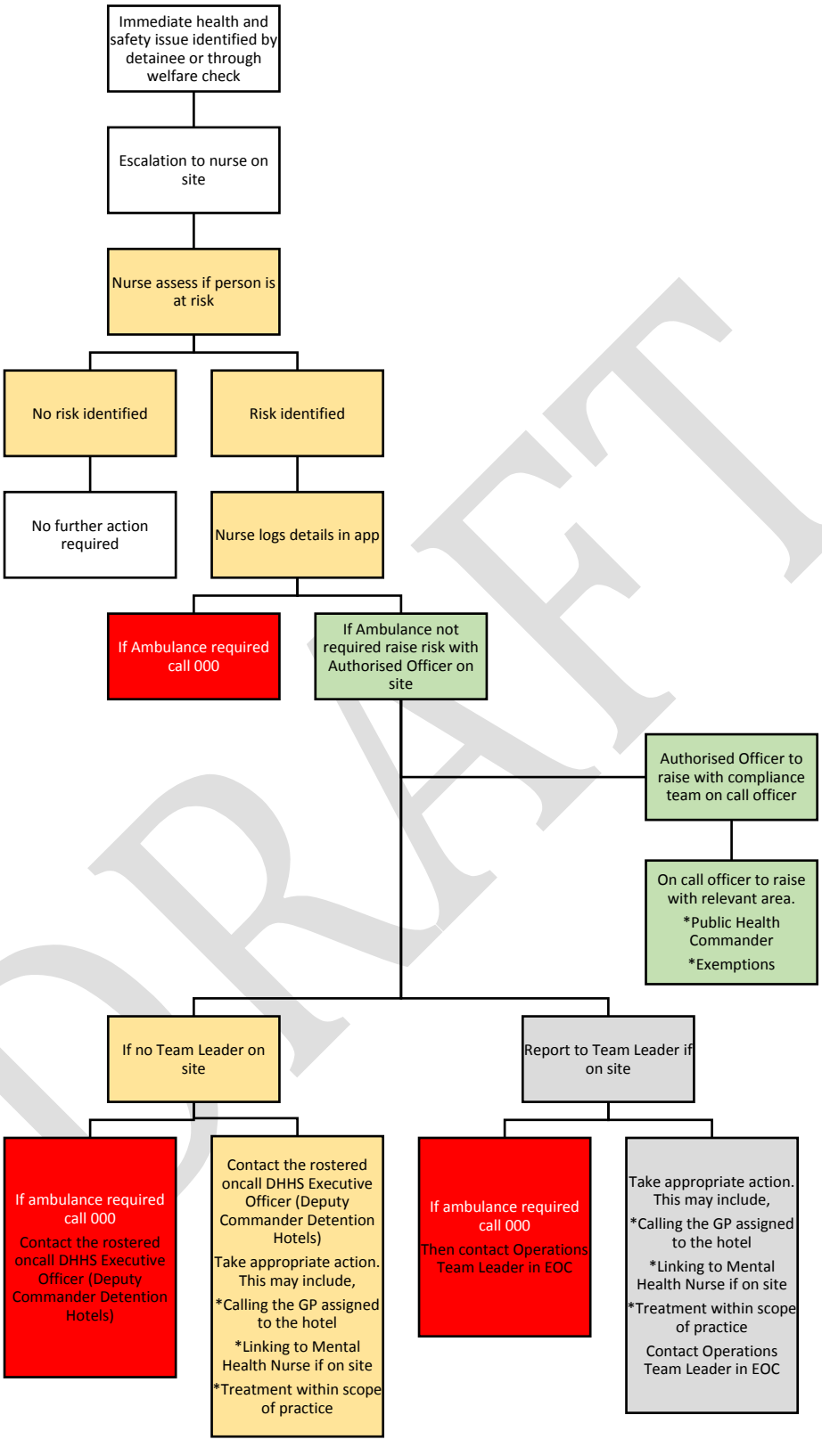
Appendix 1 - Governance



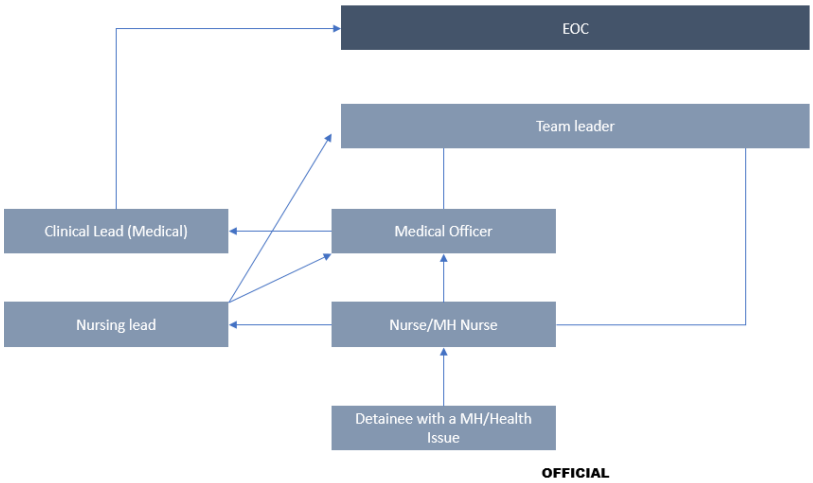
Operation Soteria – on site teams



Appendix 2 – Escalation Process



Clinical referral pathway



MANDATORY Team leader notification for escalation:
- Transfer of detainee to hospital
- Adverse outcome
- Deterioration of detainee (mentally or physically)

URGENT MO ESCALATION +/- AMBULANCE
- Suicidal/homicidal ideation or intent
- Acute psychosis or delirium
- Chest Pain (If currently ongoing – call 000)
- Breathing difficulty
- Sedation, loss of consciousness, stroke
- HR > 100
- SBP < 90
- RR > 30 or <12
- Spo2 < 94
- Or other clinical concern (seizure, anaphylaxis etc)

MANDATORY MO ESCALATION:
- Medication review
- Concerns re: COVID-19 symptoms
- Clinical or mental health deterioration
- Aggression
- Intoxication or drug interaction
- More than 3 calls for review daily
- Hypoglycaemia

Nursing actions:
- Welfare / clinical reviews
- Examination + observations
- Referral to CART, beyond blue, ambulance (see above)

OFFICIAL

Saved in TRIM Operation Soteria - Draft Healthcare and Welfare Plan for Mandatory Quarantine

From: "Finn Romanes (DHHS)" REDACTED

To: "Pam Williams (DHHS)" <

Cc: "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>, "Simon Crouch (DHHS)" REDACTED >, "Meena Naidu (DHHS)" REDACTED , "Annaliese Van Diemen (DHHS)" REDACTED "Brett Sutton (DHHS)" 'Claire Harris (DHHS)" "Euan Wallace (DHHS)" .au>

Date: Sat, 18 Apr 2020 22:54:17 +1000

Attachments: Draft Mandatory Quarantine Health and Welfare Plan - 18 April 2020.docx (2.38 MB)

Dear Pam and REDA / REDACTED – Operation Soteria

A number of people in various roles, especially my colleagues Claire Harris and others, have worked through today to get this draft plan ready for use.

There are only a small number of residual issues, which are listed now as comments in the margin, that are beyond my role to resolve. As you know, Public Health Command is very keen to provide the response with the best advice in the space of healthcare and welfare, and I commend this plan to you.

I recommend this plan is endorsed as an interim plan, the comments are addressed through decision of the DHHS Commander / State Health Coordinator or deputy (as I understand it the leads for the actual provision of medical care specifically and the roles – through REDACTED that commissioned general practitioners) and then the interagency Soteria group could be provided the plan by REDACTED – Operation Soteria for awareness and any comments and endorsement.

Can you / RED take it from here?

Kind regards

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency
REDACTED
Department of Health and Human Services
State Government of Victoria

RE: Operation Soteria - Arrival factsheet

From: "Claire Harris (DHHS)" <REDACTED
To: "Finn Romanes (DHHS)
Cc: REDACTED
Date: Sat, 18 Apr 2020 12:07:38 +1000
Attachments: COVID19_mandatory quarantine - care QA CH.docx (233.15 kB);
COVID19_mandatory quarantine - health and wellbeing QA CH.docx (228.41 kB);
COVID19_mandatory quarantine - compliance QA CH.docx (228.4 kB)

Hi Finn,

I've put comments throughout as I'm not sure about the authority to make the changes I am suggesting

There is considerable overlap between these documents, some inconsistencies in the duplicated sections, and some gaps where I think that the information might be better in one of the others or should also be added to one of the others. The care document has two audiences and I think it can quickly be reframed to just one.

I suggest that the three docs are consolidated – this removes the duplication and inconsistencies
If you agree, given her offer of help below, can we ask REDA to pull them together?

Cheers
Claire

From: Finn Romanes (DHHS) REDACTED
Sent: Saturday, 18 April 2020 9:59 AM
To: REDACTED REDACTED
Cc: Claire Harris (DHHS) <REDACTED
FREDACTED
Subject: FW: Operation Soteria - Arrival factsheet

Any chance these could get reviewed, track-changed for any areas of concern and sent back to me today?

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

From: DHHS EmergencyCommunications (DHHS) <em.comms@dhhs.vic.gov.au>
Sent: Saturday, 18 April 2020 9:31 AM
To: Finn Romanes (DHHS) REDACTED
Cc: Meena Naidu (DHHS) REDACTED Pam Williams (DHHS)
REDACTED DHHS
EmergencyCommunications (DHHS) <em.comms@dhhs.vic.gov.au>
Subject: RE: Operation Soteria - Arrival factsheet

Hi Finn,

Can I just confirm this question is about info for mandatory quarantine?

My understanding is that these fact sheets are plain English re-works of the previous Mandatory Quarantine fact sheets / newsletters. Content has not changed, just the way it has been worded and grouped/consolidated.

- Care Q&A relates to logistical information such as ordering food, care packages from family, etc (mainly a DJPR thing)
- Compliance Q&A relates to information on what you can and can't do - was all in original welcome fact sheet

Please let me know if I can provide anything further.

Kind regards
REDACTED

From: Finn Romanes (DHHS) REDACTED
Sent: Saturday, 18 April 2020 9:26 AM
To: DHHS EmergencyCommunications (DHHS) <em.comms@dhhs.vic.gov.au>
Cc: Meena Naidu (DHHS) REDACTED >; Pam Williams (DHHS) REDACTED
Subject: Operation Soteria - Arrival factsheet

Hi PIO

Can you link to SCC communications / etc to get a copy of an arrival factsheet for international arrivals so we can have a look – Reagan spoke to this at State Control Team – I'm not sure if PHC has ever reviewed or approved or commented on it and that would be important to have a chance now time has passed.

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED
Department of Health and Human Services
State Government of Victoria

COVID-19 mandatory quarantine

Questions and answers - care

What is the situation?

International arrivals present an increased risk of further transmission of coronavirus (COVID-19 in the community.

All international travellers arriving at Victorian airports or disembarking at maritime ports must go into **immediate** quarantine for 14 days from the day of their arrival.

What type of accommodation is being provided by the Victorian Government and where will it be?

Quarantined travellers will be housed in suitable accommodation for the14 days of quarantine period. This accommodation includes hotels and apartment hotels.

What about my pets? Is there any provision for them?

Please call the Government Support Service on **1800 960 944**. The service will help you make the necessary arrangements for your pets.

I need to get my car out of the carpark at Melbourne Airport.

Melbourne Airport has agreed to waive any overstay fees associated with travellers having to quarantine. At the end of your 14 day quarantine the Victorian Government will meet the costs of a taxi fare back to the airport so you can collect your car.

Can I have things brought to me from home by family and friends?

Only authorised drivers can deliver to the accommodation. Family and friends cannot visit or deliver items to the accommodation. You can arrange to have items picked up in Victoria and delivered to you at the hotel through the Government Support Service. If you live interstate you will need to arrange a Melbourne collection point for your care parcel. This service is provided at no charge to you and can be used twice during your 14-day quarantine.

First you need to ask a family member or friend to pack up the items you need into a plastic bag and clearly label them with the contents of the parcel, your name, the name of the hotel and your room number.

- You **CAN** include clothes, medications, toiletries, mobile devices or laptops, toys and books, non-perishable foods. No individual bag can weigh over 12kg so we suggest you separate into two bags if there are some heavy items.
- You C**ANNOT** include perishable or cooked food, alcohol, cigarettes or illicit drugs.

Once your items are ready, call the Government Support Service on **1800 960 944** to arrange collection. They will organise for authorised drivers to collect your items and deliver to the hotel. The items will be sanitised on receipt and delivered to your door.

What support will I get while I am in quarantine?

While you are in quarantine you will have access to a range of support provisions including meals, personal items such as toiletries and nappies, toys and craft items for children, and on-site medical care. Everyone in quarantine will receive three meals a day.

VICTORIA State Government | Health and Human Services

Commented [CH(1]: Is this a brand new document or is it a revision of an existing one?

Commented [CH(2]: This is qualified to be about 'care' but doesn't mention health care.
Should it be just a Q+A sheet about everything?
There seems to be 2 audiences – people to be quarantined and their families – perhaps this could be reflected in the heading, or maybe two different documents, or I think my preference would be to reframe the families bit from the perspective of the detainee eg Can my family visit me? Then it's only one audience and all consistent

Commented [CH(3]: Does the information within this document come from other areas and if so how do we ensure that it is, and remains, consistent across two areas?

Commented [CH(4]: It might be helpful to explain why your family can't drop off the parcel. If it is going to be sanitised on receipt, does it matter if there is a driver between the source and the recipient?

A Government Support Service is also available and will endeavour to meet reasonable requirements of returned travellers. You can call this service on **1800 960 944**. With many people arriving this week we have this service staffed seven days a week - if you can't get through please leave a message with your contact details for a return call. I have food allergies or special dietary needs.

The hotel will ask for your details including dietary requirements on your arrival. They will use this information to ensure your regular meals meet these requirements.

I am running low on nappies / baby food / other essential items. Can I go home to get them?

No, everyone must remain in strict quarantine for the entire 14-day period. As mentioned, we can arrange for essential goods to be collected for you from home.

You can order from Woolworths supermarkets through a priority delivery process which fast tracks your order at a time when there are long delays.

You must use this process if you wish to order from Woolworths – other delivery drivers will be turned away. Information about how to order is at the end of this Fact Sheet.

Can we order food delivery like Uber Eats or Deliveroo?

External food deliveries cannot be delivered to your accommodation. Meals will be provided to your room three times a day. If you need something specific, you should contact the Government Support Service on **1800 960 944**.

Can I use the gym or exercise outside?

To adhere to the current quarantine direction, you may only exercise in your room. It is not possible to access a gym.

Can I smoke in my room?

Smoking in your room is not permitted. The hotel may impose a substantial cleaning charge on you if it is found that you have smoked in the room.

Do not set off the emergency alarms unless there is a genuine emergency

If no genuine emergency is occurring, you will be liable for the cost of emergency services responding.

How will I do my laundry?

Personal items can be laundered by the hotel. To request access to the laundry service, contact your hotel concierge. Most hotels will charge a fee to you for this service.

I have an interstate flight booked, who is going to pay to fly me home in 14 days?

You must organise and pay for your own flight arrangements at the end of the quarantine period.

How do I get from the hotel to the airport at the end of the quarantine period?

The Victorian Government will meet the costs for a taxi fare from the hotel to your home in metropolitan Melbourne, to a Melbourne train station, or to the airport.

Commented [CH(5]: What kind of support do they provide -physical support (doing stuff for you), emotional or psych support, other?
It might help to clarify that this is different to the number of the nurse that they will be given to contact (or maybe had a list of phone numbers for different people and what they all do so that they are not ringing this number looking for the nurse or ringing the nurse to organise their care package)
Also if the Care Opinion service that Euan mentioned that the Secretary is supporting becomes operational, how will it interface with this?

Commented [CH(6]: I suspect this should be a heading. Maybe framed as a question to be consistent with the other headings?

Commented [CH(7]: Who ensures this? On site? Within the governance structure?

Commented [CH(8]: People will also ask if they can go out to buy them

Commented [CH(9]: I'm not sure if this was mentioned – I read the item about goods delivered to you to be about people making care packages for the detainees. This sentence is ambiguous as it suggests someone from the govt may pick up essential items from your home (maybe if you give them a key?). Probably need to be a little more explicit about what is and isn't available

Commented [CH(10]: If it's not too wordy I suggest including it here to be consistent with the topics above where all the information was included

Commented [CH(11]: Maybe worth mentioning that people can do their own laundry of small items in their room but cannot have access to washing machines or dryers due to infection control requirements

Commented [CH(12]:

Commented [CH(13R12]: The answer includes more than just the airport, maybe the question could be framed to cover all transport at the end of the quarantine period

What if I have more questions?

A Government Support Service is also available and will endeavour to seek answers to your questions. This service can be contacted on 1800 960 944. If you can't get through please leave your name, the name of your hotel, and your room number (or your mobile phone number if available) so the Service can call you back.

Information for families/friends of returning travellers

Why is the Victorian government taking this step?

We're doing everything we can to help slow the spread of coronavirus (COVID-19). As the Victorian Government has announced all international arrivals to Australia will be transferred directly and securely via bus services to hotels and placed in quarantine for 14 days. All passengers will be fully supported and well cared for as they are transferred from flights to hotels. We understand that families of people returning home want to see their loved ones. However, we are asking that families do not go to the airport or to hotels. All passengers will be transferred to hotels directly and will be able to contact loved ones once they are in hotels. Our advice to Victorians is clear: if you can stay home, you must stay home.

Can we go to the airport to see our family/friends before they go into quarantine?

No, you will not be able to meet with arriving travellers. They will be taken directly to accommodation that is suitable for their 14-day quarantine period. You will also not be able to visit them whilst they are in quarantine.

Can we Skype or phone our family/friends in quarantine?

Wherever possible, accommodation will have Wi-Fi and telephone access. Friends and family are encouraged to stay in contact through Skype, phone and other online methods.

How can I get personal belongings and care parcels to my relative or friend who is in quarantine?

People in quarantine can request items, including care parcels, to be collected by the Government Support Service and delivered to the hotel. Family and friends cannot deliver parcels to the Government Support Service and will not be able to enter the accommodation. Parcels are sanitised on receipt and perishable food, alcohol and cigarettes will not be accepted. Illicit drugs will be handed to Victoria Police.

Can my relative or friend isolate at my home instead?

No – all travellers arriving after 11.59pm Saturday March 28 are required to quarantine at accommodation provided by the Victorian Government. The government will cover the cost of accommodation, food and other essentials during this period. The Australian and Victorian Governments have taken this necessary step to stop the spread of coronavirus (COVID-19) in the community.

Commented [CH(14]: What if the questions are health related – should they go straight to the nurse?

Commented [CH(15]: Is this the same service mentioned several times above? Saying 'A' service 'is also' suggests that it's different

Commented [CH(16]: These are slightly different instructions to those above – maybe the first time the service is mentioned all these details could be included and then every other reference notes…the govt supp service mentioned above…

Commented [CH(17]: As above – I suggest framing these questions from detainee point of view
If it stays like this then probably need a similar heading at the beginning of the doc to note that the information above is for returning travellers

Commented [CH(18]: Maybe at the beginning – it is probably of more interest to the passengers themselves

Commented [CH(19]: Probably more important for the passengers

Commented [CH(20]: If you make this from the passengers perspective, you won't need this bit as it is already above

Commented [CH(21]: Probably of more interest to the passengers

Ordering from Woolworths for delivery to you in quarantine

xxx

COVID-19 mandatory quarantine

Questions and answers – health and wellbeing

What is the situation?

International arrivals present an increased risk of further transmission of coronavirus (COVID-19 in the community.

All international travellers arriving at Victorian airports or disembarking at maritime ports must go into **immediate** quarantine for 14 days from the day of their arrival.

Looking after your wellbeing while in quarantine

While you're helping to slow the spread of coronavirus, there are times when being in your room can be tough. Here are some ways to support your physical and mental health during this period.

- It may sound obvious, but the most important thing overall is to be kind to yourself. This quarantine situation is only temporary.
- Remind yourself that this period of isolation is helping to slow the spread of coronavirus and protecting vulnerable people in the community.
- Routines sound dull, but they're good for our mental health. Try to go to sleep and wake up at the same time, eat at regular times, shower, maintain a level of physical activity in your room, and change your clothes. This will help you to manage your days and adjust when life starts to go back to normal.
- Manage your stress levels, and if needed, increase your coping strategies (for example, listening to music, watching your favourite shows, meditation or exercise).
- Keep taking your medication. Phone or email your GP or pharmacist to find out how to get any new prescriptions you may need or talk to the on-site nurse.
- For those already managing mental health issues, continue to take any prescribed medication, continue with your treatment plan and monitor for any new symptoms.
- Seek professional support early if you're having difficulties.

Stay connected

Keep in touch with friends and family on the phone, video or by online chats. This is really important in helping you – and the people you love – stay connected.

Keep Active

There's no better way to stimulate the body and mind than through positive physical and mental activity. Getting the blood pumping through a little bit of physical exertion in your room is a great way to release energy.

Another tip is to exercise your mind. Playing games, listening to your favourite music, completing a Sudoku or reading a book helps pass the time. Activities like these are also a great way to connect online with friends and family.

Commented [CH(1]: As for the care Q+A doc – is this a brand new doc or a revised version?
Does it cover information that is also in other areas and if so, how can we ensure that it is consistent?
Could this be on a webpage with drop down answers so that it is in one place?

I suggest that this is combined with the care Q+A doc then you can remove the duplication of 'what is the situation' and 'stay connected' and all you have to add to the other doc is the looking after your wellbeing and where to turn to for help. I think this would be helpful because there are lots of places to find information on both sheets – so consolidating them and explaining what each one is for might be useful

Commented [CH(2]: Maybe add instructions about how they do this

Commented [CH(3]: I suggest maybe adding this as a dot point to looking after your wellbeing

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Where to turn for help?

We want to emphasise you are not alone. From the hotel concierge to the on-site nurse, we have people on site to assist you during your quarantine stay. But if you feel you need more support, Beyond Blue and Lifeline have online and telephone support services.

Beyond Blue also offers practical advice and resources at beyondblue.org.au. The Beyond Blue Support Service offers short term counselling and referrals by phone and webchat on **1300 22 4636**.

Lifeline offers tips, resources and advice, as well as crisis and suicide support.

- Call **13 11 14** (24 hours/7 days);
- SMS **0477 13 11 14** (6pm– midnight, 7 nights)
- Chat online at: www.lifeline.org.au/crisis-chat (7pm- midnight, 7 nights).

Call the hotel concierge for any issues you're having around meals, rubbish collection or laundry services.

The Government Support Service is available for you to call on **1800 960 944** seven days a week. As well as answering your general questions and queries the service can help you:

- talk to one of the on-site nurses
- access essential goods such as nappies, baby formula and sanitary/personal items
- book the collection of a care package from family and friends and
- complete an online Woolworths supermarket order using a Kindness Card which will fast track your order.

In the event of an emergency you should call **000**.

Commented [CH(4]: If you don't consolidate the two docs, I think this goes in the Care doc

Commented [CH(5]: This is good – it answers the questions I had in the Care doc – consolidation would be good

COVID-19 mandatory quarantine

Questions and answers - compliance

Commented [CH(1]: Finn, I think that much of this is duplicated with the other 2 Q+A docs and some of it is inconsistent. Some of the bits that aren't duplicated seem to me to perhaps be more relevant to the others

I suggest that all the Q+A docs are consolidated into one

What is the situation?

International arrivals present an increased risk of further transmission of coronavirus (COVID-19 in the community.

All international travellers arriving at Victorian airports or disembarking at maritime ports must go into **immediate** quarantine for 14 days from the day of their arrival.

How does the quarantine process work?

Passengers arriving at Victorian international airports will be met by government officials as they complete the normal arrivals procedure. All incoming international passengers will then be transported free of charge to designated accommodation where they must undertake a strict 14-day quarantine period.

Who will pay for my accommodation during the compulsory quarantine period?

The costs of accommodation and essentials will be met by the Victorian Government.

How will the quarantine be enforced?

The designated accommodation will be subject to security oversight and quarantined travellers must remain in that accommodation for the entire period.

Can I leave the accommodation facility?

No, you must remain in strict quarantine for the entire 14-day period, unless there is an emergency situation, or you have been granted permission to leave because:

- you need to attend a medical facility to receive medical care
- it is reasonably necessary for your physical and mental health
- there are compassionate grounds.

If your accommodation has a balcony or veranda, you may use that, provided you conform to physical distancing requirements.

Does this apply to all arriving passengers?

Yes. Given the risks associated with transmission of coronavirus by arriving international travellers, the only exception is flight crew. The restriction also applies to passengers arriving on chartered flights, private aircraft and passengers or crew disembarking in maritime ports from private or commercial vessels.

Can I have visitors when I am quarantined?

No. You must not have physical contact with anyone else during the time of your quarantine. Friends and family are encouraged to stay in close contact by phone or online.

Can I communicate with people while I am quarantined?

Yes. You will be able to use your mobile phone, laptop, tablet or other device as you normally would.

Can I apply for an exemption to the quarantine?

You may apply for an exemption under exceptional circumstances, but each application will be reviewed to limit the risk of spreading coronavirus in the community or the health system. There are no quarantine exceptions for different professions, including health professionals. All arriving passengers on all incoming flights or ships must undertake quarantine.

Does the compulsory quarantine apply if I am a resident of Victoria?

Yes. All incoming travellers must go into compulsory quarantine. Even if you live at a location within a convenient travel time of the Victorian airport at which you arrived, you must enter quarantine to safeguard the community.

Do I have to go into quarantine if I have a disability?

Yes. If you have special requirements, speak to the quarantine coordinator at the airport. If you are travelling with a carer, or being met by a carer, that person must accompany you into quarantine and remain there with you under the same conditions for the 14-day period.

Can I book an international flight out of Australia before the quarantine period is up if I don't want to stay the full 14 days?

No. All incoming passengers are required to complete the full 14 days quarantine and cannot book international travel and leave. If passengers are well and display no symptoms by the end of the 14 days, they may book flights at that point.

Do I have to go into quarantine if I am just transiting through Victoria?

The quarantine requirement triggers at the place you first set foot on Australian soil. When you successfully complete the quarantine requirement, you may continue your journey.

Yes. You are required to complete the 14-day quarantine in the location in which you arrive in Australia. When you have completed quarantine, you may continue your journey.

Commented [KR(2]: This needs to be clearer – people will be confused by what Aus soil means and whether you're 'in a country' if transiting through an airport. Suggested wording in tracked changes

I have been already been quarantined in another country. Do I need to do quarantine again?

Yes, all incoming passengers must undertake compulsory quarantine in Australia for 14 days.

What if I am travelling as part of a group?

The entire group you are travelling with must submit to compulsory quarantine. Every effort will be made to ensure your travelling group is accommodated appropriately.

What are the penalties for not complying with the quarantine requirement?

A person who fails to comply with this direction will be liable for fines of up to approximately $20,000.

Where can I get more information about coronavirus?

- For updates, go to: www.dhhs.vic.gov.au/coronavirus.
- Call the coronavirus hotline: **1800 675 398**
- If you require a translator to help you, call the translating and interpreting service on **131 450** and ask for the coronavirus hotline.

FOR APPROVAL - DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - 4 March 2020

From: "Finn Romanes (DHHS)" REDACTED

To: "Annaliese Van Diemen (DHHS)" <REDACTED>, "Brett Sutton (DHHS)" REDACTED

Cc: "Meena Naidu (DHHS)" <meena.naidu@dhhs.vic.gov.au>, "Merrin Bamert (DHHS)" REDACTED, "Sandy Austin (DHHS)" "Andrea Spiteri (DHHS)", "Kym Arthur (DHHS)" REDACTED "Pam Williams (DHHS)" REDACTED REDACTED "Melody Bush (DHHS)" REDACTED "Michael Mefflin (DHHS)" REDACTED "Simon Crouch (DHHS)" REDACTED "Katherine Ong (DHHS)", "Bruce Bolam (DHHS)" "Kira Leeb (DHHS)" REDACTED REDACTED REDACTED "Ed Byrden (DHHS)" REDACTED REDACTED

Date: Fri, 03 Apr 2020 18:03:11 +1100

Attachments: COVID-19 DHHS Physical Distancing and Public Health Compliance and Enforcement Plan - Draft 4 March 2020.DOCX (321.12 kB)

Dear Annaliese and Brett

Please find attached the draft Plan for Approval.

Not every aspect of the operational and compliance arrangements for mandatory quarantine are complete, but I commend this plan as an interim formal statement of policy, process and procedure in order that it is all in one place, to guide this complex societal and public health intervention package.

Rather than put this document formally to a further large group for review, I have consulted widely and commend the attached.

There will be many opportunities to tweak aspects over the coming days.

I'm sure we can work again on many aspects, and there will be more changes to Directions and approach required.

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED
REDACTED

Department of Health and Human Services
State Government of Victoria

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: Smoking policy - Operation Soteria

From: "Finn Romanes (DHHS)" REDACTED
To: REDACTED
Cc: "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>, "Merrin Bamert (DHHS)" REDACTED
Date: Mon, 30 Mar 2020 18:38:06 +1100

Hi REDAC

Can you add a policy proposal intention that positive COVID-19 cases are moved to a dedicated hotel for people found to be positive. This idea of cohorting positive cases (and not requiring they stay near others in quarantine) is potentially necessary and we should all discuss it.

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

From: Merrin Bamert (DHHS) REDACTED
Sent: Monday, 30 March 2020 6:07 PM
To: Finn Romanes (DHHS) REDACTED
Cc: StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: FW: Smoking policy - Operation Soteria

Hi

Just following are the nurses at the hotels allowed to swab the passengers should they require it this is not clear.

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
REDACTED

From: Merrin Bamert (DHHS)
Sent: Monday, 30 March 2020 6:02 PM
To: Finn Romanes (DHHS) REDACTED Braedan Hogan (DHHS) REDACTED
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Health Protection Operations & Strategy (DHHS) <healthprotection.operations&strategy@dhhs.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

Thanks Finn

The other issues that we need sorted is access to swabbing equipment and processes for the nursing staff should a person start showing symptom for COVID, that is those who aer well enough to remain at the hotel not those who are very unwell and need a transfer to hospital.

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
REDACTED

From: Finn Romanes (DHHS) REDACTED
Sent: Monday, 30 March 2020 5:53 PM
To: Braedan Hogan (DHHS REDACTED Merrin Bamert (DHHS) <REDACTED
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: RE: Smoking policy - Operation Soteria

There is in principle support in here for allowing a person – if monitored in some way – to have a smoking break on a balcony or outdoors if that is the lesser harm option.

Can you put a proposal up with parameters / strict parameters and I will ask Annaliese to endorse as a policy?

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED
REDACTED
Department of Health and Human Services
State Government of Victoria

From: Braedan Hogan (DHHS) REDACTED
Sent: Monday, 30 March 2020 5:23 PM
To: Merrin Bamert (DHHS) REDACTED Finn Romanes (DHHS) REDACTED
Cc: COVID Directions <COVIDdirections@dhhs.vic.gov.au>; StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>
Subject: Smoking policy - Operation Soteria

Hi – we need to develop a policy position on allowing smoking at the hotels.

I think this need to be considered with input with AO on the ground and how this can be operationalised.

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
p. REDACTED
REDACTED

RE: CONFIDENTIAL - Positive COVID-19 Case at Hotel

From: "Meena Naidu (DHHS)" REDACTED

To: "Finn Romanes (DHHS)" <REDACTED "Merrin Bamert (DHHS)" <merrin.bamert@dhhs.vic.gov.au>, REDACTED REDACTED REDACTED >

Cc: "Simon Crouch (DHHS)" <REDACTED "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>, "Jason Helps (DHHS)" REDACTED "Nick Chiam (DHHS)" REDACTED

Date: Tue, 31 Mar 2020 13:00:57 +1100

Thanks Finn

AOs advised the hotel and will follow the procedure outlined below.

Kind regards
Meena

Meena Naidu| 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 REDACTED
W. www.health.vic.gov.au

Executive Assistant:
REDACTED

VICTORIA State Government | Health and Human Services

From: Finn Romanes (DHHS) <REDACTED
Sent: Tuesday, 31 March 2020 12:42 PM
To: Merrin Bamert (DHHS) REDACTED Meena Naidu (DHHS) REDACTED DACTED @dhhs.vic.gov.au>
Cc: Simon Crouch (DHHS REDACTED StateEmergencyManagementCentre SEMC (DHHS) <semc@health.vic.gov.au>; Jason Helps (DHHS) REDACTED Nick Chiam (DHHS) REDACTED
Subject: CONFIDENTIAL - Positive COVID-19 Case at Hotel
Importance: High

Dear colleagues

Merrin has advised that an individual, who is:
REDACTED *at The Promenade in Crown*
REDACTED

Is positive for COVID-19.

Public health command recommendation -

- Note the Chief Health Officer has advised cohorting of positive COVID-19 cases in hotels should ideally be in one hotel only, or if necessary, on one floor of a hotel;
- If a confirmed case is very unwell, they should be in hospital (evidence of pneumonia);
- If a confirmed case is in a room at a hotel they should ideally be separated in a room within a suite, or be able to be in a separate room within a suite;
- PPE is at each hotel, testing kits being discussed between Merrin and Katherine, to link to a process under Phuong Pham's sector;

- It might be important for an AO to be assigned to a given hotel, who can then coordinate everyone knowing at the particular hotel.

In relation to this case:

- Be isolated strictly and not leave the room unless an emergency
- Close monitoring as to remaining in the room – should not leave
- Clear way for the case to seek help if they deteriorate (be able to call the nurse)
- PPE should be used if an authorised officer or other person needs to enter the room (surgical mask, eye protection, gown and gloves)

Finn

Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED
Department of Health and Human Services
State Government of Victoria

RE: COVID positive passengers - Cohorting in one hotel

From: "Merrin Bamert (DHHS)" <REDACTED

To: "Braedan Hogan (DHHS)REDACTED "Finn Romanes (DHHS)" REDACTED

Cc: REDACTED @delwp.vic.gov.au>, "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>,REDACTED REDACTED @dhhs.vic.gov.au>,REDACTED REDACTED "Pam Williams (DHHS)" REDACTED "Meena Naidu (DHHS)"

Date: Tue, 07 Apr 2020 14:41:04 +1000

Attachments: Process for transferring quarantined passengers to hospital (1) MB edits.pptx (1.41 MB)

Hi here is our process for if a person who is unwell and needing a transfer from hotel to hospital for ED assessment or planned appointments for Chemotherapy or dialysis for example.

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
REDACTED

From: Braedan Hogan (DHHS) <REDACTED
Sent: Tuesday, 7 April 2020 2:21 PM
To: Merrin Bamert (DHHS) <REDACTED Finn Romanes (DHHS) REDACTED
Cc:REDACTED @delwp.vic.gov.au>; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>;REDACTED REDACTED @dhhs.vic.gov.au>;REDACTED @dhhs.vic.gov.au>; Pam Williams (DHHS) REDACTED
Subject: RE: COVID positive passengers - Cohorting in one hotel

Great thanks – once we determine the hotel can REDACTED work with you in standing up?

Does this include patient transport from other hotel to COVID hotel?

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: Merrin Bamert (DHHS) REDACTED
Sent: Tuesday, 7 April 2020 2:15 PM
To: Braedan Hogan (DHHS) REDACTED Finn Romanes (DHHS) REDACTED
Cc: REDACTED @delwp.vic.gov.au>; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>;REDACTED

REDACTED REDACTED REDACTED REDACTED; Pam Williams (DHHS) REDACTED
Subject: RE: COVID positive passengers - Cohorting in one hotel

We have done this work already

I have been working with the PMO on transfer of people from hotels to hospitals as needed, will send through the flow chart asap. We have a range of metro hospitals based on need ie adult /vs paeds or obs care.

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
REDACTED

From: Braedan Hogan (DHHS REDACTED
Sent: Tuesday, 7 April 2020 2:09 PM
To: Finn Romanes (DHHS) REDACTED
Cc: REDACTED @delwp.vic.gov.au>; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED <REDACTED @dhhs.vic.gov.au>; REDACTED @dhhs.vic.gov.au>; Pam Williams (DHHS) <REDACTED ; Merrin Bamert (DHHS) REDACTED
Subject: RE: COVID positive passengers - Cohorting in one hotel

Thanks – we will start working it up.

Are there any key considerations about the model of care we need to stand up? Or preferences – do we link in with a single hospital to support etc?

Regards,
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 REDACTED
www.dhhs.vic.gov.au

From: Finn Romanes (DHHS) REDACTED
Sent: Tuesday, 7 April 2020 1:28 PM
To: Braedan Hogan (DHHS) <REDACTED >
Cc: REDACTED 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED REDACTED REDACTED; Pam Williams (DHHS) REDACTED ; Merrin Bamert (DHHS) REDACTED
Subject: RE: COVID positive passengers - Cohorting in one hotel

Endorsed.

Trying to cohort COVID-19 positive people at one single hotel has many advantages from a public health risk management perspective and is – as long as logistics can be handled – the favoured public health model.

This approach reduces the low (but material) risk that as a result of detaining well individuals in a hotel, we then create a risk that they acquire COVID-19 from the environment of the hotel, akin to what occurred on Diamond Princess.

It has been our assessment to date that the strict quarantine to rooms has reduced the in-hospital transmission risk to negligible. But it does start to increase the greater the number of people who are in the hotel who are positive, eventually to a point where it is material.

Thus, cohorting positive cases is a good strategy. Great work!

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

From: Braedan Hogan (DHHS) <REDACTED
Sent: Tuesday, 7 April 2020 1:00 PM
To: Finn Romanes (DHHS) REDACTED
Cc: REDACTED RE: REDACTED ; 'sccvic.sctrl.health@scc.vic.gov.au' <sccvic.sctrl.health@scc.vic.gov.au>; REDACTED
REDACTED @dhhs.vic.gov.au> REDACTED REDACTED ; Pam Williams (DHHS) REDACTED Merrin Bamert (DHHS)
REDACTED
Subject: COVID positive passengers - Cohorting in one hotel

Hi Finn,

Keen for your thoughts and endorsement of the following course of action.

We have just been made aware that SYD is no longer taking flights so MEL and BNE will be receiving additional passengers.

Currently we are utilising a whole floor or hotels for 'red floors' taking out hotel capacity from the overall system.

We are proposing to stand up the Novotel, which is under contract, to house COVID positive passengers to release capacity in the system, stand up a suitable model of care in one location to support these positive cases and negate issues with exiting as we discussed earlier.

Noting that the Novotel isn't suitable to accept large passenger arrivals due to lobby size etc.

We will work through the logistics but seeking your endorsement and your advice on standing up this arrangement.

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 REDACTED
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DRAFT FOR COMMENT

Process for transferring passengers in compulsory quarantine to and from hospital

April 2020

VICTORIA State Government | Health and Human Services

Background and purpose

Following agreement by the National Cabinet, on 27 March 2020 the Premier announced that all travellers returning from overseas to Victoria will be placed in enforced quarantine for a self-isolation period of 14-days to slow the spread of coronavirus. The new measures became operational from 11.59pm on Saturday 28 March.

This approach will see returned travellers housed in hotels, motels, caravan parks, and student accommodation for their 14-day self-isolation period. At present, passengers are being housed at Crown Metropol, Crown Plaza and Crown Promenade, but the number of hotels involved may be expanded over time, as required.

Returned travellers are placed in enforced quarantine pursuant to a direction and detention notice issued by an Authorised Officer (AO) under section 200 of the *Public Health and Wellbeing Act 2008*. This notice is legally enforceable, and significant penalties may apply if the person fails to comply with it.

The following slides present the process for transferring quarantined passengers to hospital, should they require it.

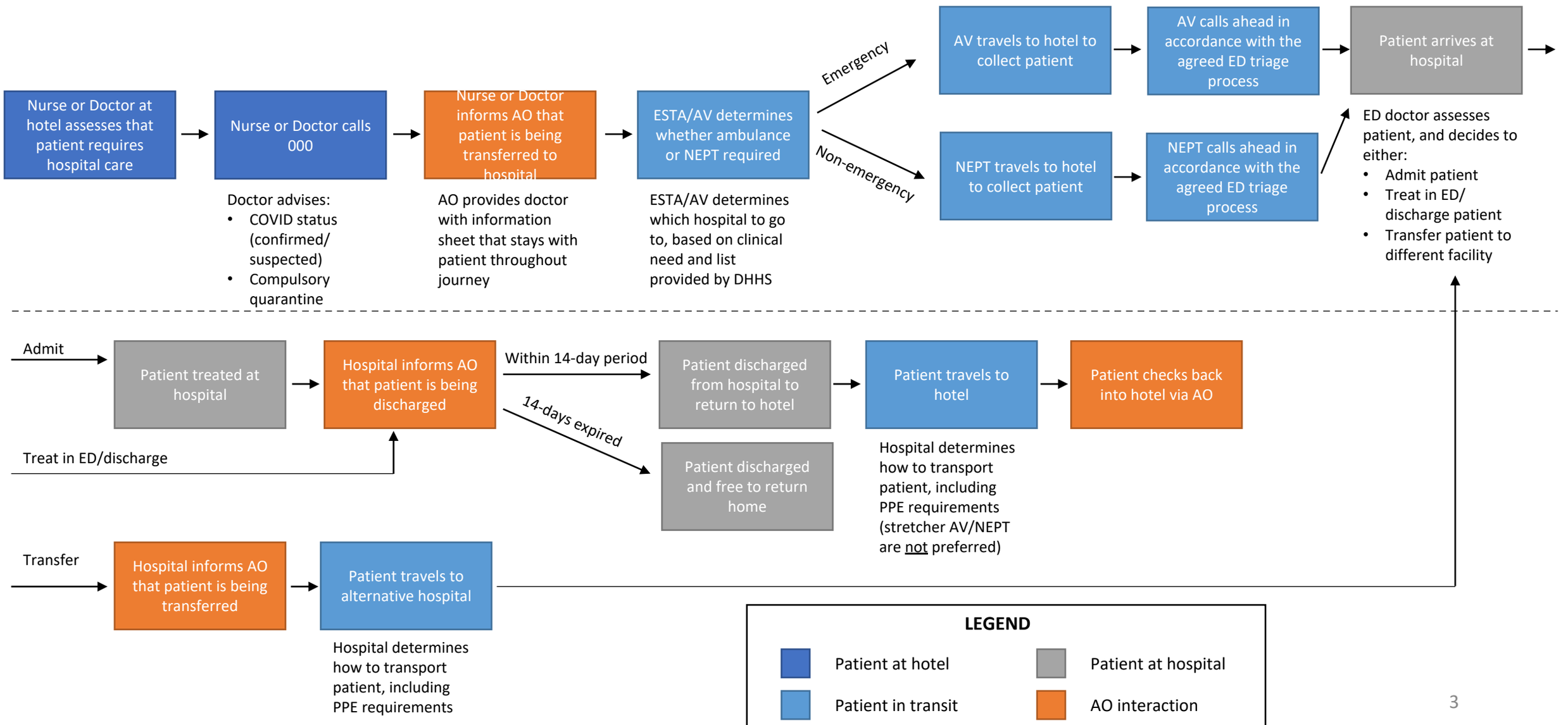
These processes give primacy to containing the spread of COVID-19 and reducing its risk to the health of Victorians.

SLIDE 3: Describes the process for <u>unplanned</u> transfers (e.g. sudden, unexpected acute illness)

SLIDE 4: Describes the process for <u>planned</u> transfers in relation to pre-existing health conditions (e.g. regular appointments for chemotherapy, dialysis, mental health or pre-natal care)

SLIDE 5: Provides further explanatory notes to support the unplanned and planned transfer processes above

Process to transfer passengers to hospital (unplanned)



Process to transfer passengers to hospital (planned)

WHEN PASSENGER ARRIVES AT HOTEL

Passenger first arrives at hotel → Hotel nursing/ medical staff interview passenger and note pre-existing health conditions → Medical staff advise AO that passenger has pre-existing health condition/s

Medical staff note requirements for passenger to attend specialist appointments at hospital/clinic, including details of doctor, location and frequency. This information is provided to the AO

LEGEND

- Patient at hotel
- Patient in transit
- Patient at hospital
- AO interaction

WHEN PATIENT NEEDS TO ATTEND SPECIALIST APPOINTMENT

Hotel medical staff advise AO that patient is attending appointment → Hotel medical staff arranges appropriate transport provider → Hotel medical staff arranges transport → Patient travels to hospital/clinic →

AO provides medical staff with information sheet that stays with patient throughout journey

Based on medical need. Options incl.:
- AV
- NEPT
- CTS

Medical staff advises:
- COVID status
- Compulsory quarantine

Transport provider considers PPE requirements

Transport provider calls ahead to advise of COVID and quarantine status → Patient arrives at hospital/clinic → Patient treated at hospital/clinic → Hospital/clinic informs AO that patient is returning →

Hospital/clinic arranges transport back to hotel → Patient travels to hotel → Patient checks back into hotel via AO

Based on medical need. Options incl.:
- AV
- NEPT
- CTS

Transport provider considers PPE requirements

Explanatory notes

HOSPITALS IN SCOPE FOR UNPLANNED EMERGENCY ASSESSMENT TRANSFERS

People subject to a direction and detention order will be housed in hotels in the Melbourne CBD or at the airport. As such, it will only be practicable to transfer patients to hospitals in the inner-Melbourne area.

The following hospitals are in scope for unplanned presentations:

- Royal Women's Hospital
- Royal Children's Hospital
- Royal Melbourne Hospital
- The Alfred
- St Vincent's Hospital
- Northern Hospital (as back-up for airport hotels)

PRINCIPLES FOR ADMISSION FOLLOWING EMERGENCY ASSESSMENT

For patients requiring admission, hospitals should avoid transfers to other hospitals unless absolutely necessary to contain the spread of COVID-19.

Instances where a transfer may be required include where the hospital is not capable of performing the required treatment, and/or where the hospital does not have capacity to perform the treatment.

SELECTING HOSPITAL/CLINIC FOR PLANNED TRANSFERS

If it is safe to do so, patients with pre-existing health conditions should be treated in the hotel through options such as telehealth and in-reach services.

Where a patient with a pre-existing health condition needs to attend a hospital/clinic, as far as practicable, they should continue to receive care/treatment from their existing health provider.

However, where the existing health provider:

- is an unreasonably long distance away from the hotel (e.g. in a rural area)
- is unable to treat patients that may have COVID-19
- has been impacted by the pandemic to such a degree that it is no longer able to treat patients,

the hotel medical staff will work with the patient, their existing health provider and DHHS to determine the most appropriate hospital/clinic to treat the patient.

INFORMATION SHEET

When the AO is notified that the patient will be transferred to hospital/clinic, the AO provides the hotel doctor with an information sheet that must stay with the patient throughout their journey.

The information sheet contains information to support AV/NEPT and the hospital/clinic to ensure the patient's compliance with the direction and detention notice, including:

- Key notice requirements (e.g. period of enforced quarantine)
- Room arrangements (e.g. single room only)
- Visitor requirements
- Security requirements
- Instructions for notifying the AO when the patient is being transferred to a different hospital or discharged

Direction from Deputy Chief Health Officer (Communicable Disease) in accordance with emergency powers arising from declared state of emergency

Diagnosed Persons and Close Contacts Directions

Public Health and Wellbeing Act 2008 (Vic)
Section 200

I, Dr Annaliese van Diemen, Deputy Chief Health Officer (Communicable Disease), consider it reasonably necessary to protect public health to give the following directions pursuant to section 200(1)(b) and (d) of the **Public Health and Wellbeing Act 2008** (Vic) (**PHW Act**):

1 Preamble

(1) The purpose of these directions is to require persons:

(a) diagnosed with Novel Coronavirus 2019 (**2019-nCoV**) to self-isolate;

(b) who are living with a diagnosed person, or who have been in close contact with a diagnosed person, to self-quarantine;

in order to limit the spread of 2019-nCoV.

(2) These directions replace the **Isolation (Diagnosis) Direction (No 2)** given on 13 April 2020, and add the requirement that persons living at the same premises as a diagnosed person, and close contacts of a diagnosed person, must self-quarantine.

2 Citation

These directions may be referred to as the **Diagnosed Persons and Close Contacts Directions**.

3 Commencement

These directions commence at midnight on 11 May 2020.

4 Self-isolation for diagnosed persons

Who is a diagnosed person?

(1) A person is a **diagnosed person** if the person:

(a) at any time between midnight on 25 March 2020 and 11:59:00pm on 31 May 2020 has been informed that they have been diagnosed with 2019-nCoV; and

(b) has not been given **clearance from self-isolation** under clause 5.

Requirement to self-isolate

(2) A diagnosed person must **self-isolate** under these directions:

(a) if the diagnosis is communicated to the person after the commencement of these directions; or

(b) if the diagnosis was communicated to the person before the commencement of these directions.

Note: The requirements of self-isolation are specified in clause 9. A diagnosed person can still leave the premises at which they are self-isolating to obtain medical care.

Location of self-isolation

(3) A diagnosed person must self-isolate:

(a) if subclause (2)(a) applies, at the **premises** chosen by the person under subclause (4); or

(b) if subclause (2)(b) applies, at the premises at which the person was required to reside under clause 4(1) of a **Revoked Isolation Direction**

(4) For the purposes of subclause (3)(a), the diagnosed person may choose to self-isolate at:

(a) a premises at which they ordinarily reside; or

(b) another premises that is suitable for the person to reside in for the purpose of self-isolation.

Note: a person can decide to self-isolate at a hotel or other suitable location, instead of self-isolating at their ordinary place of residence.

Self-isolation period

(5) The period of self-isolation begins:

(a) if subclause (2)(a) applies, when the diagnosis is communicated to the person; or

(b) if subclause (2)(b) applies, upon the commencement of these directions.

(6) For the purposes of subclause (2), the period of self-isolation ends when the person is given **clearance from self-isolation** under clause 5.

Notifications by the diagnosed person

(7) Immediately after choosing a premises under subclause (4), the diagnosed person must:

(a) if any other person is residing at the premises chosen by the diagnosed person, notify the other person that:

(i) the diagnosed person has been diagnosed with 2019-nCoV; and

(ii) the diagnosed person has chosen to self-isolate at the premises; and

(b) notify the **Department** of:

(i) the address of the premises chosen by the diagnosed person; and

(ii) the name of any other person who is residing at the premises chosen by the diagnosed person.

(8) If, during the period that a diagnosed person is self-isolating at a premises for the purposes of clause 4, another person informs the diagnosed person that they intend to commence residing at the premises chosen by the diagnosed person, the diagnosed person must inform the other person of their diagnosis.

5 Clearance from self-isolation

(1) A diagnosed person is given **clearance from self-isolation** if:

(a) an officer of the Department makes a determination under subclause (2) in relation to the person; and

(b) the person is given notice of the determination in accordance with subclause (3).

(2) For the purposes of subclause (1)(a), an officer of the Department may make a determination in relation to a person if the officer is satisfied that the person meets the criteria for discharge from self-isolation under the **National Guidelines**.

(3) For the purposes of subclause (1)(b), the notice must be in writing but is not required to be in a particular form.

(4) A person who has been given clearance from isolation (self-isolation) under clause 4(2) of a **Revoked Isolation Direction** is taken to have been given clearance from self-isolation under this clause.

6 Self-quarantine for persons residing with diagnosed person

Existing residents

(1) If:

(a) at the time these directions commence; or

(b) following the commencement of these directions and before 11:59:00pm on 31 May 2020;

a diagnosed person begins self-isolating at a premises for the purposes of clause 4, any other person residing at the premises at that time must **self-quarantine** at that premises.

Note 1: The requirements of self-quarantine are specified in clause 9.

Note 2: If a diagnosed person was diagnosed before the commencement of these directions, they begin self-isolating for the purpose of clause 4 of these directions at the time these directions commence: clause 4(2)(b) and (5)(b). A person residing with that diagnosed person at the time these directions commence must begin to self-quarantine at that time: clause 6(1)(a).

New place of residence

(2) If, between the commencement of these directions and 11:59:00pm on 31 May 2020, a person begins to reside at a premises at which a diagnosed person is self-isolating for the purpose of clause 4, the person must **self-quarantine** at that premises.

Example: a person may begin to reside at a new premises because they move to a new ordinary place of residence, including for the purpose of providing care and support to a diagnosed person.

Self-quarantine period

(3) The period of self-quarantine begins:

(a) for the purposes of subclause (1), when the diagnosed person commences self-isolating at the premises for the purposes of clause 4; or

(b) for the purposes of subclause (2), when the person commences residing at the premises at which the diagnosed person is self-isolating for the purposes of clause 4.

(4) For the purposes of this clause, the period of self-quarantine ends:

(a) if one diagnosed person is self-isolating at the premises—14 days after clearance from self-isolation is given to the diagnosed person under clause 5; or

(b) if more than one diagnosed person is self-isolating at the premises—14 days after clearance from self-isolation is given to the last remaining diagnosed person at the premises under clause 5; or

(c) if a diagnosed person who is self-isolating at the premises is admitted to **hospital** or other facility for the purposes of receiving medical care—14 days from the admission, except if during that 14 day period:

(i) the diagnosed person returns to the premises; or

(ii) there is another diagnosed person residing at the premises; or

(d) if the person becomes a diagnosed person following a test for 2019-nCoV—when the diagnosis is communicated to the person.

Note: A person who becomes a diagnosed person will then be required to self-isolate under clause 4, for a period ending when the person is given clearance from self-isolation under clause 5.

Exception — previous clearance

(5) A person is not required to self-quarantine under this clause if, before the time specified in subclause (3), the person has been given clearance from self-isolation under clause 5.

7 Self-quarantine for close contacts

Who is a close contact?

(1) For the purposes of this clause, a person is a **close contact** if:

(a) an officer of the Department has made a determination under subclause (2) in relation to the person; and

(b) between the commencement of these directions and 11:59:00pm on 31 May 2020, the person has been given notice of the determination in accordance with subclause (3).

(2) For the purposes of subclause (1)(a), an officer of the Department may make a determination in relation to a person if the officer is satisfied, having regard to the **National Guidelines**, that the person has had close contact with another person who:

(a) since the time of last contact, has become a diagnosed person; or

(b) at the time of last contact, was a diagnosed person.

Note: under the National Guidelines, a person is generally considered to have had close contact if, in the period extending from 48 hours before onset of symptoms in the diagnosed person:

- *they have had face-to-face contact in any setting with the diagnosed person for more than a total of 15 minutes over the course of a week; or*
- *they have shared of a closed space with a diagnosed person for a prolonged period (eg, more than 2 hours).*

(3) For the purposes of subclause (1)(b), the notice:

(a) must specify the time at which the person will no longer be required to self-quarantine, having regard to the National Guidelines;

(b) may be given orally or in writing, and, if given orally, must be confirmed in writing as soon as reasonably practicable; and

(c) is not required to be in a particular form.

Requirement to self-quarantine

(4) A **close contact** must **self-quarantine** at the premises at which they ordinarily reside.

Note: The requirements of self-quarantine are specified in clause 9.

Self-quarantine period

(5) For the purposes of this clause, the period of self-quarantine:

(a) begins when the person is given notice under subclause (1)(b); and

(b) ends:

(i) subject to paragraph (ii), at the time specified in the notice given under subclause (1)(b); or

(ii) if the person becomes a diagnosed person following a test for 2019-nCoV—when the diagnosis is communicated to the person.

Note: A close contact who becomes a diagnosed person will then be required to self-isolate under clause 4, for a period ending when the person is given clearance from self-isolation under clause 5.

Exception — persons residing with diagnosed person

(6) A person is not required to self-quarantine under this clause if the person is required to self-quarantine under clause 6.

Exception — previous clearance

(7) A person is not required to self-quarantine under this clause if, before the time that notice is given under subclause (1)(b), the person has been given clearance from self-isolation under clause 5.

8 Testing of persons in self-quarantine

(1) If a person is required to self-quarantine under clause 6 or 7 and, during the period of self-quarantine, the person:

(a) is tested for 2019-nCoV; and

(b) the period for which the person is required to self-quarantine under clause 6 or 7, as the case requires, expires during the period in which the person is awaiting the result of that test;

the period of self-quarantine is extended until the result of the test is communicated to the person.

Note: persons who are in self-quarantine and experience a temperature higher than 37.5 degrees or symptoms of acute respiratory infection are encouraged to get tested. In certain circumstances, a person may be required to comply with an order that they undergo a medical test: PHW Act, s 113(3).

(2) If a person is required to self-quarantine under clause 6 or 7 and, during the period of self-quarantine, the person receives a communication that they have been diagnosed with 2019-nCoV, the person becomes a diagnosed person and must self-isolate under clause 4.

(3) If a person is required to self-quarantine under clause 6 or 7 and, during the period of self-quarantine, the person receives a communication that they have not been diagnosed with 2019-nCoV:

(a) if the period for which the person is required to self-quarantine under clause 6 or 7, as the case requires, has not expired—must continue to self-quarantine under that clause for the remainder of that period; or

(b) if the period of self-quarantine was extended under subclause (1)—may cease self-quarantining.

9 Requirements of self-isolation and self-quarantine

(1) This clause applies to a person who is required to:

(a) **self-isolate** at a premises under clause 4; or

(b) **self-quarantine** at a premises under clause 6 or 7.

(2) The person identified in subclause (1):

(a) if the period of self-isolation or self-quarantine, as the case requires, begins at a time when the person is not at the premises, must immediately and directly travel to that premises, unless the person is admitted to a hospital or other facility for the purposes of receiving medical care; and

(b) must reside at that premises for the entirety of the period of self-isolation or self-quarantine, as the case requires, except for any period that the person is admitted to a hospital or other facility for the purposes of receiving medical care; and

(c) must not leave the premises, except:

(i) for the purposes of obtaining medical care or medical supplies; or

(ii) in any emergency situation; or

(iii) for the purposes of exercise, but only if the person:

(A) takes reasonable steps to maintain a distance of 1.5 metres from any other person, unless the other person is required to self-isolate or self-quarantine at the same premises; and

(B) does not enter any other building; or

(iv) if required to do so by law; and

(d) must not permit any other person to enter the premises unless:

(i) that other person:

(A) ordinarily resides at the premises; or

(B) is required to self-isolate or self-quarantine at the premises under these directions; or

(ii) it is necessary for the other person to enter for medical or emergency purposes; or

(iii) the other person is a **disability worker**, and it is necessary for the disability worker to enter for the purpose of providing a **disability service** to a person with a **disability**; or

Example: a disability worker may enter to support a person with a disability to manage the person's limitations in undertaking self-care (such as assistance with eating, showering, toileting, etc).

(iv) the entry is otherwise required or authorised by law.

10 Definitions

In these directions:

(1) **Department** means the Victorian Department of Health and Human Services;

(2) **hospital** has the same meaning as in the **Hospital Visitors Directions (No 3)**;

(3) **National Guidelines** means the document titled "Coronavirus Disease 2019 (COVID-19) — CDNA National Guidelines for Public Health Units", as amended from time to time;

Note: The National Guidelines are available at: https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm.

(4) **premises** means:

(a) a building, or part of a building; and

(b) any land on which the building is located, other than land that is available for communal use;

(5) **Revoked Isolation Direction** means the:

(a) **Isolation (Diagnosis) Direction**, given on 25 March 2020; or

(b) **Isolation (Diagnosis) Direction (No 2)**, given on 13 April 2020;

(6) The following expressions have the same meaning that they have in the **Disability Service Safeguards Act 2018**:

(a) disability;

(b) disability service;

(c) disability worker.

11 Penalties

Section 203 of the PHW Act provides:

Compliance with direction or other requirement

(1) A person must not refuse or fail to comply with a direction given to the person, or a requirement made of the person, in the exercise of a power under an authorisation given under section 199.

Penalty: In the case of a natural person, 120 penalty units.

In the case of a body corporate, 600 penalty units.

(2) A person is not guilty of an offence against subsection (1) if the person had a reasonable excuse for refusing or failing to comply with the direction or requirement

Dr Annaliese van Diemen

Deputy Chief Health Officer (Communicable Disease), as authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW Act.

11 May 2020

Direction from Deputy Chief Health Officer (Communicable Disease) in accordance with emergency powers arising from declared state of emergency

Isolation (Diagnosis) Direction (No 2)

Public Health and Wellbeing Act 2008 (Vic)
Section 200

I, Dr Annaliese van Diemen, Deputy Chief Health Officer (Communicable Disease), consider it reasonably necessary to protect public health to give the following direction pursuant to section 200(1)(b) and (d) of the **Public Health and Wellbeing Act 2008** (Vic) (**PHW Act**):

1 Preamble

(1) The purpose of this direction is to require persons diagnosed with Novel Coronavirus 2019 (**2019-nCoV**) to isolate (self-isolate) in order to limit the spread of 2019-nCoV.

(2) This direction replaces the **Isolation (Diagnosis) Direction** given on 25 March 2020.

2 Citation

This direction may be referred to as the **Isolation (Diagnosis) Direction (No 2)**.

3 Revocation

The **Isolation (Diagnosis) Direction** is revoked with effect from midnight on 13 April 2020.

4 Direction

(1) A person who is diagnosed with 2019-nCoV in Victoria between midnight on 13 April 2020 and midnight on 11 May 2020:

(a) if the diagnosis is communicated to the person in a place other than where the person resides, must:

(i) travel directly from that place to a **premises** that is suitable for the person to reside in and reside in that premises until **clearance from isolation (self-isolation)** is given under subclause (2); or

(ii) travel directly to a hospital for medical treatment, and following treatment and discharge from the hospital, travel directly to a premises that is suitable for the person to reside in until clearance from isolation (self-isolation) is given under subclause (2); and

(b) if the diagnosis is communicated to the person in suitable premises where the person resides, must reside in that premises beginning on the day of the diagnosis and ending when clearance from isolation (self-isolation) is given under subclause (2); and

(c) must not leave the premises, except:

(i) for the purposes of obtaining medical care or medical supplies; or

(ii) in any other emergency situation; or

(iii) for the purposes of exercise, but only if it is possible for the person:

(A) to avoid close contact with any other person; and

(B) not to enter any other building; or

(iv) if required to do so by law; and

(d) must not permit any other person to enter the premises unless that other person usually lives at the premises or is living at the premises for the purposes of isolation (self-isolation), or for medical or emergency purposes.

(2) A person subject to the requirements in subclause (1) is given **clearance from isolation (self-isolation)** when an officer of the Department of Health and Human Services certifies that the person meets the criteria for discharge from isolation (self-isolation) under existing Departmental requirements.

(3) Certification under subclause (2) must be in writing but is not required to be in a particular form.

5 Definition of premises

In this direction, **premises** means:

(1) a building, or part of a building; and

(2) any land on which the building is located, other than land that is available for communal use.

6 Penalties

Section 203 of the PHW Act provides:

Compliance with direction or other requirement

(1) A person must not refuse or fail to comply with a direction given to the person, or a requirement made of the person, in the exercise of a power under an authorisation given under section 199.

Penalty: In the case of a natural person, 120 penalty units.

In the case of a body corporate, 600 penalty units.

(2) A person is not guilty of an offence against subsection (1) if the person had a reasonable excuse for refusing or failing to comply with the direction or

requirement

Dr Annaliese van Diemen

Deputy Chief Health Officer (Communicable Disease), as authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW Act.

13 April 2020

RE: Day 3 /day 11 testing policy (including exit arrangements/contingency planning)

From: "Finn Romanes (DHHS)" <REDACTED>
To: REDACTED (DHHS)" <REDACTED>
Cc: "Simon Crouch (DHHS)" <REDACTED> "Meena Naidu (DHHS)" <REDACTED>, "Annaliese Van Diemen (DHHS)" REDACTED
Date: Sat, 09 May 2020 23:22:12 +1000
Attachments: DRAFT - Enhanced testing programme for COVID-19 in mandatory quarantine - 09052020.docx (79.17 kB)

Dear REDA,

I have reviewed the table at the end and have endorsed as requested, so there is contemporary available policy guidance for Compliance Team.

I made some changes.

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency
REDACTED
Department of Health and Human Services
State Government of Victoria

From: REDACTED (DHHS) <REDACTED>
Sent: Saturday, 9 May 2020 4:34 PM
To: Finn Romanes (DHHS) <REDACTED>
Subject: Day 3 /day 11 testing policy (including exit arrangements/contingency planning)

Hi Finn,

Would appreciate if you could take a look. The exit arrangements are at the bottom. I will double check the notices for the given scenarios which are highlighted with Meena and team. Any feedback much appreciated. Keen to get this into the working plan documents and can make it prettier from there in subsequent drafts.

Many thanks for your help.

REDACTED

Enhanced testing programme for COVID-19 in mandatory quarantine

9 May 2020

Background

Several cases of COVID-19 have been diagnosed in people who have completed 14 days of mandatory quarantine, after they have been released from detention. Some of these cases have subsequently travelled interstate to return home, whilst infectious. Some of these persons were asymptomatic whilst in quarantine in Victoria and would not have been detected on reactive testing. There are also concerns that people who are due to finish their 14 days of mandatory quarantine may downplay or conceal symptoms, to prevent them from being stopped from travelling interstate. For these reasons, it has been requested by the Public Health Commander that all individuals (regardless of age or other risk factors) are tested for COVID-19 on day 3 and day 11 of the mandatory quarantine period. This process will be voluntary.

Reasoning for testing

This screening is to avoid people being detained longer than necessary and, because returned travellers have a higher likelihood of being positive than the Australian population, to prevent spread to others after discharge.

Day 3 testing has been designed to detect cases early in the mandatory quarantine period. Asymptomatic cases have to be isolated for 10 days so identifying this early in the quarantine period reduces the likelihood of the 14-day quarantine period being extended. It will also allow their travelling companions to separate from them and commence their new 14-day quarantine period promptly. Confirmed cases will be moved to the COVID hotel (currently Rydges), thus reducing the theoretical risk of transmission within the hotel.

Exit testing should be carried out no later than day 11 to ensure the result will be returned before the person leaves mandatory quarantine. Testing individuals on day 11 will allow sufficient time for results to be returned, and accommodation/transport/isolation arrangements made for those who test positive, before the mandatory quarantine period is complete.

Timing of testing

Testing should be offered to all quarantined individuals on day 3 and on day 11. Having predetermined days for testing to be carried out will ensure a consistent process is followed across hotels and that quarantined individuals' expectations are met regarding this process. For day 11 testing, testing should be started and completed as soon as possible on the morning of day 11, to reduce the risk of results being delayed.

Exceptions

Testing will not be requested of the following groups:

- Persons who are confirmed cases of COVID-19 who are still infectious and have not yet met the criteria for release from isolation as per the current department guidelines.
- Persons who already have a COVID-19 test result pending.

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Resources

Workforce

Additional nurses (**a testing squad**) should be rostered on at each hotel where quarantined individuals are reaching day 3 and day 11 of the quarantine period. The size of the testing squad should be proportionate to the number of individuals requiring testing. This should be coordinated and determined by those in charge of nursing rostering and the EOC.

The nurses in the testing squad must be competent in correct usage of personal protective equipment, infection prevention and control processes, performing swab tests and appropriate documentation of same (e.g. labelling requirements).

The clinical lead for Medi7 (or other locum doctor agencies that are being contracted) should be notified in advance which hotels will have testing carried out each day, so that additional GPs can be allocated to that hotel if needed, and to follow-up results (communicate positive results to cases and notify the department) on subsequent days.

Additional support staff should also be rostered on to support the testing process.

Consumables

Appropriate and sufficient PPE must be available to the testing squad. Donning and doffing areas must be available in appropriate areas throughout the hotel to ensure strict infection prevention and control practices are adhered to. The DHHS team leader must ensure there are sufficient stocks of PPE to allow for a large number of tests to be carried out. It typically takes 3 days for PPE to be dispatched to a hotel so this would need to be ordered several days in advance, to ensure everything is ready for testing to occur promptly on the morning of day 3 and day 11.

Large numbers of swabs and request slips will also need to be procured. Hotels will need to ensure they have thermometers and disposable caps available for temperature screening.

PPE requirements

- Nurses performing the testing ('dirty nurses') should wear full PPE – a gown, gloves, single use face mask and eye protection.
- They must change their gloves and perform hand hygiene procedures between tests/patients.
- They should change their gown/face mask/eye protection when they leave the testing area (e.g. to go on break). They should also change their mask if it becomes visibly soiled, or if they have been wearing it for > 4 hours.
- 'Clean' nurses (and any other staff assisting, e.g. security guards or support staff) do not need to wear any PPE if they remain 1.5m away from the person being swabbed. They may wear a single use face mask if they wish. They should remain in the hallway and practise physical distancing. They do not need to wear gloves unless they are handling the swabs.
- Quarantined individuals must not step out of their rooms.
- Individuals who are symptomatic should be treated as suspected cases, and full PPE changed between tests/individuals.
- Asymptomatic individuals do not require PPE to be changed between tests/individuals, but gloves should be changed, and hand hygiene practised.
- The PPE standard operating procedure required will need to be made clear to all nurses involved, so that PPE is used appropriately.

Testing process

Model of testing

The current model of care for day 3 and day 11 testing is that nurses go from room to room performing the testing. There should be two 'clean' nurses who are not required to wear full PPE, and who do not take the swabs or have direct patient contact. There should be one 'dirty' nurse, in full PPE, performing the swab tests and having direct

contact with the person. The swabbing can be done at the door, with the 'clean' nurses remaining in the hallway. The 'dirty' nurse should not go into the person's room. The 'dirty nurse would need to change their gloves and perform hand hygiene in between swabs/rooms. The 'clean' nurses could wear gloves and single use face masks. The nurse should ask the person about symptoms and take their temperature, before taking the swab. The clean nurses can record this information and assist with the preparation and completion of swabs and request slips.

Commented [CH(1]: I think Annaliese didn't want this as full PPE is not recommended for asymptomatic testing. But happy to be guided by you if this has changed.

Also, is this also too operational? Do we want to prescribe how they do it? There are options that we discussed eg testing stations, that might be practical options in some settings

Informed consent

It is of highest importance that individuals provide their genuine informed consent prior to undertaking testing. It must be ensured that individuals fully understand all of the implications of receiving a positive result, for them and for any person they are sharing a room with (automatic close contacts). Exit arrangements must be agreed, planned and managed as per the '*Guidelines for managing COVID-19 in mandatory quarantine*,' particularly for those who are from interstate. Individuals must be aware from the beginning of the quarantine period, what the implications are if their roommate tests positive. Parents or guardians must consent for children and those who do not have capacity to consent themselves.

So that an informed decision can be made, this information must be provided to the individual at the beginning of the mandatory quarantine period on day 1 (FAQs) and day 2 (letter), so they have sufficient time to consider this information and seek advice/support if needed. A reminder should be given the day before testing.

Before taking the swab, the nurse should check that they still wish to consent to the test, let them know that they can choose to withdraw their consent and attempt to answer any questions that they might have. Verbal consent should be confirmed and documented in the nursing record. If testing is refused, this should also be documented (along with whether the person was symptomatic or asymptomatic). This should be recorded each time a person is offered and declines testing. COVID-19 testing is voluntary - a person cannot be forcibly tested. Every effort should be made to encourage the person to agree to testing. The main mechanism to counteract this is to provide information early and consistently of the public health importance of participating in the testing process.

Consideration must also be given to persons from non-English speaking backgrounds who may require interpreters to give their consent.

Procedure

Nurses performing tests should refer to the guideline for taking nasopharyngeal swabs. A single swab can be used for both the mouth first, followed by the nose.

A temperature and symptom screen should be performed prior to testing. If this screen is positive the person should be treated as a suspected case and advised to isolate in a separate room if they are currently sharing with others.

Full PPE should be changed after testing a person with symptoms consistent with COVID-19.

If resources allow, rooms should be called in advance so that symptomatic persons can be triaged to be tested first (to expedite results) or last (so that PPE can be removed and disposed of afterwards).

Symptomatic cases

If a person is newly symptomatic on day 3 or day 11, they should still be tested and should follow the suspected case processes as documented elsewhere. They should be reviewed by a nurse or doctor and advised to isolate in a separate room or practise control measures until the test result is known (if they are sharing a room with someone).

Information and communications

Quarantined individuals should be provided with information about the day 3 and day 11 testing process at the following time points:

- At the beginning of the mandatory quarantine period (day 1) - information included in the arrivals FAQ.

- A detailed letter on day 2 - outlining the testing process and implications, setting the groundwork for informed consent.
- A reminder should be given the day before testing.

Arrival FAQ

On day 1, we should be strongly encouraging people to separate at the beginning of the quarantine period, and emphasising that if one of them becomes positive on the day 11 test, this will have implications for how long they are required to isolate. If they are from interstate, advice should be given on how long they will need to remain in Victoria if the day 11 test is positive. Information should be provided in the arrival FAQ which is distributed at the airport. This message should be reinforced on arrival at the hotel when rooms are being allocated.

Detailed letter

The information to be provided on day 2 is as follows:

- That they are going to be asked to be tested
- That this testing will occur on day 3 and day 11
- The meaning of a positive test result (from a health perspective and from a logistics perspective)
- The meaning of a negative test result (from a health perspective and from a logistics perspective)
- The reasoning for testing on this date and the public health importance
- How results and information will be provided to them (e.g. if they are positive, explain that they will be informed of their result by a GP, and that they will be contacted by a case and contact officer (CCO) from DHHS)
- That if they test positive, they will be subject to the *Isolation (Diagnosis) Direction* and will be required to isolate for a further period
- That they will be required to isolate for a further period if a roommate tests positive (in which case they are a close contact of a confirmed case)
- That testing is voluntary
- That they can withdraw their consent before testing if they change their mind
- That refusal to test will be recorded

Reminder

People will need to have a reminder the day before, which will inform them of the approximate time their test will be carried out.

Pathology arrangements

Pathology request slips should be completed the day before testing with the following minimum identifiers: full name, DOB, mobile number, hotel name and room number, usual address, hotel team leader name and contact details, requesting doctor name and contact details. Request slips should be clearly marked with the following comment: “MANDATORY QUARANTINE – DAY 3 *(or 11)* TESTING.”

A courier should be confirmed to transport all swabs. Swabs do not need to be refrigerated (as they are going to be processed within 24 hours). All hotel swabs are currently being send to Melbourne Pathology or VIDRL. Testing laboratories should be informed in advance if a large number of tests are expected on a given day, so that they can arrange surge capacity (otherwise turnaround times may be prolonged and results may not be back in time for exit planning). This should be done by the health coordinator (EOC) contacting the laboratories lead (see daily PH-IMT roster).

Pathology providers used should be able to return results in 24 hours – arrangements should be altered if there are significant delays with certain providers.

Provision of results

Results from these tests are generally expected within 24 hours. The requesting medical practitioner is expected to follow-up (or make arrangements for another medical practitioner to follow-up) the results and inform individuals who are confirmed cases. The Case and Contact Management team only become involved with a case once they have received a notification from the medical practitioner or the laboratory. It is best practice for the case to have been informed of their diagnosis by the medical practitioner prior to the Case and Contact Officer (CCO) contacting them.

The requesting medical practitioner (in addition to the receiving laboratory) is responsible for notifying the department of any confirmed case. Additional GPs should be rostered on the day test results are expected to manage this increased workload and ensure that all cases are informed of their test results in a timely fashion. Therefore, the GP provider (e.g. Medi7) should be made aware in advance what hotels will be testing on each day and what the expected numbers of tests are, so they can allocate GPs accordingly.

Negative results should also be promptly communicated to quarantined individuals but this does not necessarily have to come from the medical practitioner. These results could be manually delivered to hotel rooms with a letter explaining the implications of the result. They may also be communicated by text message or phone call.

Case and contact management

Confirmed cases

- If a person is currently asymptomatic and has no history of symptoms in the past month then the test date will be taken as a proxy for a symptom onset date (day 0) and they will be required to isolate for 10 days from this date.
- If a person is symptomatic, then their isolation period will be determined as per the department's release from isolation criteria.
- Positive cases (regardless of symptom status) should be transferred to Rydges (the COVID hotel) for the remainder of their mandatory quarantine period.
- When the 14-day mandatory quarantine period is complete, individuals from Victoria who are still infectious (who have not yet met the department's release from isolation criteria) may return home to continue to isolate, if they can do so safely and appropriately at home.
- Individuals from interstate, and Victorians who cannot safely isolate at home, may continue to isolate at the COVID hotel (Rydges) until they meet the department's criteria for release from isolation. They should be transported to the COVID hotel by Non-Emergency Patient Transport (NEPT).
- Positive cases that can isolate at home can be transported by NEPT.

Close contacts

- All close contacts of positive cases should be encouraged to separate from the confirmed case so that their new quarantine period can commence.
- Close contacts from Victoria will be permitted to isolate at home (if safe and appropriate isolation arrangements can be made), otherwise they will be accommodated in hotels.

Exit contingency planning

Every effort should be made to ensure that testing is completed in time for exiting on day 14. If there are delays with laboratories, and results are not known, there should be contingency plans in place for the various possible scenarios for an individual due to exit mandatory quarantine.

Quarantined individuals must be forewarned that release times and plans on day 14 are subject to change, and they must be advised to leave some time to account for any issues that may arise (e.g. delayed laboratory results).

On the morning of day 14, individuals should not be released from detention until a plan as per the table below has been determined.

In the situation that test results are not yet returned for individuals exiting quarantine, this should be urgently escalated via the hotel team leader to the EOC. The Deputy Public Health Commander for Physical Distancing should also be notified and consulted where the situation is complex and public health input is required.

In the situation where a symptomatic person (a suspected case), a confirmed case who is infectious, or a close contact who is still within their quarantine period, is due to exit mandatory quarantine, a further Direction and Detention Notice may be required. The DHHS Authorised Officer must consent with Public Health (DPHC PH), the Compliance Lead, and legal, before issuing this notice.

Process at day 14 and due to exit

Scenario	Management plan
Asymptomatic, test result pending, Victorian or interstate	• Can go home • Issued standard end of detention form • DHHS should ensure result is provided to case and other state public health team if relevant.
Symptomatic, test result pending, Victorian	• Can go home in PPE/NEPT, isolate until test results known. • If nowhere appropriate/safe to isolate in, we will accommodate in hotel until test result known • They should comply with the Stay at Home direction. • The 'respiratory symptoms' end of detention form should be used.
Symptomatic, test result pending, interstate	• People who are symptomatic and from **other States** should be accommodated in Victoria until their result is known • We will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • If being transported they should go by NEPT in PPE. • They should be issued with the 'respiratory symptoms' end of detention notice unless there is a concern that they will not follow this advice, in which case a further direction and detention notice may be issued in consultation with Public Health Commander and legal.
Asymptomatic, negative test result (or no test result), Victorian or interstate	• Can go home • Issued standard end of detention form
Symptomatic, negative test result, Victorian or interstate	• Can go home • Advise to stay at home until symptoms resolved x 72 hours, practise hand and respiratory hygiene • Issue standard end of detention form
Positive test result, Victorian	• Can isolate at home until cleared by department • We will accommodate in COVID hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • Transport in PPE via NEPT • Now subject to Isolation (Diagnosis) Direction

	• Issue confirmed case End of Detention Notice
Positive test result, interstate	• **Cannot travel interstate** • We will accommodate in COVID hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • Now subject to Isolation (Diagnosis) Direction • Issue confirmed case End of Detention Notice • If concerns they will travel interstate, consider further Direction and Detention Notice
Symptomatic, not tested, Victorian or interstate	• People who are symptomatic and from **other States** should be accommodated in Victoria and strongly advised to be tested. • Must document that they are symptomatic, that they have been offered and declined testing, and each instance discussed with Deputy Public Health Commander for a risk assessment. • We will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria until test is agreed and result known. • If being transported they should go by NEPT in PPE. • They should be issued with the 'respiratory symptoms' end of detention notice unless there is a concern that they will not follow this advice, in which case a further direction and detention notice may be issued in consultation with Public Health Commander and legal.
Close contact, not tested, Victorian	• Can go home • Complete close contact quarantine period at home if appropriate/safe to do so, otherwise we will arrange accommodation • Transport in PPE via NEPT if possible.
Close contact, not tested, interstate	• Should not travel interstate • We will accommodate in hotel if they have no other appropriate/safe accommodation to isolate in in Victoria • Issue standard end of detention notice • If going to travel interstate, issue new Direction and Detention notice

Operations Plan - Operation Soteria v2.0 draft

From: "SCC-Vic (State Controller Health)" <sccvic.sctrl.health@scc.vic.gov.au>
To: "Finn Romanes (DHHS)" REDACTED "Annaliese Van Diemen (DHHS)" REDACTED "StateEmergencyManagementCentre SEMC (DHHS)" <semc@health.vic.gov.au>
Date: Fri, 10 Apr 2020 13:15:55 +1000
Attachments: Operations Plan - Operation Soteria - 10 April 2020 v2.0 - draft.docx (438.2 kB)

Finn and Annaliese

Please see attached draft v2.0 Operations Plan – Operation Soteria as requested. The current governance arrangements are included, as is reference to documents that support the operational leads in their functions.

Given the various touch points required within the DHHS COVID-19 structure for this operation, I request the immediate deployment of a SCC Public Health Liaison Officer, reporting to the Public Health Commander, to work across the operational leads to facilitate appropriate connection with the public health incident management functions. This will provide support to the Public Health Commander in relation to this operation, and facilitate links with other SCC functions that support Operation Soteria.

I intend to distribute v2.0 of the operations plan to the Operation Soteria operational leads today for their feedback, before submitting to the Emergency Management Commissioner for his approval.

Regards

Andrea Spiteri
State Controller- Health

REDACTED
Deputy State Controller – Health

From: Finn Romanes (DHHS) REDACTED
Sent: Thursday, 9 April 2020 4:54 PM
To: Andrea Spiteri (DHHS) REDACTED REDACTED (DELWP) REDACTED
Cc: Pam Williams (DHHS) REDACTED REDACTED; Braedan Hogan (DHHS) Meena Naidu (DHHS) REDACTED Merrin Bamert (DHHS) REDACTED Jacinda de Witts (DHHS) REDACTED Annaliese Van Diemen (DHHS) REDACTED Brett Sutton (DHHS) REDACTED
Subject: Request - Governance and Planning for Mandatory Quarantine Programme (aka Operation Soteria)
Importance: High

Dear State Controller and Deputy State Controller

There has been a range of good work by colleagues across DELWP, DHHS, EMV and elsewhere to bring into effect – at short notice – a mandatory quarantine (detention) programme in relation to COVID-19 since midnight Saturday 29 March, including that a number of people have been placed into mandatory quarantine.

There appears to be a lack of a unified plan for this program, and there is considerable concern that the lead roles have not had an opportunity to be satisfied there is a policy and set of processes to manage the healthcare and welfare of detainees, for whom this program is accountable.

There are now a considerable complexity and considerable risk that unless governance and plans issues are addressed there will be a risk to the health and safety of detainees.

Governance
The Chief Health Officer and Deputy Chief Health Officer are formally requesting an urgent review governance of the mandatory quarantine (detention) programme, also known as Operation Soteria, to be conducted this afternoon, with **new and clear arrangements to be established by 8pm this evening**. These arrangements should provide for:

- A clear lead, who could remain the Deputy State Controller Health (currently Chris Eagle)
- A direct line of accountability to the Deputy Chief Health Officer of all sectors of the response, as the role that is legally responsible for this detention regime
- A sector for healthcare and welfare (including a clearly named lead role, which could be the Deputy State Health Coordinator)
- A sector for compliance (which could be the Executive Lead Compliance)
- A sector logistics, including accommodation and transport (which could be Pam William's role or wrap in other agencies as well).

Plan for the mandatory quarantine program (aka Operation Soteria)
The Chief Health Officer and Deputy Chief Health Officer require a **single plan to be produced for review by 10am tomorrow morning Friday 10 April.** This plan must include:

- Arrangements for provision of healthcare and welfare to people in mandatory quarantine;
- Arrangements for compliance oversight and operations in relation to people in mandatory quarantine;
- Arrangements for logistics including accommodation and transport.

The plan will require endorsement by the Deputy Chief Health Officer (Public Health Commander) before provision to any overall lead officer.
The plan will need to show all processes and policy decisions, and manage health and safety of detainees.
It should provide for ways that the Public Health Commander can receive up to date reports on the health and welfare of all detainees.

We are very grateful for all the hard work of the team, and appreciate your help in advance for establishing these necessary steps in the governance and oversight of this program.,

Regards

Finn
Dr Finn Romanes
Deputy Public Health Commander - Planning
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

OPERATION SOTERIA - Deputy State Controller for Operation Soteria - Request for Contact Information and Plan Content

From: "Finn Romanes (DHHS)" <REDACTED

To: SCCSupport <sccvic.support@scc.vic.gov.au>, REDACTED (DELWP)" REDACTED

Cc: "Andrea Spiteri (DHHS)" REDACTED "Annaliese Van Diemen (DHHS)" REDACTED REDACTED "Jacinda de Witts (DHHS)" "Melissa Skilbeck (DHHS)"

Date: Fri, 10 Apr 2020 09:30:45 +1000

Attachments: DRAFT COVID-19 Mandatory Quarantine Healthcare Welfare and Compliance Plan 9 April 2020 .docx (456.92 kB)

Dear SCC

Can you pass me the details (email and contact number) for REDACTED so I can reach out after 10am in regards Operation Soteria for a call, and email prior.

In the attached is some initial content that needs to be in the Plan – we haven't checked all this content, but this is the flavour of the required content.

If this can be incorporated into the Plan for Operation Soteria, we look forward to a chance to then properly review it all in the Plan overall when further drafted. This content is NOT endorsed by PHC, but is close to it, and provided for inclusion as indicative content. I'm also keen that you see and include this as it should enable you to see it is the expectation that the Plan will be the single plan, and quite detailed.

REDACTED has been leading to corral content to assist the Plan write-up and can / will continue to be a point of contact on this work. I'll talk to REDA about whether RE can be nominated as a liaison point for SCC on this – certainly would fit with RE work at the moment.

Look forward to seeing a draft Plan for our review and approval shortly.

Finn

Dr Finn Romanes
Public Health Commander
Novel Coronavirus Public Health Emergency
REDACTED

Department of Health and Human Services
State Government of Victoria

COVID-19 – Interim Healthcare and Welfare Mandatory Quarantine Plan

9 April 2020

Contents

Purpose

This plan is intended to:

- Describe the roles and responsibilities of all parties involved in the mandatory quarantine process
- Outline the healthcare and welfare protocols in place
- Describe the policy and procedures of DHHS authorised officers (AOs)

Authorising environment

Emergency Management Commissioner and State Controller

State Controller (Class 2) is appointed to coordinate the overall response, working within the emergency management arrangements.

Chief Health Officer and Deputy Chief Health Officer

Under a state of emergency declared by the Victorian Government, the Chief Health Officer and Deputy Chief Health Officer have exercised powers to make a range of Directions that reflect physical distancing controls in Victoria, as described in Annexes to this plan.

Governance of mandatory quarantine policy within the DIMT

A Mandatory Quarantine Cell will be chaired by the Deputy Public Health Commander – Physical Distancing and Planning, on behalf of the Deputy Chief Health Officer (Public Health Commander). There will be a Mandatory Quarantine operations lead (an executive lead for compliance), and a policy and strategy lead.

Direction

The direction and detention notice issued by the Deputy Chief Health Officer states that people travelling to Victoria from overseas, on or after midnight on 28 March 2020 will be detained at a hotel for a period of 14 days.

The direction and detention notice is available on the department's website: https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/detention-notice-signed-2020-03-28.pdf

Compliance and enforcement for mandatory quarantine

Purpose of this section

The purpose of this compliance protocol is to set out the compliance approach in relation to Deputy Chief Health Officer (D/CHO) directions under *Public Health and Wellbeing Act 2008* (PHWA).

Scope of compliance and enforcement

The scope of enforcement and compliance activity will include persons under quarantine for returning from overseas.

Strategy for compliance and enforcement

The outcomes being sought are to reduce the transmission COVID-19 through mandatory quarantine for 14 days of those returning from overseas. The focus of activity will be on implementation of a mandatory detention program for new arrivals from overseas.

Data management to support compliance and enforcement

Authorised officers are responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes. This upload will occur under the accountability of the Director of Health Regulation and Reform. Final arrangements being confirmed.

Plan for people returning from overseas to Victoria

Background to the mandatory quarantine (detention) intervention

A mandatory quarantine (detention) approach was introduced by creation of a policy that a detention order would be used for all people arriving from overseas into Victoria from midnight on Saturday 28 March 2020. An example detention order is available at https://www.dhhs.vic.gov.au/state-emergency

The objectives of the plan for people returning from overseas to Victoria are:

- To identify any instance of illness in returned travellers in order to detect any instance of infection;
- To ensure effective isolation of cases should illness occur in a returned traveller;
- To provide for the healthcare and welfare needs of returned travellers who are well or shown to be COVID-19 negative but are required to remain in quarantine for the required 14 days;
- To implement the direction of the Deputy Chief Health Officer through meeting:
  - A requirement to detain anyone arriving from overseas for a period of 14 days at a hotel in specific room for a specified period unless an individual determination is made that no detention is required;
  - A requirement to record provision of a detention notice showing that the order was served and to manage access to information on who is in detention using a secure database;
  - A requirement to undertake checks every 24 hours by an authorised officer during the period of detention;
  - A requirement to fairly and reasonably assess any request for permission to leave the hotel room / detention.

Governance and oversight of the mandatory quarantine (detention) intervention

Lead roles

The Chief Health Officer and Deputy Chief Health Officer have instituted a policy, in keeping with a conclusion from National Cabinet, that leads to issuance of detention orders for people returned from overseas.

The following lead roles are involved in the oversight of the mandatory detention intervention:

- Oversight report to EMC - Deputy State Health Controller (Chris Eagles)
- State compliance and public health stream – Deputy Chief Health Officer (Annaliese van Diemen)
  - Deputy Chief Health Officer – overall lead and authorising environment for the mandatory detention scheme, decision to issue a detention notice or not;
  - Deputy Public Health Commander Planning – delegate of DCHO for these arrangements including initial advice to DCHO/PHC on requests where a decision is needed whether to grant leave (permission) or not detain, and for public health advice regarding the detention regime;
  - Director Health Regulation and Reform – is the Compliance Lead, for compliance and enforcement activity including authorised officer workforce – including the issuing and modification of detention orders (for example including moving a person from one room to another);
- Health and welfare stream – State Health Coordinator (Euan Wallace)

  - Deputy State Health Coordinator – lead for healthcare provision to persons in detention;
  - Director Health Protection and Emergency Management – lead for welfare and implementation of healthcare provision to persons in detention;
- Logistics including accommodation and transport stream – Executive DHHS Lead for Accommodation (Pam Williams)
  - Department of Health and Human Services Commander – lead for logistics for provision of mandatory detention involving transport and accommodation.
  - DJPR lead.

Information management for people in mandatory detention

A business system is being developed by BTIM to assist with the management of the healthcare and welfare for people included in this intervention.

That system articulates with the PHESS database through a common link key.

Critical information about people in mandatory detention will be uploaded to PHESS at two points in the day as a download from the business system to be used.

To be determined: the master source of who has exited the airport in mandatory detention.

To be completed: the build of the business system to support welfare and health needs of people in mandatory detention.

The Enforcement and Compliance section will ensure identities and basic compliance information of all persons in detention are entered onto PHESS through the twice daily upload process from the completed business system.

As a parallel system, Isolation Declaration Card (IDCs) are collected at the airport and batched and sent to an Australia Post call centre. The data is entered into a spreadsheet and sent to DHHS for cross entry into PHESS. This process takes approximately 24 hours. This can then be reconciled with any passenger list or people in detention list.

Enforcement and Compliance Command for Mandatory Quarantine

Deliverables of the enforcement and compliance function

The Director of Health Regulation and Compliance role is responsible for:

- Overall public health control of the detention of people in mandatory quarantine;
- Oversight and control of authorised officers administering detention;
- Administration of decisions to detain and decision to grant leave from detention.

Authorised officer* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the PHWA set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

DHHS staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the CHO. This authorisation under s.199 has an applicable end date; relevant AOs must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the DHHS Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on DHHS authorised officers including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

** DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.*

Required authorised officer actions at the airport

The lead for this situation is the Compliance Lead through a lead Authorised Officer.

DHHS Authorised Officers*:

- declare they are an Authorised Officer and show AO card [s.166] **(mandatory AO obligation)**
- must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and:
  - explain the reasons for detention [s. 200(2)] **(mandatory AO obligation)**
  - warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply [s. 200(4)] **(mandatory AO obligation)**
- ensure the Direction and Detention Notice:
  - contains the hotel name at which the person will be detained
  - states the name/s of the person being detained
- record issue and receipt of the notice through a scanned photograph and enter into business system
- if necessary, facilitate a translator to explain the reasons for detention
- facilitate any reasonable request for communication, such as a phone call or email [s. 200(5)] **(mandatory AO obligation)**
- provide a fact sheet about detention (what the detainee can and can't do, who to contact for further information)
- record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.
- use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.

- check the vehicle transporting detainees is safe (in accordance with the review of transport arrangements procedure)

If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.

*DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order.

Authorised Officer review of transport arrangements

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and detainees?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then vehicle must be cleaned in accordance with DHHS advice (business sector tab).
- Ensure the driver required to wear PPE?
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each detainee to complete enroute or at the hotel?

People who are unwell at the airport

The lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a DHHS staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment;
- The authorised officer from DHHS at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel.
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed;
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (comments as above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

Requirement for review each day

- DHHS AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] **(mandatory AO obligation).**
- DHHS AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to

  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - any other issues that have arisen.

To inform decision-making, a DHHS AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO[1] becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO going onto the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc.
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

Charter of Human Rights considerations in decision-making making process

AO should consider the Charter of Humans Rights when exercising emergency powers and reviewing a person's detention every 24 hours, namely:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life

- **Right to protection from torture and cruel, inhuman or degrading treatment –** This includes protecting detainees from humiliation and not subjecting detainees to medical treatments without their consent
- **Right to freedom of movement –** While detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – This includes protecting the personal information of detainees and storing it securely
- **Right to protection of families and children –** This includes taking steps to protect facility and children and providing supports services to parents, children and those with a disability
- **Property rights –** This includes ensuring a detainee's property is protected
- **Right to liberty and security of person –** this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** - This includes treating detainees with humanity

Mandatory reporting (mandatory AO obligation)

A DHHS AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

Grant of leave from the place of detention

This is a different legal test to that which applies after the notice is issued. It relates solely to the granting of leave (permission) and requires a different process and set of considerations.

The detention notice provides for a 24-hour review (which is required by legislation) to assess whether ongoing detention is needed, and, in addition, a person may be permitted to leave their hotel room on certain grounds, including compassionate grounds.

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Potential mechanisms for grant of leave from detention

Noting that there are broadly two mechanisms available to the authorised officer on behalf of the Compliance Lead / Public Health Commander to release a person from mandatory detention:

- The daily review by the authorised officer could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the authorised officer (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained.

The Public Health Commander could determine that detention should be served in an alternative location to a hotel, by writing a detention order to that effect.

Potential reasons for permission to grant leave from detention

There is a policy direction from the Deputy Chief Health Officer that permission to leave mandatory detention should be exceptional and always based on an individual review of circumstances.

In the following circumstances there could be consideration of permission grant after an application to the Deputy Chief Health Officer however this will require permission:

- A person who has a medical treatment in a hospital;
- A person who has recovered from confirmed COVID-19 infection and is released from isolation;
- An unaccompanied minor (in some circumstances – see below);
- Instances where a person has a reasonably necessary requirement for physical or mental health or compassionate grounds to leave the room, as per the detention notice.

Note that the last category is highly subjective. This means it is the expectation of the authorising environment that exemption applications on those grounds are made on exceptional circumstances.

Process for considering requests for permission to leave or not have detention applied

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects their ability to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in Jamie De Ano and Ed Byrden.

Considerations

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the authorised officer balances the needs of the person and public health risk. For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights need to be considered closely.

Requests in relation to the mandatory quarantine (detention) orders or permission to leave (for people in detention) should be rapidly reviewed by staff in the call centre function, and should always be funnelled through the COVID Directions inbox. That will allow that inbox to be a complete repository of all categories of requests for permission, exceptional circumstances requests and advice / exemption requests.

There should then be a presumption that these requests are forwarded immediately (within two hours) to COVID-19.vicpol@dhhs.vic.gov.au for review by an Authorised Officer working directly to the Director lead for compliance and enforcement, as these are a high priority category of request.

Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

1. **For the purpose of attending a medical facility to receive medical care**

- D/CHO or Public Health Commander will consider circumstances determine if permission is granted. See *Policy on permissions and application of mandatory detention*. AO must be informed so they are aware.
- In particular circumstances, an on-site nurse may need to determine if medical care is required and how urgent that care may be. DHHS AO officers and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Regulation and Compliance officer to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.

2. **Where it is reasonably necessary for physical or mental health; or**

See policy on permissions and application of mandatory detention

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. See *Policy on permissions and application of mandatory detention.*AO must be informed so they are aware.
- If approval is granted:
  - the AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, DHHS authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which detainees are temporarily outside their premises at any one time.

3. **On compassionate grounds;**

- D/CHO or Public Health Commander will consider circumstances to determine if permission is granted. *See Policy on permissions and application of mandatory detention*
- The AO must be notified if a detainee has been granted permission to temporarily leave their room and under what circumstances.

4. **Emergency situations must also be considered.**

- DHHS authorised officers and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to detainees
- if deemed that numerous detainees need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; detainees should be accompanied at all times by a DHHS authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- the accompanying DHHS authorised officer or a Victoria Police officer should ensure that all relevant detainees are present at the assembly point by way of a register of detainees.

<u>The process for a person not yet in detention is:</u>

- Members of the public who wish to ask for detention not to be applied, or permission to be granted to leave, have the option of submitting a request in writing to the COVID Directions inbox;

- Authorised officers should also use the COVID Directions inbox to submit requests for detention not to be applied or permission to be assessed so that the COVID Directions inbox is a complete funnel for handling these requests;
- All requests for permission that are considered are logged on the secure MS Teams site established by Legal Services in a manner that can be audited and reviewed by any party in this compliance chain;
- The Director of Health Protection and Emergency Management (lead for COVID-19 Directions) who oversees the inbox and team managing this process assesses the merits of the individual proposal – including through delegates - and applies judgment as to whether the application should proceed to the next step. There is a policy view – outlined in this Plan – that exceptional circumstances are generally required for the Authorised Officer to NOT issue a notice of detention for an overseas arrival;
- If a request is determined to require to proceed, it should then be sent to COVID-19.vicpol@dhhs.vic.gov.au for review by the AO reporting directly to the Direct E+C;
- The Compliance Lead will seek legal advice and a discussion with the Deputy Public Health Commander urgently if required;
- The outcome will be recorded in writing and communicated back to the COVID Directions team and requestor in writing.

Policy on unaccompanied minors

Instances where an unaccompanied minor is captured by a detention order must be managed on a case by case basis.

In general, there is a presumption that there are no exemptions granted to mandatory quarantine. The issues in relation to mandatory quarantine of unaccompanied minors include: where this occurs, and with what adult supervision.

Preliminary legal advice is that the State could issue a detention order to a person under 18 years who is unaccompanied outside the home (a person in the care of the state) if certain conditions are met. These must include:

- AO has to check in regularly;
- Person can easily contact parent / guardian;
- Has adequate food;
- Remote education is facilitated.

A draft detention notice is being put together by Legal Services should this be required.

When an unaccompanied minor normally resides outside Victoria

It is proposed that where there is no clear alternative, an unaccompanied minor who normally resides outside of Victoria may be facilitated to undertake detention in their normal home state of residence, with appropriate risk management of any possible exposures to others on a domestic flight out of Victoria to that state. The department will need to be satisfied that the receiving state will take the person under 18 years and manage public health risks.

When an unaccompanied minor is normally resident in Victoria

It is proposed that an adult (who is not themselves a returned overseas traveller) who supervises a minor should join that minor at a place of detention. If that occurs, the adult should then remain with that person in quarantine although there is no legislative power to issue a direction to that adult to detain the adult.

If an unaccompanied minor who normally resides in Victoria is unable to be joined by a parent / guardian (for example because that parent / guardian has other caring duties and cannot thus join the minor in detention) then on a case by case basis, an assessment will be undertaken to identify whether detention is to be served in the home.

Whilst it may be acceptable for older children (16 – 18 year old) to be in quarantine without their parent(s) or guardian, it's likely to be unacceptable for younger children (12 or 13 years old or younger) and in that situation it's more appropriate to defer an alternative arrangement (i.e. parents join them in quarantine or quarantine at home).

If a child is quarantined at home with their parents, a detention notice should still be provided to the child and parents outlining the same requirements for children as if they were in quarantine in a hotel, together with the guidance about advice to close contacts in quarantine. Legal services will adapt notices for that purpose.

Authorised officers monitoring unaccompanied minors have current Working With Children Checks and understand their reporting requirements under the Reportable Conduct Scheme.

When a minor is detained at their home

If it is determined to be appropriate to detain a child at home after a risk assessment, the arrangement will involve:

- Issuing a detention order naming the specific home and / or parts of the home, and
- The detention order will be accompanied by advice on minimising risk of transmission to others in the home where the minor is detained (equivalent to advice to close contacts in quarantine); and
- An Authorised Officer will undertake a process to undertake a review each day in the manner required by the Act.

When an unaccompanied minor is detained in a hotel

If an unaccompanied minor is detained in a hotel without parents, a specific notice and process is below.

- A Detention Notice – Solo Children, is found at Appendix 1.
- A guideline for authorised officers in this respect is found at Appendix 2.

This is a more intensive process for the authorised officers, which is commensurate with the additional risk of quarantining a child because the child is subject to the care of the Chief Health Officer and department.

Working with Children Checks and Child Safe Standards

DHHS will work with Department of Justice and Community Safety to facilitate Working With Children Checks for Authorised Officers.

Escalation of issues

Should an AO become aware of any concern about a child, the AO must:

- contact the department's welfare teams immediately. Child Protection contact details for each Division: https://services.dhhs.vic.gov.au/child-protection-contacts. West Division Intake covers the City of Melbourne LGA: 1300 664 977.
- contact after hours child protection team on 13 12 78 if an AO thinks a child may be harmed and Victoria Police on 000 if the immediate safety of a child is at risk.

Release from mandatory quarantine (detention) after 14 days

The fourteen-day period is calculated from the day following arrival of the person in Australia and ends at midnight fourteen days later/

DHHS Authorised Officer prior to release should:

- review the case file and ensure the 14 day detention has been met.
- liaise with on-site nurse to check the detainee meets the following – i.e. no symptoms of COVID-19 infection;

- any physical checks of the room (damage, missing items, left items etc).

Supporting detainee to reach their preferred destination:

- DHHS organise for the detainee to be transported to their destination by completing a cab charge, Uber or appropriate mode of transport.
- Release from isolation criteria are as per current DHHS Victoria guidelines (based on the SoNG).

DHHS AO to update the business systems database with details of release.

Options to facilitate compliance

DHHS authorised officers should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide an DHHS authorised officer:

- explain the important reasons for detention, that is this action is necessary to reduce the serious risk to public health **(mandatory obligation)**
- provide the person subject to detention with a fact sheet and give opportunity to understand the necessary action
- provide the person subject to detention opportunity to communicate with another person, including any request for a third-party communicator (such as translator), family member or friend (**mandatory obligation)**
- seek assistance from other enforcement agencies, such as Victoria Police, to explain the reason for detention and mitigate occupational health and safety concerns
- discuss matter with on-site nurse to ascertain if there are any medical issues that may require consideration or deviation from the intended course of action
- issue a verbal direction to comply with the Direction and Detention Notice
- advise that penalties may apply if persons do not comply with the Direction and Detention Notice
- recommend that Victoria Police issue an infringement notice if there is repeated refusal or failure to comply with a direction
- recommend Victoria Police physically detain the non-compliant individual for transfer to another site.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches the direction.

Transfer of uncooperative detainee to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to uncooperative detainees to hotel or other for 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the DHHS authorised officer should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, DHHS authorised officer should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

DHHS Authorised Officers should make contemporaneous notes where a person is uncooperative or breaches a direction.

Occupational health and safety for Authorised Officers

See **Appendix 3** for Occupational health and Safety measures.

Logistics for Mandatory Quarantine

Deliverables of the logistics function

The Director of the Office of the Secretary in DJPR role is responsible for:

- contract management with accommodation providers;
- transport arrangements from the airport;
- material needs including food and drink.

Airport and transit process

The lead for this situation is the DHHS Authorised Officer.

Passengers pass through immigration, customs and enhanced health checks before being transferred to their hotel.

- Every passenger is temperature checked by a registered nurse (RN) contracted by DHHS.
- Every passenger is handed a copy of the direction and a detention notice by a DHHS Authorised Officer (AO) authorised under the emergency provisions of the *Public Health and Wellbeing Act 2008*.
- Every passenger is provided an information sheet by DHHS.
- Passengers are met by VicPol/Border Force and escorted to organised buses for transport to the hotel.
- Every passenger is given a single-use facemask to wear while in transit to their hotel room.
- Every passenger is given a welfare survey to fill out on the bus or at the hotel.

Health and Welfare for Mandatory Quarantine

This section of the plan outlines the arrangements in place to provide medical, nursing and mental healthcare to individuals detained in mandatory quarantine.

Deliverables of the health and welfare function

The Deputy State Health Coordinator role is responsible for:

- provision of healthcare to detainees;
- provision of welfare to detainees through the Director Health Protection and Emergency Management.

Welfare in mandatory quarantine

Potential threats to health and wellbeing of people in mandatory detention

Potential risks associated with detention of returned travellers for compulsory 14-day quarantine can broadly be divided in physical or mental health risks.

Physical risks	Mental health risks
Transmission/development of COVID-19	Family violence
Transmission of other infectious diseases	Depression
Other medical problems	Anxiety
Diet – poor/imbalanced diet, food allergies/intolerances, over-consumption	Social isolation/loneliness
Lack of exercise	Claustrophobia
Lack of fresh air	Drug and alcohol withdrawal
Smoking – nicotine withdrawal, risk of smoking within rooms/fire hazard	

Tiers of risk for persons in mandatory detention

- Residents will be triaged into three tiers of risk. The type of welfare check will depend on the tier the passenger falls into.
- For phone calls (tier 1 and tier 2), translators must be available as needed. Language requirements should be recorded on arrival at the hotel and provisions made as required.
- Automated text messages are sent to all passengers in tier 3 via Whispir.
- Residents may be moved between risk tiers throughout their quarantine period as need dictates.

Risk Tier	Risk factors	Welfare check type
Tier 1	Residents with suspected or confirmed COVID-19 Families with children < 18 years Passengers aged > 65 years Aboriginal and Torres Strait Islander peoples Residents with underlying comorbidities (e.g. respiratory or cardiac conditions)	Daily phone call

Tier 2	Those who indicate they require a phone call but do not have any other risk factors. Residents who are by themselves.	Phone call every second day
Tier 3	Low risk – everyone else.	Daily text message (via Whispir)

Arrival at hotel – check in

At hotel check-in:

- Detainee provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Detainee provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify detainees with medical or special needs.
- AO to note detainees with medical or special needs, such as prescription and medical appointments.

Persons will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

Welfare and health service provision

- Residents will have a welfare check (as specified below) each day.
- DHHS welfare officers conducting welfare checks phone and email covid-19.vicpol@dhhs.vic.gov.au and AO individually to alert AO of medical and welfare issue.
- Residents will be provided with a resident satisfaction survey to complete each week.
- Residents can seek review by the nurse 24 hours a day if required.
- 24 hour on-call medical support will be available for on call subject to demand. This will initially be provided by a Field Emergency Medical Officer, and subsequently through a locum general practice service.
- Medical care is organised by Deputy State Health Coordinator. Deliverables include:
  - Primary care assessments;
  - Prescription provision;
  - 24 hour access to a general practitioner;
  - 24 hour access to nursing assessment.
- It is advisable that where possible, individuals who are in detention are linked to receive telehealth care from their normal general practice provider.

Conduct of a welfare check

A welfare check will allow passengers to be assessed for medical and social issues, and concerns flagged and responded to. These issues include but are not limited to health, mental health, safety and family violence concerns. A welfare check will be conducted by a DHHS officer which is included as a script at **Appendix 4.**

Safety / mental health

If there are concerns about the safety or mental health of passengers, the process is as follows:

- The nurse will review via phone (or in person if required with appropriate PPE).
- If escalation is required, the nurse will contact the Anxiety Recovery Centre Victoria for psychosocial support.
- Mental health triage at RMH/the Alfred can be contacted as a back-up.
- If the person is acutely unwell or at serious risk, urgent ambulance should be arranged by calling 000.
- Daily welfare check phone calls should be implemented thereafter if not already implemented.

Family violence (FV)

If there are concerns about family violence / the safety of women and children, the process is as follows:

- Case worker is called to review via phone initially or in person if required (with appropriate PPE).
- A separate room may need to be organised to facilitate the review away from the other family members.
- If deemed necessary, separate rooms should be organised to separate the family members.
- Case worker to review again as required.

Alcohol and other drugs

If there are concerns about alcohol or other substance abuse or withdrawal:

- Consider nurse/medical review.
- Provide numbers for support services (listed below).
- Preference for provision of standard drinks to a limit rather than prescribing diazepam for alcohol withdrawal.
- Prescriptions – Schedule 8 prescriptions for drug-dependent patients can only be provided after discussion with the DHHS Medicines and Poisons Branch.

Diet

- Ensure a well-balanced diet with options provided for those with specific dietary requirements.
- Ensure access to essentials within the room (e.g. snacks, tea and coffee) to limit the amount of interactions/contact required with staff.
- Ensure access to additional food if required.

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.

Social and communications

- All residents should have access to **free** wifi/internet where at all possible.
- All residents should have access to entertainment such as television and streaming services (e.g. Netflix).
- All residents should have access to communications so that they can keep in regular contact with family and friends throughout the quarantine period.
- Toys and equipment should be provided for small children if possible.

Care packages for people in detention

A public health risk assessment has been conducted that indicates that care packages, such as food or toys, can be delivered for provision to people in detention. The care package should be provided to the hotel reception or other party for conveyance to the person in detention and should not be directly handed to the person in quarantine by the person gifting the care package. Ensuring the package passes to the person in detention without misdirection or tampering is essential. There is no public health reason for an inspection of any care package.

Smoking policy for people in detention

As part of the emergency response to COVID-19, individuals have been confined within hotels while under quarantine. The movement of these people has been restricted to hotel rooms, without access to outdoor spaces, where they can smoke.

Current laws

Under the *Tobacco Act 1987* (Tobacco Act), smoking is prohibited in an ”enclosed workplace”, however, Section 5A (2) (g), provides an exemption for the personal sleeping or living areas of a premises providing accommodation to members of the public for a fee. This means that, while a hotel is considered an enclosed workplace, the hotel could allow the occupants of the rooms to smoke if they choose.

In many cases, hotels have implemented their own smoke-free policies in rooms as the smoke is likely to enter the centralised air conditioning systems resulting in occupants of other rooms and staff being exposed to the smoke. Smoke also remains on the surfaces of the room and permeates soft furnishings meaning that it remains in the room and exposes staff cleaning the room to the remaining residual smoke. The Department of Health and Human Services supports and encourages hotels to designate their rooms smoke-free.

If smokers were to be permitted to leave their rooms for supervised cigarette breaks, they would need to be taken to an area that does not constitute an enclosed workplace. This might be a balcony, roof top or other outdoor area. This area should preferably be away from open windows, doors and air conditioning intake points.

COVID-19 and smoking

The World Health Organization (WHO) has advised that any kind of tobacco smoking is harmful to the bodily systems, including the cardiovascular and respiratory systems, and puts smokers at greater risk in the context of COVID-19. Information from China, where COVID-19 originated, showed that people with cardiovascular and respiratory conditions, including those caused by smoking, were at higher risk of developing severe COVID-19 symptoms and death.

The Victorian Chief Health Officer has recommended that quitting smoking reduces the health risks associated with COVID-19.

Other examples of restricting access to smoking

There are some precedents of people being confined to facilities where they are unable smoke. This includes mental health facilities, prisons and, if people are unable to leave, hospitals. In these circumstances, individuals are supported to manage cravings using pharmacotherapies such as nicotine replacement therapies.

Victoria's Charter of Human Rights and Responsibilities

Removing the ability to smoke would be compatible with the *Charter of Human Rights and Responsibilities Act 2006 (the Charter)*, as it would be for the purposes of protecting the right to life. Section 9 of the Charter states that “Every person has the right to life and to not have their life taken. The right to life includes a duty on government to take appropriate steps to protect the right to life.”

Options

Option 1: Provide support for smokers to quit or manage cravings (Recommended)

The preferred option, for both the benefit of the individual and broader community would be to support smokers to quit or manage withdrawal while confined to their hotel room. This would mean that smokers be supported to manage cravings while they are unable to smoke but would not be forced to quit.

This could be easily managed through the provision of approved nicotine replacement therapies (NRT), with meal deliveries, accompanied by counselling through the Quitline. Quit Victoria has recommended a box of patches and an intermittent form of NRT such as a spray. These items are available for purchase without a prescription from a range of retailers including pharmacies and some big supermarkets.

Other pharmacotherapies, like zyban or champix, would require a prescription from a GP and are designed to help people completely quit as opposed to a short-term measure for people who are forced to stop smoking abruptly. These medications can take a while to take effect and, with champix, the advice is to continue smoking until it starts to impact on your cravings which means that it would not be an appropriate option for the circumstances.

Addiction to cigarettes includes both nicotine dependence and a behavioural and emotional dependence, which is why counselling plus pharmacotherapy is required. Someone who is heavily addicted will crave a cigarette every 45-60 minutes.

Telephone counselling is available via the Quitline - 13 78 48

Even if someone doesn’t want to quit, Quitline can help them reduce the number of cigarettes they smoke.

People can also contact their regular general practitioner via telehealth.

Option 2: Relax no smoking restrictions for the hotel rooms

While it would be legally possible to enable people in quarantine to smoke in their rooms, this option is not recommended. This would have an adverse impact on hotels and their staff and goodwill in the circumstances. It would also increase the health risks of individuals potentially already at risk of COVID-19.When sharing a room with children, smoking should not be allowed.

Option 3: Accompany individuals to leave the room to smoke

While it would be possible to create a smoking area for people wishing to smoke, such as in an outdoor drinking area attached to a bar or restaurant facility, this option is not recommended. Allowing people to leave their hotel rooms to smoke undermines the quarantine restrictions being put in place. The individuals would need to be accompanied by security guards and might need to travel floors via lifts to access an outdoor area or leave the building.

Even if we assume, that the hotel is not currently operating for other customers, movement in the hotel creates an increased risk for staff and a need for greater vigilance in cleaning and maintaining distance.

Current policy for smokers in mandatory quarantine

The following actions should occur –

- Nicotine Replacement Therapy should be promoted strongly for smokers;
- Smoking restrictions should remain in relation to the room;
- Only where absolutely necessary, and in exceptional circumstances, a person in mandatory quarantine could be granted permission to leave their room under specific circumstances, where public health risk is managed:
  - The Authorised Officer is aware and grants permission;
  - They are accompanied by security, who are provided PPE to wear;
  - They are instructed to – and follow the instruction – not to touch surfaces en-route to the smoking area and coming back;
  - They return immediately to their hotel room.

Other health and wellbeing issues

- All residents should be given the contact information for support services such as Lifeline at the beginning of their quarantine period (the information sheet they are provided with at the airport should also have these contact numbers).
- Residents should have access to fresh bedlinen and towels as required.
- Care packages may be permitted for delivery to residents under certain circumstances and subject to checks by AOs.
- Residents can be provided with up to three standard drinks per day if there is a risk of alcohol withdrawal (this is in preference to prescribing benzodiazepines for withdrawal).
- Other residents can also request alcoholic drinks as part of their food and drink provisions.
- Smoking breaks or NRT should be offered to all smokers if feasible.

Medical care in mandatory quarantine

Detection and management of COVID-19

Actions to detect and test for COVID-19 amongst people in mandatory quarantine

The following are the actions to enact this:

- Detainees will be asked daily (via phone or text) if they have symptoms consistent with COVID-19. These include but are not limited to fever, cough, shortness of breath and fatigue.

- The nurse onsite will be notified. The nurse will call the detainee (patient) and assess them over the phone. If face to face assessment is required, the nurse will assess them in the room with appropriate PPE.
- Security staff in PPE (masks and gloves) will accompany all nurses visiting hotel rooms. They will wait outside unless requested to enter by the nurses (full PPE is required to enter rooms).
- The nurse will assess the patient for symptoms of coronavirus. If deemed necessary, they will take swabs to test for COVID-19.
- If the patient is well enough, they can remain in quarantine at the hotel to await the test results. If they are sharing a room with another resident, they should be moved to a separate room if feasible and according to availability of rooms. If separation is not possible, they should practise physical distancing as far as is possible.
- If the test is positive and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required, depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

Testing for COVID-19 in detainees

The following requirements relate to how testing is conducted by nursing (or medical) staff:

- That the pathology request slip be clearly marked that this is a hotel quarantine swab – this could go in the clinical details section or at the top of the form (as long as it's included somewhere) – e.g. swab for a person in mandatory quarantine in hotel xx, room xx.
- That there be 3 identifiers on every swab and pathology request (name, DOB, address).
- That the address be listed as the hotel where the person is being quarantined (not their usual home address, as this will result in notification to a different health department).
- That a phone number is provided for every patient being swabbed.
- That the name and phone number of the testing clinician **and** the responsible AO for the hotel be included.

Record of testing

Within each hotel there should be a spreadsheet, case list or other record of all detainees who have had COVID-19 testing carried out. This should record the following details as a minimum dataset for each swab taken:

- Name of detainee tested
- Date of birth
- Usual address
- Contact number
- Email address
- Hotel address and room number
- Date of arrival
- Date of expected release from detention

All COVID-19 swabs taken should be documented in this spreadsheet, even if the person has already had swabs taken while in quarantine. This spreadsheet should be sent to the COVID-19 operations team daily by emailing publichealth.operations@dhhs.vic.gov.au. This is so the Operations team are aware of the pending test results and can look out for them, and so that if details are missing from the swab/pathology slip, the specimen details can be cross-checked with this information, so the test is not lost.

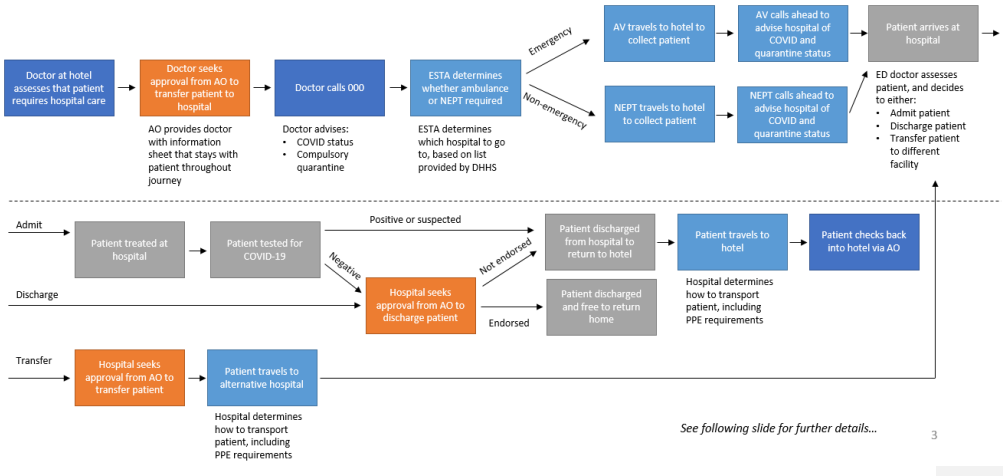
Hospital transfer plan

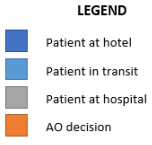
- Passengers requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity (**note children should be transferred to the Royal Children's Hospital**).
- If the hospital transfer is non-urgent, contact DHHS.
- If the hospital transfer is urgent, call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
- Contact the Admitting Officer at RCH/RMH/the Alfred and inform the hospital of patient and details.
- Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
- All relevant staff including AO must be notified prior to the transfer.
- AO must view appropriate authorisation.
- The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
- The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
- Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
- All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.

Commented [HO(1]: Who? For us to organise the transport?

A flowchart for a process to transfer passengers to hospital in an unplanned manner is below.

Process to transfer passengers to hospital (unplanned)





HOSPITALS IN SCOPE

People subject to a direction and detention order will be housed in hotels in the Melbourne CBD. As such, it will only be practicable to transfer patients to hospitals in the inner-Melbourne area.

The following hospitals are in scope for unplanned presentations:

- Royal Women's Hospital
- Royal Children's Hospital
- Royal Melbourne Hospital
- The Alfred
- St Vincent's Hospital

INFORMATION SHEET

When the AO approves the patient to be transferred to hospital, the AO provides the hotel doctor with an information sheet that must stay with the patient throughout their journey.

The information sheet contains information to support AV/NEPT and the hospital to ensure the patient's compliance with the direction and detention notice, including:

- Key notice requirements (e.g. period of enforced quarantine)
- Room arrangements (e.g. single room only)
- Visitor requirements
- Security requirements
- Instructions for seeking AO endorsement to transfer or discharge the patient

Actions for confirmed cases of COVID-19 in people in mandatory detention

The following actions should be taken:

- Residents with confirmed COVID-19 should be accommodated / cohorted in a separate section/floor of the hotel, away from the non-COVID-19 infected passengers.
- A designated COVID-19 hotel may also be available at times during this response.

Personal protective equipment (PPE)

Staff who engage with monitoring or assisting persons in mandatory detention in person:

1. Apply standard infection prevention and control precautions at all times:
    a. maintain 1.5 metre distance
    b. wash your hands or use anti-bacterial agents frequently
    c. avoid touching your face.
2. Every situation requires a risk assessment that considers the context and client and actions required.
3. If you are not able to maintain a 1.5 metre distance and the person has symptoms (for example coughing) or is known to be a COVID-19 case use:
    a. fluid-resistant surgical mask (replace when moist or wet)
    b. eye protection
    c. disposable gloves.
4. If you need to be in a confined space (<1.5 metre) with a known COVID-19 case for more than 15 minutes, wear a single use facemask, eye protection and gloves.

Cleaning of rooms

Housekeeping services will not be provided routinely to residents. Fresh linen, towels and additional amenities can be left outside of rooms for residents to then collect. Biohazard bags can be left for residents to place dirty linen in and to leave outside their rooms for collection. Terminal cleaning is required on vacation of each room.

Managing confirmed cases of COVID-19 entering mandatory quarantine

Persons may be diagnosed with COVID-19 while in mandatory quarantine. These cases will be managed as per the above procedures. They can be released from mandatory quarantine when they meet the current DHHS criteria for release from home isolation, with permission from the Compliance lead.

Confirmed cases of COVID-19 entering mandatory quarantine may arise in two different scenarios. A person may be:

1. Diagnosed before they arrive in Victoria from overseas, but they are still infectious / requiring isolation when they are detained (current infectious cases)
2. Diagnosed and meeting the criteria for release from isolation before they arrive in Victoria from overseas (recovered cases)

Current infectious cases

- In the situation that an arriving passenger is a current infectious case of COVID-19, they will still be handed the detention notice and will be placed in mandatory quarantine.
- They will be given a single use face mask to wear and will be kept separate from the other passengers where possible.
- At the hotel, they will be asked to provide confirmation of their diagnosis. If there is any doubt surrounding the certainty of the diagnosis of COVID-19, they may be tested again.
- These cases will be considered for release from detention once they meet the department's release from isolation criteria.

Recovered cases

- In the situation that a passenger states that they are a confirmed case of COVID-19 and have recovered from the infection, they will still be handed the detention notice and placed in mandatory quarantine.
- The onus on them is to provide the evidence that they have a confirmed case of COVID-19 and the required amount of time has passed such that they are no longer considered infectious.
- If they meet the criteria for release from isolation (see below) and provide the necessary evidence, they can be considered for release from detention.
- They will still be handed the detention notice until this can be verified and the request has been approved.

Note – there are no automatic exemptions for persons who are recovered cases. These requests need to be assessed on a case-by-case situation. The process for requesting non-ordering of detention in these cases is as per 'the process for a person not yet in detention outlined above.'

Release from isolation of confirmed cases in mandatory quarantine

Criteria for release from isolation

Confirmed cases of COVID-19 will be considered for release from mandatory quarantine, once they meet the department's criteria for release from isolation of a confirmed case:

- the person has been afebrile for the previous 72 hours, and
- at least **ten days** have elapsed after the onset of the acute illness, and
- there has been a noted improvement in symptoms, and
- a risk assessment has been conducted by the department and deemed no further criteria are needed

Clearance testing is not required for release from isolation, either in the home or in mandatory quarantine.

Process for release from isolation

As per the DHHS guidelines for health services and general practitioners, the department will determine when a confirmed case no longer requires to be isolated in hospital or in their own home, in consultation with the treating clinician.

- In this case, the treating clinician is considered the medical practitioner looking after the cases in that hotel.
- Every confirmed case that is diagnosed in Victoria is notified to the department, and assigned a case and contact officer (CCO), regardless of whether they are diagnosed in detention or outside of detention. Every confirmed case receives daily contact from the case and contact team.
- The CCO will advise when it is appropriate for consideration for release from isolation, and will issue a clearance certificate (via email) to the case when they meet the criteria for release from isolation.

Nurses looking after confirmed cases in detention should temperature check and review symptoms of confirmed cases daily. The date of acute illness onset should be clearly documented in their records.

If a confirmed case is due for release from mandatory quarantine, but does not meet the department's criteria for release from isolation, they will not be detained longer than the 14-day quarantine period. They will be released from detention at the agreed time, but will be required to self-isolate at home or at other accommodation until they meet the required criteria. In this case they will be subject to the self-isolation direction. They will be given a single-use face mask to wear when checking-out from the hotel and in transit to their next destination. They will be provided with a 'confirmed case' information sheet.

Commented [HO(2]: Confirm if GP or FEMO

On-site medical care

On-site medical care is provided by nursing staff and general practitioners. Requests for medical care must be actioned within a determined time-frame, in keeping with the acuity of the issue and the availability of services.

Commented [HO(3]: Need to have a time frame within which a request for medical care by a nurse or doctor is actioned....

Emergency Health Care

In a medical emergency, an ambulance should be called on 000. This may take place from a resident, nurse, GP or other staff member on site. **There is no requirement for residents to access or notify on-site staff prior to calling 000 in an emergency.** Ambulances attending the hotels should be given free access to the patient that called them. In the event the transport of a patient is necessary, refer to "Transports to hospital" below.

Nursing

Agency nurses suppled from "Your Nursing Agency" (YNA) are in place at each hotel on a 24/7 basis. The required nursing complement is continually reviewed according to the caseload and case types being reported at each hotel.

The current nursing complement at each hotel is:

- One Emergency Department (ED) trained registered nurse available 24/7
- Two general registered nurses available from 7.00am to 9.30pm
- One general registered nurse available from 9.00pm to 7.30am

In addition, mental health registered or enrolled nurses are being engaged at hotels where a growing mental health caseload is being identified. Currently, this is in place at Crowne Plaza, Crown Metropol and Crown Promenade with a view to rolling out to all quarantine sites.

A department-supplied mobile phone is provided to the nurses at each site. Residents can access the nurse either directly by phone, or via the hotel concierge.

The complement of nurses can be increased or decreased according to demand, by contacting the Public Health Logistics unit (publichealth.logistics@dhhs.vic.gov.au).

Primary care

General Practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24/7 medical support to residents.

GPs are currently being engaged at a ratio of one GP per two quarantine sites, with twice-weekly teleconferences between the Deputy State Health Coordinator and the directors of Medi7 and Doctor Doctor to review workload and vary this ratio if necessary.

GPs attend in person from 8.00am to 6.00pm daily and revert to telehealth arrangements at night.

GPs are currently available at the following locations:

- Crown Promenade – 2 GPs
- Park Royal, Tullamarine – 1 GP
- Rydges on Swanston – 1 GP
- A further GP will be on-site at Crown Promenade from Saturday 11 April to provide support to the extra hotels opening in the vicinity, and another on Monday 13 April.

GPs are contactable via the nurses at each location. After hours, the nurse may contact the on-call GP on (03) 8341 1841 (from 6.00pm each night). The on-call GP can provide telehealth services as required or attend the relevant hotel.

Over long weekends and public holidays, a fleet of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

Mental Health

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March to provide specialist mental health support through direct or secondary consultation for persons in quarantine.

Nurses and residents can contact 1300 TRIAGE (1300 874 243) for specialist mental health support.

The department's Mental Health and Drugs Branch is exploring further proactive mental health resources with Beyond Blue.

Refer to the "Nursing" section above for further information on mental health nursing presence in the hotels.

Pharmacy arrangements

The following pharmacies have been engaged to support the healthcare of detainees:

- Core Pharmacy Tullamarine, servicing Park Royal and Holiday Inn at Melbourne Airport
- Southgate Pharmacy, servicing Crown Metropol, Crown Promenade and Crowne Plaza
- Core Pharmacy Brunswick, servicing the remainder of sites and any new sites that come online into the future

These pharmacies will accept prescriptions emailed by the resident's usual GP or made by the on-site GP and have delivery arrangements in place to the relevant hotel.

These pharmacies have a billing arrangement in place with the department.

Southgate Pharmacy will be operating over the long weekend. The Core Pharmacies will be available in the event of urgent scripts being required, and Southgate Pharmacy can be used for urgent scripts from any hotel.

Should the existing complement of pharmacies prove incapable of meeting demand, extra pharmacies will be sought through engagement with the Pharmacy Guild.

Core Pharmacy Tullamarine: contact REDACTED 195 Melrose Dr Tullamarine. Email tullamarine@locale.com.au

Southgate Pharmacy: contact REDACTED 3 Southgate Ave Southbank. Email southgatepharmacy@bigpond.com

Core Pharmacy Brunswick: contact REDACTED 369 Sydney Rd Brunswick. Email brunswick@locale.com.au

Pathology arrangements

Each site has a twice-daily pathology courier pickup, transporting swabs taken from that site to VIDRL.

Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by Dr REDACTED

The marking requirements for each swab in order to ensure appropriate delivery of results and prioritisation of testing are as follows:

- The pathology request slip must be clearly marked as a hotel quarantine swab – this could be included in the clinical details section or at the top of the form (e.g. “Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234”)
- There must be three identifiers on every swab and pathology request (name, DOB, address)
- The address must be listed as the hotel where the person is being quarantined, not their usual home address
- A phone number must be provided for every patient being swabbed
- The name and phone number of the testing clinician **and** the responsible Authorised Officer for the hotel should be included

Transport to hospital

Refer to “Process for transferring quarantined passengers to hospital”, April 2020.

In summary:

- Unplanned transfers occur via a phone call to Ambulance Victoria via 000 from the nurse or doctor. The nurse or doctor then notifies an Authorised Officer of the transport, who provides an information sheet to stay with the patient throughout the journey. The patient is then treated and transported by AV or Non-Emergency Patient Transport (NEPT) to hospital.
- Planned transfers occur via clinical staff at each hotel notifying the Authorised Officer of the transport and arranging transport via the most appropriate transport provider (e.g. AV, NEPT, Clinic Transport Service etc). The transport then occurs to the relevant location.

Authorised Officer Protocols

Authorised officer* and Chief Health Officer obligations

Sections 200(1)(a) and 200(2) – (8) of the *Public Health and Wellbeing Act 2008* (PHWA) set out several emergency powers including detaining any person or group of persons in the emergency area for the period reasonably necessary to eliminate or reduce a serious risk to health.

Departmental staff that are authorised to exercise powers under the PHWA may or may not also be authorised to exercise the public health risk powers and emergency powers given under s.199 of the PHWA by the Chief Health Officer (CHO). This authorisation under s.199 has an applicable end date; relevant authorised officers (AOs) must be aware of this date. CHO has not authorised council Environmental Health Officers to exercise emergency powers

Any AO that is unsure as to whether they been authorised under s.199 should contact administrative staff in the department's Health Protection Branch prior to enforcing compliance with the Direction and Detention Notice.

Exercising this power imposes several obligations on departmental AOs including:

- producing their identity card for inspection prior to exercising a power under the PHWA
- before the person is subject to detention, explaining the reason why it is necessary to detain the person
- if it is not practicable to explain the reason why it is necessary to detain the person, doing so as soon as practicable
- before exercising any emergency powers, warning the person that refusal or failure to comply without reasonable excuse, is an offence
- facilitating any reasonable request for communication made by a person subject to detention
- reviewing, every 24 hours, whether continued detention of the person is reasonably necessary to eliminate or reduce a serious risk to health
- giving written notice to the Chief Health Officer (CHO) that a person:
  - has been made subject to detention
  - following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

Following receipt of a notice, the CHO must inform the Minister as soon as reasonably practicable.

** A departmental Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

Authorised officers and powers

Authorisation under section 200 for the purposes of the emergency order

Only departmental AOs under the PHWA that have been authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the PHW can exercise emergency powers under section 200. The powers extend only to the extent of the emergency powers under section 200 and as set out in the PHWA.

Powers and obligations under the Public Health and Wellbeing Act 2008

The general powers are outlined under Part 9 of the PHWA (Authorised Officers). The following is an overview of powers and obligations. It does not reference all powers and obligations.

AOs are encouraged to read Part 9 and seek advice if they are unsure in the administration of their powers.

Authorised officer obligations:

Produce your identity card - s166

- **Before** exercising powers provided to you under the PHWA:
- At any time during the exercise of powers, if you are asked to show your ID card
- As part of good practice, you should produce your identity card when introducing yourself to occupiers or members of the public when attending complaints or compliance inspections.

Inform people of their rights- s167

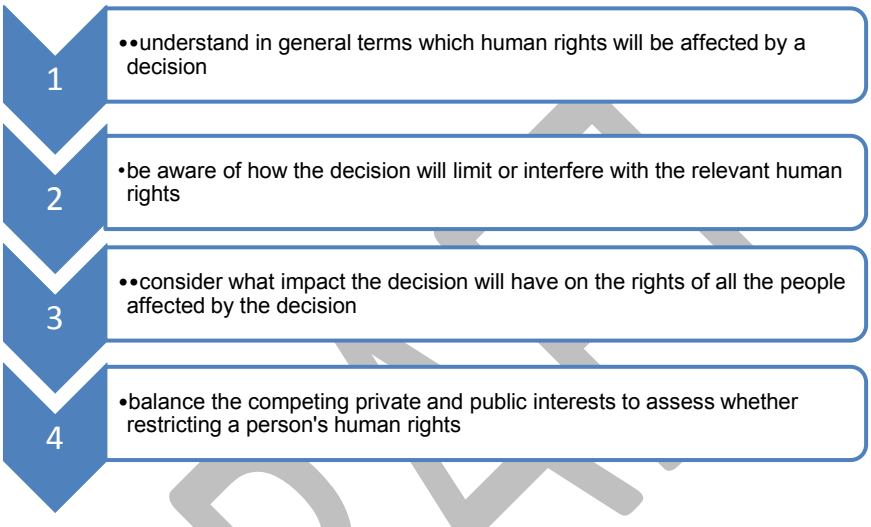
- You may request a person to provide information if you believe it is necessary to investigate whether there is a risk to public health or to manage or control a risk to public health.
- But you must first advise the person that they may refuse to provide the information requested.

Charter of Human Rights obligations

Department AO obligations under the *Charter of Human Rights and Responsibilities Act 2006*

- Department AOs are public officials under the Charter of Human Rights. This means that, in providing services and performing functions in relation to persons subject to the Direction and Detention Notice, department AOs must, at all times: act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by a department AO's decisions.

How to give 'proper consideration' to human rights



The relevant Charter Human Rights that departmental AOs need to be aware of that may be affected by a decision:

- **Right to life** – This includes a duty to take appropriate steps to protect the right to life and steps to ensure that the person in detention is in a safe environment and has access to services that protect their right to life
- **Right to protection from torture and cruel, inhuman or degrading treatment –** This includes protecting persons in detentions from humiliation and not subjecting persons in detention to medical treatments without their consent
- **Right to freedom of movement –** while detention limits this right, it is done to minimise the serious risk to public health as a result of people travelling to Victoria from overseas
- **Right to privacy and reputation** – this includes protecting the personal information of persons in detention and storing it securely
- **Right to protection of families and children –** this includes taking steps to protect families and children and providing supports services to parents, children and those with a disability
- **Property rights –** this includes ensuring the property of a person in detention is protected
- **Right to liberty and security of person –** this includes only be detained in accordance with the PHWA and ensuring steps are taken to ensure physical safety of people, such as threats from violence
- **Rights to humane treatment when deprived of liberty** – this includes treating persons in detention humanely.

Airport

Key responsibilities

The following outlines required procedures at the airport for departmental Authorised officers.

Authorised Officers*:

Responsibility		Mandatory obligation	Section (PHWA)
[redacted]	• must declare they are an Authorised Officer and show AO card	Yes	Section 166
[redacted]	• must provide a copy of the Direction and Detention Notice to each passenger (notification to parent/guardian may need to be conducted over the phone and interpretation services may be required) and: – explain the reasons for detention – warn the person that refusal or failure to comply with a reasonable excuse is an offence and that penalties may apply	Yes. If it is not practicable to explain the reason for detention prior to subjecting the person to detention, the AO must do so as soon as practicable. This may be at the hotel, however every effort should be made to provide the reason at the airport [s. 200(3)] **(mandatory AO obligation)**.	Section 200(2) and 200(4)
[redacted]	• ensure the Direction and Detention Notice: – states the name/s of the person being detained – states the name of AO – contains signature of person being detained – contains signature of AO – contains the hotel name at which the person will be detained – contains date the person will be detained till.		
[redacted]	• record issue and receipt of the notice through a scanned photograph and enter into business system • request person subject to detention present to AO at hotel		

Responsibility		Mandatory obligation	Section (PHWA)
[redacted]	• facilitate any reasonable request for communication, such as a phone call or email and including if necessary, organising a translator to explain the reasons for detention (need to provide VITS number)	Yes	Section 200(5)
[redacted]	• provide a fact sheet about detention (what a person in detention can and can't do, who to contact for further information)		
[redacted]	• record any actions taken in writing, including the above mandatory obligations, use of translator and any associated issues.		
[redacted]	• use the list of arriving passengers to check off the provision of information to each arrival. This will help ensure all arrivals have been provided the information in the Direction and Detention Notice.		
[redacted]	• check the vehicle transporting a person in detention is safe (in accordance with the review of transport arrangements procedure).		

** DHHS Authorised Officer under the PHWA that has been authorised for the purposes of the emergency order*

Additional roles

Authorised Officer review of transport arrangements to hotel

AO should consider the following:

- All persons must have been issued a direction and detention notice to board transport
- Is there adequate physical distance between driver and a person to be detained?
- If not wait for another suitable vehicle to be arranged by the hotel.
- Has the vehicle been sanitised prior to anyone boarding? If not then the vehicle must be cleaned in accordance with departmental advice (business sector tab).
- Ensure the driver required to wear personal protective equipment (PPE)? (clarify what PPE is needed?)
- Are the persons subject to detention wearing face masks? (Refer to Airport and transit process)
- Are there pens/welfare check survey forms available for each person to be detained to complete enroute or at the hotel?

Other airport issues

People who are unwell at the airport

The Compliance lead for this situation is the Human Biosecurity Officer on behalf of the Deputy Chief Health Officer (Communicable Disease).

Any person who is unwell at the airport will be assessed by a departmental staff member and biosecurity officer at the airport. After discussion with the human biosecurity officer, if it is determined that the person meets the criteria as a suspected case, the following actions should take place:

- The human biosecurity officer should organise an ambulance transfer to the Royal Melbourne Hospital or Royal Children's Hospital for testing and assessment
- The department AO at the airport should log the person as requiring mandatory quarantine at a specified hotel and then should follow-up with the hospital to update on whether the person has been found to be negative, so a transfer by (patient transfer/ambulance/ maxi taxi etc) can be organised to return to the hotel
- If the person is unwell and requires admission, they should be admitted and the Compliance Lead informed
- If the person is well enough to be discharged they should return to the hotel through an arrangement by the authorised officer, (refer to points above) and be placed in a COVID-19 floor if positive, or in a general part of the hotel if tested negative for COVID-19.

Transfer of uncooperative person to be detained to secure accommodation (refer to Authorised Officer review of transport arrangements procedure)

It is recommended that a separate mode of transport is provided to a person who is to be detained who is uncooperative to a hotel or other location for the 14-day isolation.

Ensure appropriate safety measures are taken including child locks of doors and safety briefing for drivers etc.

Arrival at hotel – check in

Key responsibilities

At hotel check-in:

- Person to be detained provides Direction and Detention Notice to hotel staff; hotel staff to write on the notice:
  - room number
  - the date that the person will be detained until (14 days after arrival at place of detention).
- Person to be detained provides completed Direction and Detention Notice to AO to confirm that the following details on the notice are correct:
  - the hotel name;
  - hotel room number and arrival date, time and room on notice;
  - the date that the person will be detained until (14 days after arrival at place of detention).
- AO must take a photo of the person's Direction and Detention Notice and enters this into database.
- Following any medical and welfare check of the person, AO to liaise with nurses to identify persons being detained with medical or special needs.
- AO to note persons being detained with medical or special needs, such as prescription and medical appointments.

Persons being detained will be sent to their allocated room and informed that a person will contact them in the afternoon or next AO to make themselves known to the security supervisor onsite.

Additional roles of the AO

- AOs should check that security are doing some floor walks on the floors to ascertain longer-term needs and possible breaches
- AO should provide a handover to the incoming AO to get an update of any problems or special arrangements. For example, some people are permitted to attend cancer therapy at Peter Mac etc. This information should be also uploaded on the database/spreadsheet? Or is this covered below?
- AO responsible for uploading information to the business system which will then inform an upload to PHESS so that all persons in mandatory detention are recorded in PHESS for compliance and monitoring and surveillance purposes.

Regular review of detention

Requirement for review each day

- The AO must – at least once every 24 hours – review whether the continued detention of the person is reasonably necessary to protect public health [s. 200(6)] **(mandatory AO obligation).**
- The AO will undertake an electronic review of detainment arrangements by viewing a Business system. This includes reviewing:
  - the date and time of the previous review (to ensure it occurs at least once every 24 hours)
  - number of detainees present at the hotel
  - duration each detainee has been in detention for, to ensure that the 14-day detention period is adhered to
  - being cleared of COVID-19 results while in detention, which may be rationale for discontinuing detention
  - determining whether continued detention of each detainee is reasonably necessary to eliminate or reduce a serious risk to health
  - consideration of the human rights being impacted – refer to 'Charter of Human Rights' obligations
  - any other issues that have arisen.

Decision making

To inform decision-making, an AO must:

- consider that the person is a returned overseas traveller who is subject to a notice and that they are obliged to comply with detainment
- consider that detainment is based on expert medical advice that overseas travellers are of an increased risk of COVID-19 and form most COVID-19 cases in Victoria
- note the date of entry in Australia and when the notice was given
- consider any other relevant compliance and welfare issues the AO becomes aware of, such as:
  - person's health and wellbeing
  - any breaches of self-isolation requirement
  - issues raised during welfare checks (risk of self-harm, mental health issues)
  - actions taken to address issues
  - being cleared of COVID-19 results while in detention
  - any other material risks to the person
- record the outcomes of their review (high level notes) for each detained person (for each 24-hour period) in the agreed business system database. This spreadsheet allows ongoing assessment of each detainee and consideration of their entire detention history. This will be linked to and uploaded to PHESS.

To ascertain any medical, health or welfare issues, AO will need to liaise with on-site nurses and welfare staff (are there other people on-site an AO can liaise with to obtain this information).

Mandatory reporting (mandatory AO obligation)

A departmental AO must give written notice to the Chief Health Officer as soon as is reasonably practicable that:

- a person has been made subject to detention
- following a review, whether continued detention is reasonably necessary to eliminate or reduce the serious risk to public health.

The notice to the CHO must include:

- the name of the person being detained
- statement as to the reason why the person is being, or continues to be, subject to detention.

To streamline, the reporting process will involve a daily briefing to the CHO of new persons subject to detention and a database of persons subject to detention. The database will specify whether detention is being continued and the basis for this decision.

The CHO is required to advise the Minister for Health of any notice [s. 200(9)].

Grant of leave or release from detention

Mechanisms for grant of leave from detention

There are broadly two mechanisms available to the AO on behalf of the Compliance Lead / Public Health Commander to grant leave or release a person from mandatory detention:

- The daily review by the AO could find that detention is no longer required (with agreement of the Compliance Lead), or
- There could be permission given by the AO (with agreement of the Compliance Lead) that a person has permission to leave the room in which they are detained for various reasons outlined below.

Process for considering requests for permission to leave or not have detention applied

It is critical that any procedure allows for authorised officers to be nimble and able to respond to differing and dynamic circumstances impacting people who are detained, so that the detention does not become arbitrary. The process outlined here reflects the ability of an AO to make critical decisions impacting people in a timely manner.

Matters discussed with Legal Services on this matter should copy in Jaime De Ano (jaime.deano@dhhs.vic.gov.au) and Ed Byrden (Ed.Byrden@dhhs.vic.gov.au).

Considerations

Any arrangements for approved leave would need to meet public health (and human rights) requirements. It will be important that the AO balances the needs of the person and public health risk.

For example, if the person needs immediate medical care, public health risks need to be managed appropriately, but the expectation is that the leave would automatically be granted. This would be more nuanced and complex when the request is made on compassionate grounds where there is a question about how public health risks might be managed. However, again, human rights under the Charter need to be considered closely.

Temporary leave from the place of detention (Detention notice)

There are four circumstances in which permission may be granted:

1. For the purpose of attending a medical facility to receive medical care

AO should refer to the '*Permission for Temporary Leave from Detention'* guide at **Appendix 5.**

- AO will consider circumstances to determine if permission is granted.
- An on-site nurse may need to determine if medical care is required and how urgent that care may be. Departmental AOs and on-site nurse may wish to discuss the person's medical needs with their manager, on-site nurse and the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance) to assist in determining urgency and whether temporary leave is needed
- Where possible, on-site nurses should attempt to provide the needed medical supplies.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- AO to be informed of decision
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form / and enter into business system, **Appendix 6**
- AO should complete a register for Permission Granted / enter into business system,
- AOs should follow the Hospital Transfer Plan below.

2. Where it is reasonably necessary for physical or mental health

AO should refer to the *'Permission for Temporary Leave from Detention'* guide at **Appendix 5.**

- AO will consider circumstances to determine if permission is granted.
- AO should request DHHS Welfare team perform a welfare check to assist decision-making.

- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form and enter into business system, **Appendix 6**
- AO should complete a register for Permission Granted / enter in business system,
- If approval is granted:
  - the on-site AO must be notified
  - persons subject to detention are not permitted to enter any other building that is not their (self-isolating) premises
  - persons subject to detention should always be accompanied by an on-site nurse, the department's authorised officer, security staff or a Victoria Police officer, and social distancing principles should be adhered to
- a register of persons subject to detention should be utilised to determine which persons are temporarily outside their premises at any one time.

3. On compassionate grounds:

AO should refer to the *'Permission for Temporary Leave from Detention'* guide at **Appendix 5.**

- AO will consider circumstances to determine if permission is granted.
- AO may request DHHS Welfare team perform a welfare check to assist decision-making.
- If AO recommends leave be granted, they should seek approval from the Director, Health and Human Services Regulation and Reform (Lead Executive – COVID-19 Compliance).
- If approval is granted, AO should complete a Permission for Temporary Leave from detention form/new system, **Appendix 6**
- AO should complete a register for Permission Granted / enter into business system

4. Emergency situations

- Department AOs and Victoria Police officers may need to determine the severity of any emergency (such as a building fire, flood, natural disaster etc) and the health risk they pose to persons in detention.
- If deemed that numerous persons in detention need to leave the premises due to an emergency, a common assembly point external to the premises should be utilised; persons in detention should be accompanied at all times by a department authorised officer or a Victoria Police officer, and infection control and social distancing principles should be adhered to
- The accompanying departmental AO or a Victoria Police officer should ensure that all relevant persons in detention are present at the assembly point by way of a register of persons in detention.

Procedure for a person in detention / 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. Details must be recorded on new system.

The steps that must be taken by the person in detention are:

- Confirm to the person who will escort them that they are well,
- Confirm to the person who will escort them that they have washed their hands immediately prior to leaving the room,
- Don a single-use facemask (surgical mask), to be supplied by the security escort prior to leaving the room,
- Perform hand hygiene with alcohol-based handrub as they leave, this will require hand rub to be in the corridor in multiple locations,
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it.

The procedure for the security escort is:

- Don a single-use facemask (surgical mask);
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water;
- Be reminded to – and then not touch any surfaces or people within the hotel on the way out, and then not actually do it
- Be the person who touches all surfaces if required such as the lift button or door handles (where possible using security passes and elbows rather than hands;
- Maintain a distance (1.5 metres) from the person;
- Perform hand hygiene with an alcohol-based handrub or wash hands in soapy water as the end of each break.

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.

In addition:

- Family groups may be taken out in a group provided it is only 2 adults and less than 5 in total.
- They can be taken to an outside area with sunlight, for up to 15 minutes outside of the hotel.
- Smokers can take up to 2 breaks per day if staffing permits.
- Rostering to be initiated by the departmental staff/AO present.

Hospital transfer plan

The following is a general overview of the transfer of a patient to hospital involving nurses, doctors, AOs, Ambulance Victoria (AV) and hospitals. The bold highlight AO interactions.

1. Nurse/doctor assess that patient requires hospital care
2. **There is also a one pager to explain to AO how to grant permission at Appendix 5 Permission to temporarily leave. Leave should be recorded on the business system or register.**
3. **All relevant staff including AO must be notified prior to the transfer.**
4. Patient is transferred to the appropriate hospital. Patients requiring hospital assessment/treatment for suspected or confirmed COVID-19 or other conditions, should be transferred to either the Royal Melbourne Hospital (RMH) or The Alfred Hospital, depending on proximity **(note children should be transferred to the Royal Children's Hospital).**
5. If the hospital transfer is urgent call 000 to request ambulance and inform them that the passenger is a suspected (or confirmed) case of COVID-19.
6. Contact the Admitting Officer at RCH/RMH/the Alfred, inform the hospital of patient and details.
7. Staff should don full PPE and the passenger must wear a single-use surgical mask if tolerated.
8. The passenger should be transferred on a trolley or bed from ambulance into the designated COVID-19 ambulance reception area.
9. The patient should be managed under routine airborne and contact transmission-based precautions in a negative pressure room if available. The patient should wear a single-use surgical mask if leaving the isolation room.
10. Ambulance services will list the hotels as an area of concern in case of independent calls and will ask on site staff to assess need for attendance in the case of low acuity calls.
11. All residents who are: in high risk groups, unwell, breathless or hypoxic (O2 sats <95%) should be considered for hospital transfer.
12. Assessment and diagnosis made as per medical care and plan made for either admission to same hospital or more appropriate medical care or for discharge. (receiving hospital ED)
13. Prior to any movement of the patient out of the ED a new plan or detention approval must be sought for either return or admission to different location in consultation with compliance team (receiving hospital and compliance team).
14. **Hospitals will need to contact the AO at hotels (a mobile will need to be sourced that stays at each hotel across shifts) then the AO Team lead will advise Lead Executive Compliance to obtain any necessary approvals)**

The flow diagrams below outline the processes, including interactions with AO for the transfer and return of a patient.

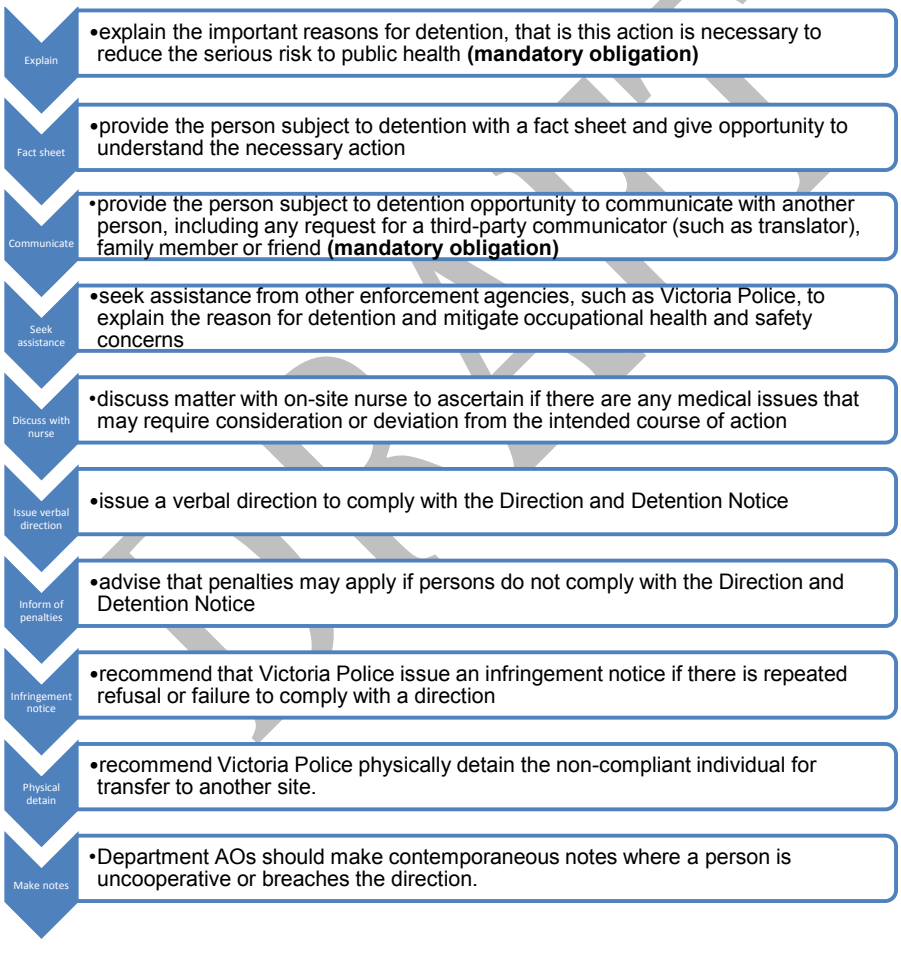
Question: Who performs the transfer for non-urgent patients? Taxi? Medical transport

Compliance

The role of an AO in compliance is only to exercise the powers under section 199 of the PHWA, Any arrests, including moving people into detainment or physical contact with a person must be managed by Victoria Police.

Options to facilitate compliance

Department AOs should make every effort to inform the person of their obligations, facilitate communication if requested and explain the important rationale for the direction. The following graduated approach should guide AOs:



Unauthorised departure from accommodation

If there is reason to believe a person subject to detention is not complying with the direction and detention notice, the AO should:

- notify on-site security and hotel management
- organise a search of the facility
- consider seeking police assistance
- notify the Director, Regulatory Reform if the person subject to detention is not found

If the person is located, the AO should:

- seek security or Victoria Police assistance if it is determined the person poses a risk of trying to leave
- provide an opportunity for the person to explain the reason why they left their room
- assess the nature and extent of the breach, for example:
  - a walk to obtain fresh air
  - a deliberate intention to leave the hotel
  - mental health issues
  - escaping emotional or physical violence
- assess possible breaches of infection control within the hotel and recommend cleaning
- consider issuing an official warning or infringement through Victoria Police
- reassess security arrangements
- report the matter to the Director, Regulation Reform.

Departmental AOs should make contemporaneous notes where a person is uncooperative or breaches a direction.

Infringements

On 28 March 2020, the Public Health and Wellbeing Regulations 2019 were amended to create four new infringement offences. These are:

Table 1 List of infringements

Section (PHWA)	Description	Amount
s.183	Hinder or obstruct an authorised officer exercising a power without reasonable excuse (5 penalty units).	5 penalty units PU
s.188(2)	Refuse or fail to comply with a direction by CHO to provide information made under s.188(10 without a reasonable excuse.	10 PU natural person, 30 PU body corporate
s.193(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate
s.203(1)	Refuse or fail to comply with a direction given to, or a requirement made or, a person in the exercise of a public health risk powers (10 penalty units for natural person and 60 penalty units for body corporate).	10 PU natural person, 30 PU body corporate

Departure – release from mandatory detention

Background

Prior to release of a person being detained, they will be provided with information that confirms release details, what they need to do, and specifies requirements to follow other relevant directions post release. Detention is 14 days from the date of arrival and ends at 12am on the last day.

Responsibilities

AO to notify the person in detention that:

- they will be due for release from detention in 48 hours
- a health check (temperature and symptom check) will be offered
- A copy of the directions that they will be subject to – 'Stay at Home No 2' and if they are diagnosed with COVID-19, the 'Isolation (Diagnosis) Direction.'

Requirement for review each day (final review)

- In accordance with section 200(6) of the Public Health and Wellbeing Act, the daily health check will be used to review the persons continued detention. In order to assess whether the person has fulfilled their 14-day quarantine period as required under the direction and detention notice.
- The health checks on the second last day prior to the 14-day period ending will be used to make an assessment of whether the person is well, symptomatic or positive.
- A letter is provided to the person in detention at this health check advising them that they will be released on a particular day and time.

Process for release

- Whilst health checks are self-reporting of symptoms, persons being detained can be advised that temperature checks by a nurse are recommended and voluntary. If they are febrile we can facilitate access to testing and care. If they are positive, they will be subject to a direction to isolation.
- If the person is a confirmed case of COVID-19 and is required to be in isolation at the time of release, they will still be released from isolation, but will be required to self-isolate for the required period. They will need to take appropriate precautions when exiting the building and transiting to their home (e.g. single use face mask, private car, etc.).
- The person being detained will be contacted via phone in their room to organise a suitable departure time and if required transportation will be organised.
- Departure times will be staged over a set time period during the day (e.g. 12pm to 6pm), so that physical distancing can be practised during the release process.
- Residents will be asked to provide their preferred departure times in advance. Preferences will be taken into account where possible and according to need (e.g. if a person needs to get a flight that night).
- No one will be detained longer than the 14 day quarantine period under any circumstances.
- Each person in detention will need to sign a compliance form and be signed out by an authorised officer before being released from detention.
- Ensure that copies of release letters and details of departure are recorded.
- Consider the need for traffic management and Police to deal with media.
- Ensure adequate DHHS and nursing staff to facilitate release of people being detained.

Reporting and evaluation on mandatory quarantine

A report will be prepared to summarise the activity of the program, and provided to the Deputy Chief Health Officer on a regular basis in confidence.

Appendix 1 – Direction and detention notice – Solo Children

DIRECTION AND DETENTION NOTICE

SOLO CHILDREN

Public Health and Wellbeing Act 2008 (Vic)

Section 200

1. Reason for this Notice

(2) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020.

(3) A state of emergency has been declared under section 198 of the *Public Health and Wellbeing Act 2008* (Vic) (the **Act**), because of the serious risk to public health posed by COVID-19.

(4) In particular, there is a serious risk to public health as a result of people travelling to Victoria from overseas. People who have been overseas are at the highest risk of infection and are one of the biggest contributors to the spread of COVID-19 throughout Victoria.

(5) You will be detained at the hotel specified in clause 2 below, in the room specified in clause 2 below, for a period of 14 days, because that is reasonably necessary for the purpose of eliminating or reducing a serious risk to public health, in accordance with section 200(1)(a) of the Act.

(6) Having regard to the medical advice, 14 days is the period reasonably required to ensure that you have not contracted COVID-19 as a result of your overseas travel.

(7) You must comply with the directions below because they are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the Act.

(8) The Chief Health Officer will be notified that you have been detained. The Chief Health Officer must advise the Minister for Health of your detention.

Note: These steps are required by sections 200(7) and (9) of the Act.

2. Place and time of detention

(9) You will be detained at:

Hotel: _____ *(to be completed at place of arrival)*

Room No: _____ *(to be completed on arrival at hotel)*

(10) You will be detained until: _____ on ____of _____2020.

3. Directions — transport to hotel

(11) You must **proceed immediately to the vehicle** that has been provided to take you to the hotel, in accordance with any instructions given to you.

(12) Once you arrive at the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

1. Conditions of your detention

(13) **You must not leave the room in any circumstances**, unless:

(b) you have been granted permission to do so:

(i) for the purposes of attending a medical facility to receive medical care; or

(ii) where it is reasonably necessary for your physical or mental health; or

(iii) on compassionate grounds; or

(c) there is an emergency situation.

(14) **You must not permit any other person to enter your room**, unless the person is authorised to be there for a specific purpose (for example, providing food or for medical reasons).

(15) Except for authorised people, the only other people allowed in your room are people who are being detained in the same room as you.

(16) You are permitted to communicate with people who are not staying with you in your room, either by phone or other electronic means.

Note: An authorised officer must facilitate any reasonable request for communication made by you, in accordance with section 200(5) of the Act.

(17) If you are under 18 years of age your parent or guardian is permitted to stay with you, but only if they agree to submit to the same conditions of detention for the period that you are detained.

2. Review of your detention

Your detention will be reviewed at least once every 24 hours for the period that you are in detention, in order to determine whether your detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

Note: This review is required by section 200(6) of the Act.

3. Special conditions because you are a solo child

Because your parent or guardian is not with you in detention the following additional protections apply to you:

(a) We will check on your welfare throughout the day and overnight.

(b) We will ensure you get adequate food, either from your parents or elsewhere.

(c) We will make sure you can communicate with your parents regularly.

(d) We will try to facilitate remote education where it is being provided by your school.

(e) We will communicate with your parents once a day.

4. Offence and penalty

(18) It is an offence under section 203 of the Act if you refuse or fail to comply with the directions and requirements set out in this Notice, unless you have a reasonable excuse for refusing or failing to comply.

(19) The current penalty for an individual is $19,826.40.

_____

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Appendix 2 – Guidelines for Authorised Officers (Unaccompanied Minors)

Guidelines for Authorised Officers - Ensuring physical and mental welfare of international arrivals in individual detention (unaccompanied minors)

Introduction

You are an officer authorised by the Chief Health Officer under section 199(2)(a) of the *Public Health and Wellbeing Act 2008* (Vic) to exercise certain powers under that Act. You also have duties under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) (**Charter**).

These Guidelines have been prepared to assist you to carry out your functions in relation to Victorian unaccompanied minors who have arrived in Victoria and are subject to detention notices, requiring them to self-quarantine in a designated hotel room for 14 days in order to limit the spread of Novel Coronavirus 2019 (**2019-nCoV**) where no parent, guardian or other carer (**parent**) has elected to join them in quarantine (a **Solo Child Detention Notice**).

As part of your functions, you will be required to make decisions as to whether a person who is subject to a Solo Child Detention Notice should be granted permission to leave their room:

- for the purposes of attending a medical facility to receive medical care; or
- where it is reasonably necessary for their physical or mental health; or
- on compassionate grounds.

Authorised Officers are also required to review the circumstances of each detained person at least once every 24 hours, in order to determine whether their detention continues to be reasonably necessary to eliminate or reduce a serious risk to public health.

Your obligations under the *Charter of Human Rights and Responsibilities Act 2006*

You are a public officer under the Charter. This means that, in providing services and performing functions in relation to persons subject to a Detention Notice you must, at all times:

- act compatibly with human rights; and
- give 'proper consideration' to the human rights of any person(s) affected by your decisions.

How to give 'proper consideration' to human rights

'Proper consideration' requires you to:

- **first**, understand in general terms which human rights will be affected by your decisions (these rights are set out below under 'relevant human rights');
- **second**, seriously turn your mind to the possible impact of your decisions on the relevant individual's human rights, and the implications for that person;
- **third**, identify the countervailing interests (e.g. the important public objectives such as preventing the further spread of 2019-nCoV, which may weigh against a person's full enjoyment of their human rights for a period of time); and
- **fourth**, balance the competing private and public interests to assess whether restricting a person's human rights (e.g. denying a person's request to leave their room) is justified in the circumstances.

Relevant human rights

The following human rights protected by the Charter are likely to be relevant to your functions when conducting daily wellbeing visits and when assessing what is reasonably necessary for the physical and mental health of children who are subject to Solo Child Detention Notices:

- The right of **children** to such protection as is in their best interests (s 17(2)). As the Solo Child Detention Notices detain children in circumstances where no parent has elected to join them in quarantine, greater protection must be provided to these children in light of the vulnerability that this creates. Where possible the following additional protection should be provided:
    - You should undertake two hourly welfare checks while the child is awake and once overnight. You should ask the child to contact you when they wake each morning and let you know when they go to sleep so that this can be done.
    - You should ask the child if they have any concerns that they would like to raise with you at least once per day.
    - You should contact the child's parents once per day to identify whether the parent is having contact with the child and whether the parent or child have any concerns.
    - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to facilitate telephone and video calls with their parents. A child must not be detained without an adequate means of regularly communicating with their parents.
    - You should ensure that where the child does not already have the necessary equipment with them to do so (and their parent is not able to provide the necessary equipment) the child is provided with the use of equipment by the department to participate in remote education if that is occurring at the school they are attending. Within the confines of the quarantine you should obtain reasonable assistance for the child in setting up that computer equipment for use in remote education.
    - You should allow the child's parents to bring them lawful and safe items for recreation, study, amusement, sleep or exercise for their use during their detention. This should be allowed to occur at any time within business hours, and as many times as desired, during the detention.
- The rights to **liberty** (s 21) and **freedom of movement** (s 12), and the right to **humane treatment when deprived of liberty** (s 22). As the Solo Child Detention Notices deprive children of liberty and restrict their movement, it is important that measures are put in place to ensure that the accommodation and conditions in which children are detained meet certain minimum standards (such as enabling parents to provide detained children with food, necessary medical care, and other necessities of living). It is also important that children are not detained for longer than is reasonably necessary.
- **Freedom of religion** (s 14) and **cultural rights** (s 19). Solo Child Detention Notices may temporarily affect the ability of people who are detained to exercise their religious or cultural rights or perform cultural duties; however, they do not prevent detained persons form holding a religious belief, nor do they restrict engaging in their cultural or religious practices in other ways (for example, through private prayer, online tools or engaging in religious or cultural practices with other persons with whom they are co-isolated). Requests by children for additional items

or means to exercise their religious or cultural practices will need to be considered and accommodated if reasonably practicable in all the circumstances.

- The rights to **recognition and equality before the law**, and to **enjoy human rights without discrimination** (s 8). These rights will be relevant where the conditions of detention have a disproportionate impact on detained children who have a protected attribute (such as race or disability). Special measures may need to be taken in order to address the particular needs and vulnerabilities of, for example Aboriginal persons, or persons with a disability (including physical and mental conditions or disorders).
- The rights to **privacy, family and home** (s 13), **freedom of peaceful assembly** and **association** (s 16) and the **protection of families** (s 17). Solo Child Detention Notices are likely to temporarily restrict the rights of persons to develop and maintain social relations, to freely assemble and associate, and will prohibit physical family unification for those with family members in Victoria. Children's rights may be particularly affected, to the extent that a Solo Child Detention Notice results in the interference with a child's care and the broader family environment. It is important, therefore, to ensure children subject to Solo Child Detention Notices are not restricted from non-physical forms of communication with relatives and friends (such as by telephone or video call). Requests for additional items or services to facilitate such communication (e.g. internet access) will need to be considered and accommodated if reasonably practicable in all the circumstances.

Whether, following 'proper consideration', your decisions are compatible with each these human rights, will depend on whether they are reasonable and proportionate in all the circumstances (including whether you assessed any reasonably available alternatives).

General welfare considerations

All persons who are deprived of liberty must be treated with humanity and respect, and decisions made in respect of their welfare must take account of their circumstances and the particular impact that being detained will have on them. Mandatory isolation may, for some people, cause greater hardship than for others – when performing welfare visits you will need to be alert to whether that is the case for any particular person.

In particular, anxieties over the outbreak of 2019-nCoV in conjunction with being isolated may result in the emergence or exacerbation of mental health conditions amongst persons who are subject to Detention Notices. If you have any concerns about the mental health of a detained person, you should immediately request an assessment of mental health be conducted and ensure appropriate support is facilitated. Hotel rooms are not normally used or designed for detention, so you should be aware that a person who is detained in a hotel room could have greater opportunity to harm themselves than would be the case in a normal place of detention.

Additional welfare considerations for children

Children differ from adults in their physical and psychological development, and in their emotional and educational needs. For these reasons, children who are subject to Solo Child Detention Notices may require different treatment or special measures.

In performing functions and making decisions with respect to a detained person who is a child, the best interests of the child should be a primary consideration. Children should be given the opportunity to conduct some form of physical exercise through daily indoor and outdoor recreational activities. They should also be provided with the ability to engage in age-appropriate activities tailored to their needs.

Each child's needs must be assessed on a case-by-case basis. Requests for items or services to meet the needs of individual children will need to be considered and accommodated if reasonably practicable in all the circumstances. Where available, primary school age children should be allocated rooms that have an outside area where it is safe for active physical play to occur (not a balcony) and consideration should be given to allowing small children access to any larger outdoor areas that are available within the hotel, where possible within relevant transmission guidelines. Although each child's needs must be assessed daily and individually, it can be assumed that it will have a negative effect on a child's mental health to be kept in the same room or rooms for two weeks without access to an adequate outdoor area in which to play.

Balancing competing interests

However, the best interests of children and the rights of anyone who is subject to a Solo Child Detention Notice will need to be balanced against other demonstrably justifiable ends; for example, lawful, reasonable and proportionate measures taken to reduce the further spread of 2019-nCoV. It is your role to undertake this balance in your welfare checks, based on the information and advice that you have from the department and on the information provided to you by the children that you are assessing.

Appendix 3- Occupational health and safety for Authorised Officers

Purpose

The purpose of this section is to provide an occupational health and safety procedure for department AOs when attending off site locations during the current State of Emergency.

Health Emergency

Coronaviruses are a large family of viruses that cause respiratory infections. These can range from the common cold to more serious diseases. COVID-19 is the disease caused by a new coronavirus. It was first reported in December 2019 in Wuhan City in China.

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly which in some cases can cause death.

Compliance Activity

On 16 March 2020 a State of Emergency was declared in Victoria to combat COVID-19 and to provide the Chief Health Officer with the powers he needs to eliminate or reduce a serious risk to the public.

Under a State of Emergency, Authorised Officers, at the direction of the Chief Health Officer, can act to eliminate or reduce a serious risk to public health by detaining people, restricting movement, preventing entry to premises, or providing any other direction an officer considers reasonable to protect public health.

Using a roster-based system, AOs will be placed on call to exercise authorised powers pursuant to section 199 of the PHWA. **AOs compliance role is only to exercise the powers under section 199 of the Act, any arrests, including moving people into detainment or physical contact a person must be managed by Victoria Police**.

OHS

Occupational Health and Safety is a shared responsibility of both the employer and the employee. Officers must raise hazards, concerns, incidents with: Paul Paciocco: 0402 078 643 | John Mutton: 0437 587 923.

One of the foremost issues associated with site attendance is the 'uncontrolled environment' that exists. AOs can be exposed to infectious diseases (such as COVID-19), confrontational and/or aggressive members of the public who may be drug affected, mentally ill or intellectually impaired. The very nature of this work is likely to be perceived as invasive and can provoke a defensive response.

Risks can be minimised by maintaining routine safe work practices and proper planning. Prior to any site visit, risks and hazards should be identified and assessed.

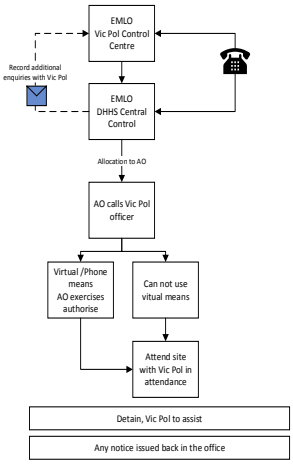
Officers and managers both have a shared responsibility for occupational health and safety. All employees have a responsibility to report and discuss hazards or perceived hazards, by bringing this to the managers attention.

Fatigue

AOs will be rostered on a rotating basis, with the aim of mitigating the risk of fatigue. Fatigue may impede decision making capability and when driving a motor vehicle to a location. When fatigue is identified please make this known to your manager.

To mitigate the risk of fatigue, AOs should be aware of any fatigue they may have. A good tool to use to help officers identify their level of fatigue is to use the following calculator: http://www.vgate.net.au/fatigue.php

AOs are required to hold a valid motor vehicle licence and are required to adhere to the requirements of the department's driving policy. Information about this policy can be found on the DHHS intranet site.



Risk assessment before attendance | Personal Protection

Officers must only take a direction to attend a site with the approval of the Central DHHS emergency Management Liaison Officer or DHHS duty manager. An officer must only attend a location where there is the confirmed attendance of the Victoria Police.

In the first instance, officers are required to use technology (i.e: mobile phone, Facetime, Skype) to exercise their authority. This aims to protect officers from attending an uncontrolled environment, where the risk of harm is increased.

Before attending a site, whether an airport or a hotel, the officer should make themselves familiar with the recommendations produced by the Australian Government and the Department of Health and Human Services, in the protection against COVID-19.

Interventions are known as 'transmission reduction, or 'physical distancing' measures. Officers can take the following personal measure to reduce their risk of exposure to COVID-19. Officers with pre-existing medical conditions that put them more at risk of COVID-19, should discuss this with their medical practitioner and manager.

Personal measures to reduce risk the risk of exposure to COVID-19 include:

- Stay healthy with good nutrition, regular exercise, sensible drinking, sleeping well, and if you are a smoker, quitting.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 per cent alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a **distance of 1.5 metres** is kept between yourself and others.

- Get vaccinated for flu (influenza) as soon as available. This could help reduce the risk of further problems. *Note: the department covers expenses for vaccines, speak to your manager for more details.*
- Clean and disinfect high touch surfaces regularly, for example: telephones, keyboards, door handles, light switches and, bench tops.

When an officer is called to attend the airport or a hotel to exercise powers in relation to the Direction and Detention notice they should take a **risk-based approach** and assess the most suitable way to reduce harm to themselves. Before attending, the officer must obtain information such as:

- Is the person being detained a positive case of COVID-19?
- Has the person being detained been recently in close contact with a positive case of COVID-19?
- Has the person being detained recently returned from overseas within the last 14 days?

Officers are required to use their discretion and take into account their own personal safety. The Department of Health and Human Services has provided the following PPE:

- Face mask (N95 or equivalent)
- Gloves
- Hand Sanitizer

- The following is only a guide for AOs to consider. AOs going onto hotel the floors with persons subject to detention must wear gloves and masks. There should be P2 masks for AO's at the hotels (in addition to the surgical masks).

PPE	Guide
Face mask	When there is known case of COVID-19, or an a person subject to detenti has been recently exposed to COVID-19
Gloves	Always
Hand Sanitizer / Soap	Always
Social Distancing of at least 1.5 meters	Always

Known risks and hazards

Hazard	Risk	Mitigate
COVID-19 infection	Serious illness / death	Follow personal protective measures
Fatigue	Impaired decisions / driving to site	In the first instance use virtual technology to perform duties Use fatigue calculator http://www.vgate.net.au/fatigue.php
Physical Injury	Low / Medium	Only attend a site with Victoria Police
Other infectious agents		Follow personal protective measures

Appendix 4 – Welfare Survey

Survey questions – daily check-in

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 with every 24 hours 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 /N0

Health questions

4. Have you had contact with a medical staff nurse whilst in quarantine? If yes, can you please provide details and is it being monitored?

5. 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)?

6. Do you or anyone you are with have any medical conditions that require immediate support? (ie smokers requiring nicotine patches)

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

8. Do you have any chronic health issues that require management?

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

10. Are you keeping up regular handwashing?

11. 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

12. How is everything going with your family or the people you are sharing a room with?

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

14. 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 10 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

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

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

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

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

19. 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?

20. 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

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

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

23. Do you have any other concerns?

End of survey

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

Office use only

5. Referral details

Nurse	
Authorised officer	
Complex Client Specialist	
Other	

6. NOTES:

7. 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.

Appendix 5 - Permission for temporary leave from detention

PERMISSION FOR TEMPORARY LEAVE FROM DETENTION

Public Health and Wellbeing Act 2008 (Vic)

Section 200

An Authorised Officer has granted you permission to leave your room based on one of the grounds set out below. This is temporary. You will be supervised when you leave your room. You must ensure you comply with all the conditions in this permission and any directions an Authorised Officer gives you. You must return to your room at the time specified to finish your detention. Speak to your supervising Authorised Officer if you require more information.

Temporary leave

(20) You have arrived in Victoria from overseas, on or after midnight on 28 March 2020 and have been placed in detention, pursuant to a Direction and Detention Notice that you were provided on your arrival in Victoria (**Notice**).

(21) This Permission for Temporary Leave From Detention (**Permission**) is made under paragraph 4(1) of the Notice.

Reason/s for, and terms of, permission granting temporary leave

(22) Permission for temporary leave has been granted to: _____ _____ [insert name] for the following reason/s [tick applicable]:

(f) for the purpose of attending a medical facility to receive medical care:

☐ **Name of facility:** _____

Time of admission/appointment:_____

Reason for medical appointment:_____

☐ (g) where it is reasonably necessary for physical or mental health:

Reason leave is necessary:_____

Proposed activity/solution:_____

☐ (h) on compassionate grounds:

Detail grounds:_____

(23) The temporary leave starts on _____

and ends on _____ [insert date and time].

_____ **Signature of Authorised Officer**

Name of Authorised Officer: _____

As authorised to exercise emergency powers by the Chief Health Officer under section 199(2)(a) of the Act.

Conditions

(24) You must be supervised **at all times**/may be supervised *[delete as appropriate]* while you are out of your room. You are not permitted to leave your hotel room, even for the purpose contained in this Permission, unless you are accompanied by an Authorised Officer.

(25) While you are outside your room you must practice social distancing, and as far as possible, maintain a distance of 1.5 metres from all other people, including the Authorised Officer escorting you.

(26) When you are outside your room you must refrain from touching communal surfaces, as far as possible, such as door knobs, handrails, lift buttons etc.

(27) When you are outside your room you must, **at all times**, wear appropriate protective equipment to prevent the spread of COVID-19, if directed by the Authorised Officer escorting you.

(28) When you are outside your room you must, **at all times**, comply with any direction given to you by the Authorised Officer escorting you.

(29) At the end of your temporary leave, you will be escorted back to your room by the Authorised Officer escorting you. You must return to your room and remain there to complete the requirements under the Notice.

(30) Once you return to the hotel, **you must proceed immediately to the room** you have been allocated above in accordance with any instructions given to you.

(31) You must comply with any other conditions or directions the Authorised Officer considers appropriate.

(Insert additional conditions, if any, at Annexure 1)

Specific details

(32) Temporary leave is only permitted in limited circumstances, to the extent provided for in this Permission, and is subject to the strict **conditions** outlined at paragraph 3. You must comply with these conditions **at all times** while you are on temporary leave. These conditions are reasonably necessary to protect public health, in accordance with section 200(1)(d) of the *Public Health and Wellbeing Act 2008* (Vic).

(33) Permission is only granted to the extent necessary to achieve the **purpose** of, and for the **period of time** noted at paragraph 2 of this Permission.

(34) Nothing in this Permission, invalidates, revokes or varies the circumstances, or period, of your detention, as contained in the Notice. The Notice continues to be in force during the period for which you are granted permission for temporary leave from detention. The Notice continues to be in force until it expires.

Offences and penalties

(35) It is an offence under section 203 of the Act if you refuse or fail to comply with the conditions set out in this Permission, unless you have a reasonable excuse for refusing or failing to comply.

(36) The current penalty for an individual is $19,826.40.

Appendix 6 - Guidance Note: Permission for Temporary Leave from Detention

How do you issue a Permission for Temporary Leave from Detention?

It is recommended that Authorised Officers take the following steps when issuing a Permission for Temporary Leave from Detention:

Before you provide the Permission for Temporary Leave from Detention

- carefully consider the request for permission and consider the grounds available under paragraph 4(1) of the Direction and Detention Notice – which include:
  - for the purposes of attending a medical facility to receive medical care; or
  - where it is reasonably necessary for your physical or mental health; or
  - on compassionate grounds.
- complete all sections of the Permission, including clearly documenting the reasons for the Permission, date and time when the temporary leave is granted from and to, and whether the person will be supervised by the authorised officer during the temporary leave
- ensure the reference number is completed.

When you are provide the Permission for Temporary Leave from Detention

- you must warn the person that refusal or failure to comply without reasonable excuse, is an offence;
- explain the reason why it is necessary to provide the Permission and the conditions which apply to the temporary leave (including that the person is still subject to completing the remainder of the detention once the temporary leave expires, and the Permission is necessary to protect public health);
- provide a copy of the Permission to the person, provide them with time to read the Permission and keep the completed original for the department's records.

NB If it is not practicable to explain the reason why it is necessary to give the Permission, please do so as soon as practicable after Permission has been exercised.

What are the requirements when you are granting a permission to a person under the age of 18?

The same requirements set out above apply when issuing a Permission to an unaccompanied minor. However, the supervising Authorised Officer must have Working With Children Check, have regard to the special conditions in the Direction and Detention Notice as well as the person's status as a child.

What other directions can you give?

Section 200(1)(d) of the PHWA sets out an emergency power that allows an authorised officer to give any other direction that the authorised officer considers is reasonably necessary to protect public health.

What are your obligations when you require compliance with a direction?

Exercising this power imposes several obligations on departmental authorised officers including that an authorised officer must, before exercising any emergency powers, warn the person that refusal or failure to comply without reasonable excuse, is an offence.

Appendix 7 – Hotel Isolation Medical Screening Form

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								

Appendix 8 - Factsheet for use by healthcare workers in the event a detainee develops symptoms of COVID-19 whilst in mandatory hotel quarantine

In an emergency

In a medical emergency, an ambulance should be called on 000. This may take place from a resident (detainee), nurse, GP or other staff member on site. **There is no requirement for residents (detainees) to access or notify on-site staff prior to calling 000 in an emergency.** Ambulances attending the hotels should be given free access to the patient that called them. The 000 operator should be notified that the **patient is suspected COVID-19 and in compulsory hotel quarantine**

Nursing presence in hotels

Agency nurses suppled from "Your Nursing Agency" (YNA) are in place at each hotel on a 24/7 basis. The required nursing complement is continually reviewed according to the caseload and case types being reported at each hotel.

The current nursing complement at each hotel is:

- One Emergency Department (ED) trained registered nurse available 24/7
- Two general registered nurses available from 7.00am to 9.30pm
- One general registered nurse available from 9.00pm to 7.30am

In addition, mental health registered or enrolled nurses are being engaged at hotels where a growing mental health caseload is being identified. Currently, this is in place at Crowne Plaza, Crown Metropol and Crown Promenade with a view to rolling out to all quarantine sites.

A department-supplied mobile phone is provided to the nurses at each site. Residents can access the nurse either directly by phone, or via the hotel concierge.

The complement of nurses can be increased or decreased according to demand, by contacting the Public Health Logistics unit (publichealth.logistics@dhhs.vic.gov.au).

Medical presence in hotels

General Practitioners (GPs) supplied by Medi7 and Doctor Doctor are providing 24/7 medical support to residents.

GPs are currently being engaged at a ratio of one GP per two quarantine sites, with twice-weekly teleconferences between the Deputy State Health Coordinator and the directors of Medi7 and Doctor Doctor to review workload and vary this ratio if necessary.

GPs attend in person from 8.00am to 6.00pm daily and revert to telehealth arrangements at night.

GPs are currently available at the following locations:

- Crown Promenade – 2 GPs
- Park Royal, Tullamarine – 1 GP
- Rydges on Swanston – 1 GP
- A further GP will be on-site at Crown Promenade from Saturday 11 April to provide support to the extra hotels opening in the vicinity, and another on Monday 13 April.

GPs are contactable via the nurses at each location. After hours, the nurse may contact the on-call GP on RE[redacted] REDAC[redacted] (from 6.00pm each night). The on-call GP can provide telehealth services as required or attend the relevant hotel.

Over long weekends and public holidays, a fleet of 8-10 deputising GPs is accessible to the on-site GPs should further assistance be required.

Appendix 9 - COVID-19 testing procedure for healthcare workers in hotels

1. Patient reports **possible COVID-19 symptoms** to hotel nurse either directly or via hotel concierge OR symptoms are identified during daily phone or text message checks by DHHS (as per Finn's guide- unclear if this is the same as welfare checks). (Symptoms include but are not limited to: fever, cough, sore throat, shortness of breath, fatigue).
2. Nurse on site to call the patient (detainee) and assess them **over the phone**
3. If face to face assessment is required, the nurse on site should assess the patient with appropriate PPE. **Full PPE** is required for the nurse to enter the patient's room.
4. Security staff with appropriate PPE to accompany all nursing staff who are required to assess a patient in their hotel room. Security staff to wait outside unless requested to enter the room by nursing staff.
5. The nurse should then assess the patient for symptoms of COVID-19 to ensure they meet **current criteria for testing** (insert link to current case definition) and perform a nasopharyngeal swab (refer to swab guide/ one pager?)
6. Details of the detainee who has been swabbed must then be entered into a 'COVID-19 testing record form' (insert link) to be forwarded to DHHS at the end of each day.
7. The following details must be marked on **ALL** swabs taken from detainees:
    - Three identifiers: name, date of birth and address of detainee (address must be the hotel address of the detainee NOT their usual home address)
    - The swab must be clearly marked as a 'hotel quarantine swab' either in the clinical details section or on the top of the form e.g. "Swab for a person in mandatory quarantine in hotel Crown Metropol, room 1234".
    - The name and phone number of the **referring doctor** AND the **authorised officer** for the hotel **must** be listed on the pathology request form for each swab taken

    Each site has a twice-daily pathology courier pickup, transporting swabs taken from that site to VIDRL.

    Currently, the delivery of swabs to each hotel and the arrangement of couriers is being undertaken by Dr REDACTED
8. If the patient is assessed as having only mild symptoms, they can **remain in their hotel room** in quarantine until the results of swabs are known.
9. If the detainee is deemed as needing medical assessment by a doctor, the nurse on site should contact the **doctor on call/ on site** for review.
10. If the detainee is deemed by the doctor on site to need assessment in hospital, the **AO must approve transfer of the detainee to hospital**. See "Process for transferring quarantined passengers to hospital".
11. The doctor who has assessed the patient must call 000 to arrange transfer to hospital and notify the 000 operator that the **patient is suspected COVID-19 and in compulsory hotel quarantine**.
12. The AO must provide the hotel doctor with a **form that must stay with the patient at all times** to assist AV/patient transport and hospital staff. This form details the period of enforced quarantine, instructions for how to accommodate the patient (single room only), visitor requirements, security requirements and how to seek AO endorsement for discharge or transfer the patient from hospital.
13. If the detainee being tested is well enough to await their results in their room but are sharing a room with another resident, they should be moved to a **separate room** if feasible and according to availability of rooms. If separation is not possible, they should practise **physical distancing** as far as is possible.
14. If the test is **positive** and the patient is well, they can remain in quarantine at the hotel but should be moved to a separate section/floor of the hotel which is designated for confirmed cases. If they are sharing with other people, then arrangements such as a separate room or provision of PPE may be required,

depending on the circumstances (for example it may not be feasible or appropriate to separate young children from parents).

15. For confirmed cases, they will be contacted daily by the department of health and advised when they can come out of mandatory quarantine.
16. It is the responsibility of the **referring doctor** to follow up the results of any swabs taken from detainees.
17. Hotels have also been asked to complete a daily tally of swabs conducted with details of detainees so these can be traced by the department (insert link to test record form).
18. **The referring doctor must notify the department of confirmed cases as soon as practicable by calling 1300 651 160, 24 hours a day.**
19. If the swab is negative, the patient must remain in hotel quarantine until they have completed their 14 day quarantine period and been assessed as having no symptoms of COVID-19 before release from detention.
20. For specific criteria for release from mandatory quarantine, see “release from mandatory quarantine criteria” section in main document.
21. Detainees with potential symptoms of COVID-19 who initially test negative, will be considered for repeat testing should they have **persistent symptoms** or **deteriorate** whilst in mandatory quarantine.